

SERFF Tracking Number: AMLX-125281515 State: Arkansas  
Filing Company: American Alternative Insurance Corporation State Tracking Number: AR-PC-07-025993  
Company Tracking Number: CM AR0233101F01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Non-Filed Inland Marine  
Project Name/Number: Builders' Risk & Contractors' Equipment/CM AR0233101F01

## Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Commercial Non-Filed Inland Marine SERFF Tr Num: AMLX-125281515 State: Arkansas

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-025993

Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: CM AR0233101F01 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Author: SPI Disposition Date: 09/05/2007

AmericanAlternativeInsurance

Date Submitted: 09/04/2007

Disposition Status: Approved

Effective Date Requested (New): 10/05/2007

Effective Date (New): 10/05/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

## General Information

Project Name: Builders' Risk & Contractors' Equipment

Status of Filing in Domicile: Not Filed

Project Number: CM AR0233101F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/05/2007

State Status Changed: 09/04/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Alternative Insurance Corporation (AAIC), licensed in the state of Arkansas and affiliated with the American Association of Insurance Services (AAIS), is submitting for your review and approval the enclosed independent forms filing.

The purpose of this filing is to introduce forms that will be used in conjunction with AAIS's Non-Filed Commercial Inland Marine Guide for Builders' Risk and Contractors' Equipment currently on file with your department. Please refer to the attached explanatory memorandum for more details.

SERFF Tracking Number: AMLX-125281515 State: Arkansas  
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We propose that this filing apply to all policies effective on or after October 5, 2007.

Your early approval is appreciated. Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,

Judy Cahill  
State Filing Analyst  
jcahill@munichreamerica.com  
(609) 951-8473

## Company and Contact

### Filing Contact Information

Judy Cahill, State Filing Analyst jcahill@munichreamerica.com  
555 College Road East (609) 951-8473 [Phone]  
Princeton, NJ 08543-5241 (609) 275-2147[FAX]

### Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware  
555 College Road East Group Code: 361 Company Type:  
Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:  
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110  
-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Payment Amount: \$50.00 (JC-0827079)  
E-Check #: 17006147  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	09/04/2007	15411968

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/05/2007	09/05/2007

*SERFF Tracking Number:*      *AMLX-125281515*                      *State:*                      *Arkansas*  
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*Project Name/Number:*      *Builders' Risk & Contractors' Equipment/CM AR0233101F01*

## **Disposition**

Disposition Date: 09/05/2007

Effective Date (New): 10/05/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Product Name: Commercial Non-Filed Inland Marine  
 Project Name/Number: Builders' Risk & Contractors' Equipment/CM AR0233101F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Forms Explanatory Memo	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Minimum Earned Premium Endorsement	Approved	Yes
Form	Irrigation Equipment Amendatory	Approved	Yes
Form	Supplemental Declarations Irrigation Equipment Schedule	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Minimum Earned Premium Endorsement	AIM 2025	0307	Endorsement/Amendment/Conditions	Replaced Form #:0.00 AIM 2025 Previous Filing #: AR-PC-06-021814		AIM 2025.PDF
Approved	Irrigation Equipment Amendatory	AIM 2031	0607	Endorsement/New Amendment/Conditions		0.00	AIM 2031.PDF
Approved	Supplemental Declarations Irrigation Equipment Schedule	AIM 2032	0607	Endorsement/New Amendment/Conditions		0.00	AIM 2032.PDF

## MINIMUM EARNED PREMIUM ENDORSEMENT

### Schedule

Minimum Earned Premium \$ \_\_\_\_\_ or \_\_\_\_\_% of the premium for the policy period.

The Coverage to which this endorsement is attached is subject to a minimum earned premium.

If this policy is cancelled, you agree with us that the Minimum Earned Premium shown in the above Schedule is not subject to short rate or pro rata adjustment.

With respect to the Builders' Risk Coverage Scheduled Jobsite Form, it is also agreed that there shall be no return premium if coverage provided by this policy, in accordance with the **When Coverage Ceases** provision in the **ADDITIONAL COVERAGE LIMITATIONS**, ends prior to the expiration date of this policy.

## IRRIGATION EQUIPMENT AMENDATORY

(The entries required to complete this endorsement will be shown below or on the " schedule of coverages "or the Declarations.)

### PROPERTY NOT COVERED

With respect to irrigation equipment indicated on the "schedule of coverages", the following is added to **PROPERTY NOT COVERED** in the Contractors' Equipment Coverage Form:

8. **Underground Property and/or Equipment** -- "We" do not cover underground property and/or equipment including but not limited to: electrical wiring, pipes, flues, drains or pumps.

### PERILS EXCLUDED

With respect to Irrigation Equipment indicated on the "schedule of coverages", the following changes are made to **PERILS EXCLUDED** in the Contractors' Equipment Coverage Form:

- A. Exclusion 2.c. **Loss of Use** is deleted and replaced by the following:
  - c. **Loss of Use** -- "We" do not pay for loss caused by or resulting from loss of use, delay, or loss of market, regardless if Income Coverage, Extra Expense Coverage, Rental Reimbursement Coverage or any similar type of coverage is purchased for "Contractors' Equipment" other than Irrigation Equipment.
- B. The following exclusions are added to Paragraph 2. of **PERILS EXCLUDED**:
  - l. **Collision of Irrigation Units** -- "We" do not pay for loss caused by or resulting from collision of irrigation units while at least one of the units is in operation.
  - m. **Collision** -- We" do not pay for loss caused by or resulting from collision of irrigation units with any permanent obstacle or obstruction in their path, unless physical barricades and/or "end of field stops" are installed.
  - n. **Collapse** -- "We" do not pay for loss caused by or resulting from collapse.
  - o. **Faulty or improper installation** -- "We" do not pay for loss caused by or resulting from a faulty or improper installation.
  - p. **Faulty Design** -- "We" do not pay for loss caused by or resulting from a fault, defect, deficiency, error or omission in a plan, blueprint, design or specification of an irrigation system.
  - q. **Towing** -- "We" do not pay for loss caused by or resulting from towing.
  - r. **Service or Maintenance** -- "We" do not pay for loss caused by or resulting from the repair, adjustment, service or maintenance of the covered property. If a fire or explosion results, "we" do cover the loss caused by that fire or explosion.
  - s. **Freezing** -- We" do not pay for loss caused by or resulting from freezing.
  - t. **Voiding of Manufacturer's Warranty** -- "We" do not pay for loss caused by or resulting from any action taken that would void the original manufacturer's warranty.

**COVERAGE EXTENSION**

The following Coverage Extension only applies with respect to each item of Irrigation Equipment which is specifically indicated as having Mechanical/Electrical Breakdown Coverage on the "schedule of coverages":

**Mechanical/Electrical Breakdown Coverage**

- a. **Coverage** -- With respect to each item of Irrigation Equipment which is specifically indicated in the "schedule of coverages" as having Mechanical/Electrical Breakdown Coverage, "we" cover direct physical loss caused by or resulting from a mechanical or electrical breakdown or malfunction.

The **PERILS EXCLUDED** sections in the Contractors' Equipment Coverage Form and this endorsement apply, except Exclusion 2.d. Mechanical Breakdown does not apply to the extent that coverage is provided under this Coverage Extension.

- b. **We Do Not Cover** -- This Coverage Extension does not provide coverage for:
- (1) Any loss you are entitled to recover under any warranty granted by the manufacturer of the covered property.
  - (2) Any loss sustained, regardless of the cause, while operating an irrigation unit in freezing conditions.
  - (3) Any loss to equipment 20 years old or older.
- c. **Limit** -- The most "we" will pay for any loss under this Coverage Extension is the "limit" for the applicable covered property. This Coverage Extension does not provide an additional limit.



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Forms Explanatory Memo **Review Status:** Approved 09/05/2007  
**Comments:**  
**Attachment:**  
Forms Explanatory Memo.PDF

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/05/2007  
**Comments:**  
**Attachments:**  
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF  
AR - FORM FILING ABSTRACT F-1.PDF

## Forms Explanatory Memorandum

### Contractors' Equipment and Builders' Risk

FORM #	DESCRIPTION	NEW/REVISED	BROADEN/RESTRICT	MANDATORY/OPTIONAL	PREMIUM IMPACT
<b>AIM 2025 0307</b> Minimum Earned Premium Endorsement	This endorsement replaces AIM 2025 0106. A paragraph has been added to advise that in certain circumstances there will be no return premium in accordance with the <b>When Coverage Ceases</b> provision in the Builders' Risk Coverage Scheduled Jobsite Form.	Revised	Clarification	Optional	No

### Contractors' Equipment - Irrigation Equipment

FORM #	DESCRIPTION	NEW/REVISED	BROADEN/RESTRICT	MANDATORY/OPTIONAL	PREMIUM IMPACT
<b>AIM 2031 0607</b> Irrigation Equipment Amendatory	This endorsement is mandatory when center pivot irrigation equipment is scheduled to be covered on the Contractors' Equipment Coverage Form. Mechanical/ Electrical Breakdown Coverage is an optional coverage available under this endorsement for an additional premium	New	Broadens Coverage	Mandatory	No premium unless Optional Coverage is selected

FORM #	DESCRIPTION	NEW/REVISED	BROADEN/RESTRICT	MANDATORY/OPTIONAL	PREMIUM IMPACT
<b>AIM 2032 0607</b> Supplemental Declarations Irrigation Equipment Schedule	This supplemental declarations must be used whenever AIM 2031 is attached to a Contractor's Equipment Coverage Form. In addition to the description of equipment and limits, it also indicates if the optional Mechanical/Electrical Breakdown Coverage applies.	New	Declarations		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Munich Re Group	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

<b>5. Company Tracking Number</b>	CM AR0233101F01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Judy Cahill 555 College Road East Princeton NJ 08543-5241	State Filing Analyst	800-305-4954 Ext. 8473	609-275-2147	jcahill@munichreamerica.com

<b>7. Signature of authorized filer</b>	
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<b>8. Please print name of authorized filer</b>	Judy Cahill
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**Filing Information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	09.0 Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	09.0005 Other Commercial Inland Marine
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Builders' Risk and Contractors' Risk
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 10/05/2007      Renewal: 10/05/2007
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NA
<b>17. Reference Organization # &amp; Title</b>	NA
<b>18. Company's Date of Filing</b>	09/04/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CM AR0233101F01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Alternative Insurance Corporation (AAIC), licensed in the state of Arkansas and affiliated with the American Association of Insurance Services (AAIS), is submitting for your review and approval the enclosed independent forms filing.

The purpose of this filing is to introduce forms that will be used in conjunction with AAIS's Non-Filed Commercial Inland Marine Guide for Builders' Risk and Contractors' Equipment currently on file with your department. Please refer to the attached explanatory memorandum for more details.

We propose that this filing apply to all policies effective on or after October 5, 2007.

Your early approval is appreciated. Should you have any questions regarding this submission, please do not hesitate to contact me.

Sincerely,

Judy Cahill  
 State Filing Analyst  
 jcahill@munichreamerica.com  
 (609) 951-8473

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>E-CHECK # 17006147</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$50</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	E-CHECK # 17006147	<b>Amount:</b>	\$50
<b>Check #:</b>	E-CHECK # 17006147				
<b>Amount:</b>	\$50				

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CM AR0233101F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	NA
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Minimum Earned Premium Endorsement	AIM 2025 0307	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AIM 2025	AR-PC-06-021814
02	Irrigation Equipment Amendatory	AIM 2031 0607	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Supplemental Declarations Irrigation Equipment Schedule	AIM 2032 0607	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS INSURANCE DEPARTMENT**  
**FORM FILING ABSTRACT**

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 09/04/2007

2. Company Name(s) American Alternative Insurance Corporation

Group Name Munich Re Group NAIC No. 19720 Group No. 0361

3. (a) Annual Statement Line of Business Number (Page 14) 9.0

(b) Class of Business Commercial Inland Marine Non-Filed

© Coverages Affected Builders' Risk & Contractors' Equipment

4. (a) Name of Advisory Organization, if any AAIC

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)  
NA

(b) Date of Filing NA

© Filing Designation Number or Description NA

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
Exempt from filing requirements in many states; will be filed concurrently in the remaining states

8. Is the form filed in response to or due to legislation? If so, specify legislation.  
No

9. Is the form in response to or due to recent court decisions? If so, give citation.  
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Judy Cahill*

\_\_\_\_\_  
**Signature**

Judy Cahill

\_\_\_\_\_  
**Title**

609-951-8473

\_\_\_\_\_  
**Telephone Number**

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
AIM 2025 0106	10/05/2007	AIM 2025 0307	Minimum Earned Premium Endorsement
	10/05/2007	AIM 2031 0607	Irrigation Equipment Amendatory
	10/05/2007	AIM 2032 0607	Supplemental Declarations Irrigation Equipment Schedule