

SERFF Tracking Number: AMRS-125290122 State: Arkansas
 First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: AR-PC-07-026070
 COMPANY, ...
 Company Tracking Number: AR-GL-09-07-WF
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: COMMERCIAL GENERAL LIABILITY
 Project Name/Number: /AR-GL-09-07-WF

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY
 Product Name: COMMERCIAL GENERAL LIABILITY SERFF Tr Num: AMRS-125290122 State: Arkansas
 TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: AR-PC-07-026070
 Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-GL-09-07-WF State Status:
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Author: Dacia Owens Disposition Date: 09/20/2007
 Date Submitted: 09/13/2007 Disposition Status: Withdrawn
 Effective Date Requested (New): 01/01/2008 Effective Date (New):
 Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):

General Information

Project Name: Status of Filing in Domicile:
 Project Number: AR-GL-09-07-WF Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 09/20/2007 Deemer Date:
 State Status Changed: 09/13/2007
 Corresponding Filing Tracking Number:
 Filing Description:
 AMERISURE MUTUAL INSURANCE AND AMERISURE INSURANCE COMPANIES ARE MEMEBERS OF ISO, INC.
 AND RELY ON ISO FOR CANCELLATION PROVISIONS TO MEET THE REQUIREMENTS IN YOUR JURISDICTION.
 THEREFORE, WE WISH TO WITHDRAW COMPANY FORM IL 70 11 05 96 - AAMENDMENT OF CANCELLATION
 PROVISION TO BECOME EFFECTIVE JANUARY 1, 2008

Company and Contact

SERFF Tracking Number: AMRS-125290122 State: Arkansas
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Filing Contact Information

Dacia Owens, COMPLIANCE ANALYST II dowens@amerisure.com
 26777 HALSTED RD. (800) 257-1900 [Phone]
 FARMINGTON HILLS, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 ----- CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number: State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
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Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Edith Roberts	09/20/2007	09/20/2007

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Disposition

Disposition Date: 09/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	Yes
Form	AMENDMENT OF CANCELLATION PROVISION	Withdrawn	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	AMENDMENT OF CANCELLATION PROVISION	IL 70 11	05 96	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		IL70110596.pdf

**THIS ENDORSEMENT AMENDS YOUR POLICY. PLEASE READ IT CAREFULLY.
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**

AMENDMENT OF CANCELLATION PROVISION

This endorsement modifies the insurance provided under the following:

COMMON POLICY CONDITIONS

Item 2. of **A. CANCELLATION** is deleted and replaced with the following:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 60 days before the effective date of cancellation if we cancel for any other reason.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Withdrawn 09/20/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[1]-GL.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name	Group NAIC #
AMERISURE INSURANCE	0124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AMERISURE MUTUAL INSURANCE CO.	MI	23396	38-0829210	
AMERISURE INSURANCE CO.	MI	19488	38-1869912	

5. Company Tracking Number	AR-GL-09-07-WF
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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
DACIA OWENS, 26777 HALSTED RD., FARMINGTON HILLS, MI 48331	COMPLIANCE ANALYST	800-257-1900 EXT. 54270	248-426-7789	

7. Signature of authorized filer	
8. Please print name of authorized filer	DACIA OWENS

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input checked="" type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01-01-2008 Renewal: 01-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	09-13-07
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AR-GL-09-07-WF

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

AMERISURE MUTUAL INSURANCE AND AMERISURE INSURANCE COMPANIES ARE MEMEBERS OF ISO, INC. AND RELY ON ISO FOR CANCELLATION PROVISIONS TO MEET THE REQUIREMENTS IN YOUR JURISDICTION. THEREFORE, WE WISH TO WITHDRAW COMPANY FORM IL 70 11 05 96 - AAMENDMENT OF CANCELLATION PROVISION TO BECOME EFFECTIVE JANUARY 1, 2008

[View Complete Filing Description](#)

22. Filing Fees (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]

Check #: NA

Amount: NA

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the 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.)

1.	This filing transmittal is part of Company Tracking #	AR-GL-09-07-WF
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	AMENDMENT OF CANCELLATION PROVISION	IL 70 11 05 86	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input 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		

PC FFS-1