

SERFF Tracking Number: ERCA-125281536 State: Arkansas
 First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025996
 Company Tracking Number: 9-CR-AR-07-02754-1-F
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Form Tier Filing
 Project Name/Number: AR - WIC/ERC/NAS/NAE - Commercial Crime - Form Tier Filing/9-CR-AR-07-02754-1-F

Filing at a Glance

Companies: Employers Reinsurance Corporation, Westport Insurance Corporation, North American Elite Insurance Company, North American Specialty Insurance Company

Product Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Form Tier Filing
 SERFF Tr Num: ERCA-125281536 State: Arkansas

TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-025996

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 9-CR-AR-07-02754-1-F State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
 Llyweyia Rawlins, Brittany Yielding
 Author: Robin Bromell Disposition Date: 09/07/2007
 Date Submitted: 09/04/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):
 01/01/2008

General Information

Project Name: AR - WIC/ERC/NAS/NAE - Commercial Crime - Form Tier Filing Status of Filing in Domicile: Pending

Project Number: 9-CR-AR-07-02754-1-F

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/07/2007

State Status Changed: 09/04/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

As a result of the recent acquisition of the GEIS Insurance companies by Swiss Re, we are requesting to add North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE) to our multi-tier Commercial Crime & Fidelity program, which already includes Westport Insurance Corporation (WIC) and Employers Reinsurance Corporation (ERC). All forms included in this filing, with the exception of the Signature Page, have been previously approved for use by one or more of the companies in this group. We are aware that there may be more than one version of a form or declaration, but due to system implementation for the different companies, we need to retain all versions for future use. The corresponding rate/rule filing is 9-CR-AR-07-02754-1-R.

SERFF Tracking Number: ERCA-125281536 State: Arkansas
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We have authorized ISO to file on our behalf. It is our intent to use ISO forms as well as the independent forms that are being filed in this filing. We would like to file the forms listed on the attached forms summaries for WIC, ERC, NAS and NAE. We are filing a revised Signature Page, SP 3 881 0307, for WIC and ERC that will replace our previously approved Signature Pages SP 2 277 0906 and SP 3 252 0906.

With this filing, we would like to withdraw Composite Rate Endorsements NAS-Composite (05/00) and NAE-Composite (02/01).

Attached are copies of the forms being filed for approval. The company name has been left off the previously approved forms. The appropriate company name will be printed on the forms when issued

This filing is being submitted under the Prior Approval provisions. We respectfully request an effective date of January 1, 2008.

Company and Contact

Filing Contact Information

Robin Bromell, Compliance Specialist robin_bromell@swissre.com
 5200 Metcalf (800) 241-3470 [Phone]
 Overland Park, KS 66201-1379 (913) 676-6226[FAX]

Filing Company Information

Employers Reinsurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
P.O. Box 2991		
Overland Park, KS 66201-1391	Group Name:	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

Westport Insurance Corporation	CoCode: 34207	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
P.O. Box 2979		
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 241-3470 ext. [Phone]	FEIN Number: 13-1941868	

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North American Elite Insurance Company CoCode: 29700 State of Domicile: New Hampshire
5200 Metcalf, P.O. Box 2979 Group Code: 181 Company Type:
Overland Park, KS 66201-1379 Group Name: State ID Number:
(800) 255-6931 ext. [Phone] FEIN Number: 13-3440360

North American Specialty Insurance Company CoCode: 29874 State of Domicile: New Hampshire
5200 Metcalf, P.O. Box 2979 Group Code: 181 Company Type:
Overland Park, KS 66201-1379 Group Name: State ID Number:
(800) 255-6931 ext. [Phone] FEIN Number: 02-0311919

SERFF Tracking Number: ERCA-125281536 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Specialty Insurance Company	\$0.00	09/04/2007	
Westport Insurance Corporation	\$50.00	09/04/2007	15412671
Employers Reinsurance Corporation	\$0.00	09/04/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/07/2007	09/07/2007

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Disposition

Disposition Date: 09/07/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Approved
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	Approved	No
Form	Common Policy Declarations	Approved	No
Form	Common Policy Change Endorsement	Approved	No
Form	Schedule of Forms and Endorsements	Approved	No
Form	Schedule of Locations	Approved	No
Form	Schedule of Taxes, Surcharges or Fees	Approved	No
Form	Schedule of Named Insured(s)	Approved	No
Form	Commercial Crime Coverage Schedule	Approved	No
Form	Schedule of Crime Changes	Approved	No
Form	Schedule of Taxes, Surcharges or Fees Changes	Approved	No
Form	Schedule of Locations Changes	Approved	No
Form	Installment Schedule	Approved	No
Form	Cancellation Endorsement	Approved	No
Form	Reinstatement Endorsement	Approved	No
Form	Signature Page	Approved	No
Form	Signature Page	Approved	No
Form	Signature Page	Approved	No

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Declarations	SP 2 172	0702	Declaration News/Schedule		0.00	SP 2 172 0702.pdf
Approved	Common Policy Change Endorsement	SP 2 173	0702	Declaration News/Schedule		0.00	SP 2 173 0702.pdf
Approved	Schedule of Forms and Endorsements	SP 2 174	0702	Declaration News/Schedule		0.00	SP 2 174 0702.pdf
Approved	Schedule of Locations	SP 2 175	0702	Declaration News/Schedule		0.00	SP 2 175 0702.pdf
Approved	Schedule of Taxes, Surcharges or Fees	SP 2 176	0702	Declaration News/Schedule		0.00	SP 2 176 0702.pdf
Approved	Schedule of Named Insured(s)	SP 2 177	0702	Declaration News/Schedule		0.00	SP 2 177 0702.pdf
Approved	Commercial Crime Coverage Schedule	SP 2 197	0702	Declaration News/Schedule		0.00	SP 2 197 0702.pdf
Approved	Schedule of Crime Changes	SP 2 198	0702	Declaration News/Schedule		0.00	SP 2 198 0702.pdf
Approved	Schedule of Taxes, Surcharges or Fees Changes	SP 2 200	0702	Declaration News/Schedule		0.00	SP 2 200 0702.pdf
Approved	Schedule of Locations Changes	SP 2 201	0702	Declaration News/Schedule		0.00	SP 2 201 0702.pdf
Approved	Installment Schedule	SP 2 202	0802	Declaration News/Schedule		0.00	SP 2 202 0802.pdf
Approved	Cancellation Endorsement	SP 2 224	0802	Endorsement New/Amendment		0.00	SP 2 224 0802.pdf

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				ent/Condi		
				ons		
Approved	Reinstatement	SP 2 225	0802	Endorseme New	0.00	SP 2 225
	Endorsement			nt/Amendm		0802.pdf
				ent/Condi		
				ons		
Approved	Signature Page	SP 3 881	0307	Endorseme New	0.00	SP 3 881
				nt/Amendm		0307.pdf
				ent/Condi		
				ons		
Approved	Signature Page	SP 2 277	0906	Endorseme Withdrawn	Replaced Form #:0.00	
				nt/Amendm	SP 3 881 0307	
				ent/Condi	Previous Filing #:	
				ons		
Approved	Signature Page	SP 3 252	0906	Endorseme Withdrawn	Replaced Form #:0.00	
				nt/Amendm	SP 3 881 0307	
				ent/Condi	Previous Filing #:	
				ons		

[Insert Company Name Here]

Policy Number

**THIS ENDORSEMENT CHANGES THE POLICY
PLEASE READ IT CAREFULLY
COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
-
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure Insurance |

Is (are) changed to read **(See Additional Page(s))**

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
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Tax and Surcharge Changes

Countersigned By:

AUTHORIZED AGENT

[Insert Company Name Here]

Policy Number

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

POLICY CHANGE ENDORSEMENT DESCRIPTION (CONT'D)

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the coverage part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

[Insert Company Name Here]

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[Insert Company Name Here]

Policy Number

SCHEDULE OF LOCATIONS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

[Insert Company Name Here]

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[Insert Company Name Here]

Policy Number

SCHEDULE OF NAMED INSURED(S)

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[INSERT COMPANY NAME HERE]

Policy Number

COMMERCIAL CRIME COVERAGE SCHEDULE

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Location of Premises:

Loc. No.	Bldg. No.	Limit of Insurance	Deductible Amount
<input type="checkbox"/>			

Location of Premises:

Loc. No.	Bldg. No.	Limit of Insurance	Deductible Amount
<input type="checkbox"/>			

Location of Premises:

Loc. No.	Bldg. No.	Limit of Insurance	Deductible Amount
<input type="checkbox"/>			

[INSERT COMPANY NAME HERE]

Policy Number

Endorsement No.

SCHEDULE OF CRIME CHANGES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

COVERAGE AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

Location of Premises:

Loc. No.

Bldg. No.

Limit of

Insurance

Deductible

Amount

THE FOLLOWING COVERAGE INFORMATION IS:

-
-
-
-
-
-
-
-
-
-
-

Location of Premises:

Loc. No.

Bldg. No.

Limit of

Insurance

Deductible

Amount

THE FOLLOWING COVERAGE INFORMATION IS:

-
-
-
-
-
-
-
-
-
-
-

Location of Premises:

Loc. No.

Bldg. No.

Limit of

Insurance

Deductible

Amount

THE FOLLOWING COVERAGE INFORMATION IS:

-
-
-
-
-
-
-
-
-
-
-

[INSERT COMPANY NAME]

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES CHANGES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[INSERT COMPANY NAME]

Policy Number

SCHEDULE OF LOCATIONS CHANGES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

[INSERT COMPANY NAME]

Policy Number

INSTALLMENT SCHEDULE

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

DUE

PREMIUM

SURCHARGE

**REVISED
INSTALLMENT TOTAL**

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

[INSERT COMPANY NAME]

Policy Number

**THIS ENDORSEMENT CHANGES THE POLICY
PLEASE READ IT CAREFULLY**

CANCELLATION ENDORSEMENT

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
-
-

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
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Tax and Surcharge Changes

Countersigned By:

AUTHORIZED AGENT

[INSERT COMPANY NAME]

Policy Number

**THIS ENDORSEMENT CHANGES THE POLICY
PLEASE READ IT CAREFULLY**

REINSTATEMENT ENDORSEMENT

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Reinstatement must be effective on the date of cancellation.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
-
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure Insurance |

Is (are) changed to read **(See Additional Page(s))**

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
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Tax and Surcharge Changes

Countersigned By:

AUTHORIZED AGENT

In Witness Whereof, the issuing Company has caused this policy to be signed officially below.

Facsimile signature to be inserted

President

Facsimile signature to be inserted

Secretary

[Insert Company Name Here]

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/07/2007

Comments:

Attachments:

AR Form Filing Schedule.pdf

AR PCTD1 Transmittal-Forms.pdf

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.)

1.	This filing transmittal is part of Company Tracking #		9-CR-AR-07-02754-1-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		9-CR-AR-07-02754-1-R		
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	Common Policy Declarations	SP 2 172 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Common Policy Change Endorsement	SP 2 173 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Schedule of Forms and Endorsements	SP 2 174 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Schedule of Locations	SP 2 175 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Schedule of Taxes, Surcharges or Fees	SP 2 176 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Schedule of Named Insured(s)	SP 2 177 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Commercial Crime Coverage Schedule	SP 2 197 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Schedule of Crime Changes	SP 2 198 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Schedule of Taxes, Surcharges or Fees Changes	SP 2 200 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Schedule of Location Changes	SP 2 201 0702	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	Installment Schedule	SP 2 202 0802	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	Cancellation Endorsement	SP 2 224 0802	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
13	Reinstatement Endorsement	SP 2 225 0802	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

14	Signature Page	SP 3 881 0307	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WIC: SP 2 277 0906 ERC: SP 3 252 0906	
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To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Property & Casualty Transmittal Document

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 #
Swiss Reinsurance	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	181-34207	13-1941868	
Employers Reinsurance Corporation	MO	181-39845	48-0921045	
North American Specialty Insurance Company	NH	181-29874	02-311919	
North American Elite Insurance Company	NH	181-29700	13-3440360	

5. Company Tracking Number	9-CR-AR-07-02754-1-F
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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
	Robin Bromell 5200 Metcalf Overland Park, KS 66201	Compliance Specialist	800-255-6931, Ext. 5503	913-676-6226	Robin_bromell@swissre.com
7.	Signature of authorized filer		<i>Robin Bromell</i>		
8.	Please print name of authorized filer		Robin Bromell		

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

9. Type of Insurance (TOI)	26.0000
10. Sub-Type of Insurance (Sub-TOI)	26.0000
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 checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	We would like to adopt all current ISO forms approved the effective date of this filing
18. Company's Date of Filing	09/04/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	9-CR-AR-07-02754-1-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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As a result of the recent acquisition of the GEIS Insurance companies by Swiss Re, we are requesting to add North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE) to our multi-tier Commercial Crime & Fidelity program, which already includes Westport Insurance Corporation (WIC) and Employers Reinsurance Corporation (ERC).

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]
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Check #: SERFF EFT
Amount: \$50.00

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.)**