

SERFF Tracking Number: HCAS-125288914 State: Arkansas  
First Filing Company: American Fire and Casualty Company, ... State Tracking Number: AR-PC-07-026065  
Company Tracking Number: CL-20070107(F)  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Crime Non-Adopt ISO Form  
Project Name/Number: Crime Non-Adopt ISO Form/CL20070107

## Filing at a Glance

Companies: American Fire and Casualty Company, The Ohio Casualty Insurance Company, West American Insurance Company

Product Name: Crime Non-Adopt ISO Form SERFF Tr Num: HCAS-125288914 State: Arkansas  
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-026065  
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CL-20070107(F) State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Authors: Joe Allen, Margie Bengel Disposition Date: 09/14/2007  
Date Submitted: 09/12/2007 Disposition Status: Filed  
Effective Date Requested (New): 10/01/2007 Effective Date (New): 10/01/2007  
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):  
10/01/2007

## General Information

Project Name: Crime Non-Adopt ISO Form  
Project Number: CL20070107

Reference Organization: ISO  
Reference Title: Crime and Fidelity Revision  
Filing Status Changed: 09/14/2007  
State Status Changed: 09/13/2007  
Corresponding Filing Tracking Number:

Filing Description:

THE OHIO CASUALTY INSURANCE COMPANY - NAIC # 148-24074  
WEST AMERICAN INSURANCE COMPANY - NAIC # 148-44393  
AMERICAN FIRE & CASUALTY COMPANY - NAIC # 148-24066  
DIVISION THREE - COMMERCIAL CRIME AND FIDELITY  
NONADOPTION OF ISO FORM REVISIONS  
OUR FILE NO.: CL20070107(F)

Status of Filing in Domicile: Pending  
Domicile Status Comments: Ohio and Indiana  
being filed.  
Reference Number: CR-2006-OFR06  
Advisory Org. Circular: LI-CR-2007-021  
Deemer Date:

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ISO has filed Commercial Crime and Fidelity Form Revisions with your department under ISO Filing Designation Number CR-2006-OFR06.

In accordance with the filing requirements of your state, we are filing to nonadopt the above ISO Commercial Crime and Fidelity Revisions at this time. We cannot adopt these revision as our companies have not adopted the previous Crime and Fidelity countrywide revisions.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of your state.

## Company and Contact

### Filing Contact Information

Margie Benge, Product Staff Underwriter Margie.Benge@ocas.com  
 9450 Seward Road (800) 843-6446 [Phone]  
 Fairfield, OH 45014-5456 (513) 603-3123[FAX]

### Filing Company Information

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 148	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 148	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 148	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:

*SERFF Tracking Number:*      *HCAS-125288914*                      *State:*                      *Arkansas*  
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(800) 843-6446 ext. [Phone]

FEIN Number: 31-0624491

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	09/12/2007	
The Ohio Casualty Insurance Company	\$0.00	09/12/2007	
West American Insurance Company	\$0.00	09/12/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	09/14/2007	09/14/2007

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## Disposition

Disposition Date: 09/14/2007  
Effective Date (New): 10/01/2007  
Effective Date (Renewal): 10/01/2007  
Status: Filed  
Comment: Non-adopt Crime ISO form.

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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes

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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:**

Filed

09/14/2007

**Comments:**

**Attachment:**

PCTD F.pdf

## Property & Casualty Transmittal Document (Revised 1/1/06)

**1. Reserved for Insurance Dept. Use Only**

<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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #

<b>5. Company Tracking Number</b>	
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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

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

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

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
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 type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14.	Effective Date(s) Requested	New:    _____    Renewal:    _____
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document---

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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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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<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]
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**Check #:**  
**Amount:**

**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.)**