

SERFF Tracking Number: LBRM-125281359 State: Arkansas  
First Filing Company: America First Insurance Company, ... State Tracking Number: AR-PC-07-025999  
Company Tracking Number: 2007-00936  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Commercial Crime  
Project Name/Number: Crime Funds Transfer 18-26/

## Filing at a Glance

Companies: America First Insurance Company, Peerless Insurance Company, Peerless Indemnity Insurance Company, The Netherlands Insurance Company

Product Name: Commercial Crime SERFF Tr Num: LBRM-125281359 State: Arkansas  
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: AR-PC-07-025999  
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 2007-00936 State Status: PENDING FEES  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Author: Scott Edwards Disposition Date: 09/06/2007  
Date Submitted: 09/05/2007 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008  
Effective Date Requested (Renewal): 03/01/2008 Effective Date (Renewal):  
03/01/2008

## General Information

Project Name: Crime Funds Transfer 18-26 Status of Filing in Domicile: Not Filed  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/06/2007  
State Status Changed: 09/06/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Crime Funds Transfer 18-26

## Company and Contact

### Filing Contact Information

Scott Edwards, scottm.edwards@LibertyMutual.com  
62 Maple Ave. (800) 826-6189 [Phone]  
Keene, NH 03431 (603) 352-9252[FAX]

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**Filing Company Information**

America First Insurance Company 62 Maple Ave. Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 12696 Group Code: 111 Group Name: FEIN Number: 58-0953149 -----	State of Domicile: New Hampshire Company Type: P & C State ID Number:
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Peerless Insurance Company 62 Maple Avenue Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 24198 Group Code: 111 Group Name: FEIN Number: 02-0177030 -----	State of Domicile: New Hampshire Company Type: Property & Casualty State ID Number:
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Peerless Indemnity Insurance Company 62 Maple Ave. Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 18333 Group Code: 111 Group Name: FEIN Number: 13-2919779 -----	State of Domicile: Illinois Company Type: Property & Casualty State ID Number:
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The Netherlands Insurance Company 62 Maple Avenue Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 24171 Group Code: 111 Group Name: FEIN Number: 02-0342937 -----	State of Domicile: New Hampshire Company Type: Property & Casualty State ID Number:
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$0.00	09/05/2007	
Peerless Indemnity Insurance Company	\$0.00	09/05/2007	
The Netherlands Insurance Company	\$0.00	09/05/2007	
Peerless Insurance Company	\$0.00	09/05/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/06/2007	09/06/2007

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## Disposition

Disposition Date: 09/06/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal): 03/01/2008  
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	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	FUNDS TRANSFER FRAUD COVERAGE FORM	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	FUNDS TRANSFER FRAUD COVERAGE FORM	18-26	09/07	Policy/CoveNew rage Form		0.00	18-26 09_07.pdf

# FUNDS TRANSFER FRAUD COVERAGE FORM

## A. COVERAGE

We will pay for loss of "funds" resulting directly from a "fraudulent instruction" directing a financial institution to transfer, pay or deliver "funds" from your "transfer account".

## B. LIMIT OF INSURANCE

1. The most we will pay for loss in any one "occurrence" is the applicable Limit of Insurance shown in the Declarations.
2. The most we will pay in the aggregate for all loss covered under this policy period, regardless of the number of "occurrences", is the Limit of Insurance shown in the Declarations.
3. The Limit of Insurance shall be reduced by the amount of any payment made by us under the terms of this insurance. If the Limit of Insurance is exhausted, we will have no further liability to pay for loss.
4. Any recovery made by us after settlement of a loss covered by this insurance shall not be used to increase or reinstate the Limit of Insurance.
5. In the event a loss of covered property is settled by us through the use of a Lost Securities Bond, such loss shall not reduce the Limit of Insurance.

## C. DEDUCTIBLE

We will not pay for loss in any one "occurrence" unless the amount of loss exceeds the Deductible Amount in the DECLARATIONS. We will then pay the amount of loss in excess of the Deductible Amount, up to the Limit of Insurance. In the event more than one Deductible Amount could apply to the loss, only the highest Deductible Amount may be applied.

## D. ADDITIONAL EXCLUSIONS AND DEFINITIONS

In addition to the provisions in the Crime General Provisions, this Coverage Form is subject to the following:

### 1. Additional Exclusions: We will not pay for loss as specified below:

- a. Computer Fraud:** Loss resulting from the use of any computer to fraudulently cause a transfer of "Money", "Securities" or "Property Other Than Money and Securities."
- b. Acts of Employees, Directors, Trustees or Representatives:** Loss resulting from any dishonest or criminal act committed by any of your "employees," directors, trustees or authorized representatives:
  - (i) Acting alone or in collusion with other persons; or
  - (ii) While performing services for you or otherwise.
- c. Confidential Information:** Loss resulting from:
  - (i) The unauthorized disclosure of your confidential information including, but not limited to, patents, trade secrets, processing methods or customer lists; or
  - (ii) The unauthorized use or disclosure of confidential information of another person or entity which is held by you including, but not limited to, financial information, personal information, credit card information or similar non-public information.

## 2. Additional Definitions

**a.** "Fraudulent instruction" means:

- (i) An electronic, telegraphic, cable, teletype, telefacsimile or telephone instruction which purports to have been transmitted by you, but which was in fact fraudulently transmitted by someone else without your knowledge or consent;
- (ii) A written instruction (other than checks, drafts, promissory notes or similar written promises, orders or directions) issued by you, which was forged or altered by someone other than you without your knowledge or consent, or which purports to have been issued by you, but was in fact fraudulently issued without your knowledge or consent; or
- (iii) An electronic, telegraphic, cable, teletype, telefacsimile, telephone or written instruction initially received by you which purports to have been transmitted by an "employee" but which was in fact fraudulently transmitted by someone else without your or the "employee's" knowledge or consent.

**b.** "Funds" means "money" and "securities."

**c.** "Occurrence" means an:

- (i) Act or series of related acts involving one or more persons; or
- (ii) Act or event, or a series of related acts or events not involving any person.

All loss resulting from any one common scheme or substantially the same general dishonest acts shall be considered to be the result of one "occurrence."

**d.** "Transfer account" means:

An account maintained by you at a financial institution from which you can initiate the transfer, payment or delivery of "funds":

- (i) By means of electronic, telegraphic, cable, teletype, telefacsimile or telephone instructions communicated directly through an electronic funds transfer system; or
- (ii) By means of written instructions (other than other than checks, drafts, promissory notes or similar written promises, orders or directions) establishing the conditions under which such transfers are to be initiated by such financial institution through an electronic funds transfer system.

*SERFF Tracking Number:* LBRM-125281359      *State:* Arkansas  
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*Product Name:* Commercial Crime  
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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:** Approved 09/06/2007

**Comments:**

**Attachments:**

AR F 777.pdf

AR F 778.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 09/06/2007

**Comments:**

**Attachment:**

2007-00936.pdf



<b>18. Company's Date of Filing</b>	8/20/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2007-00936
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<b>21. Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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Effective January 1, 2008 for new business and March 1, 2008 for renewal business, we wish to file revisions to our Commercial Crime Program. With this submission, we are filing form 18-26 (09/07) Funds Transfer Fraud Coverage Form to be used with our Commercial Crime Program.

<b>22. 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 #: 60654614**  
**Amount: \$50**

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>2007-00936</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a			
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	FUNDS TRANSFER FRAUD COVERAGE FORM	18-26 (09/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input 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		



**America First  
Insurance.**

Member of Liberty Mutual Group

62 Maple Avenue  
Keene, NH 03431  
603-352-3221

August 9, 2007

Hon. Julie Benafield Bowman  
Commissioner Of Insurance  
Arkansas Insurance Department  
1200 West Third St  
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director  
Property and Casualty Division

Re: Division Three – Commercial Crime  
Form Filing  
PEERLESS INSURANCE COMPANY  
NAIC #: 111-24198  
THE NETHERLANDS INSURANCE COMPANY  
NAIC #: 111-24171  
AMERICA FIRST INSURANCE COMPANY  
NAIC #: 111-12696  
PEERLESS INDEMNITY INSURANCE COMPANY  
NAIC #: 111-18333  
**Company Filing #: 2007-00936**

Dear Mr. Lacy:

Effective January 1, 2008 for new business and March 1, 2008 for renewal business, we wish to file revisions to our Commercial Crime Program. With this submission, we are filing form 18-26 (09/07) Funds Transfer Fraud Coverage Form to be used with our Commercial Crime Program.

Enclosed, please find a copy of form 18-26 (09/07) Funds Transfer Fraud Coverage Form along with the required filing forms and our \$50 filing fee.

Questions regarding the enclosed filing should be directed to me at 603-354-9640 or 800-826-6189 ext. 49640.

Acknowledgement, evidenced by Department stamp on a copy of this letter would be appreciated. Self addressed stamped enveloped is enclosed for you convenience.

Sincerely,

Scott M. Edwards  
State Filings Technician  
e-mail: scottm.edwards@LibertyMutual.com  
Fax: (603)- 352-9252