

SERFF Tracking Number: ZURC-125244090 State: Arkansas
 First Filing Company: American Zurich Insurance Company, ... State Tracking Number: AR-PC-07-026203
 Company Tracking Number: CW CL 26322
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Combined Aggregate Deductible Schedule
 Project Name/Number: /CW CL 26322

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company, Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company, Empire Fire and Marine Insurance Company

Product Name: Combined Aggregate Deductible Schedule SERFF Tr Num: ZURC-125244090 State: Arkansas

TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-026203
 Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CW CL 26322 State Status:
 Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi,
 Llyweyia Rawlins

Author: Karen Falbo Disposition Date: 09/28/2007
 Date Submitted: 09/25/2007 Disposition Status: Approved

Effective Date Requested (New): 09/01/2007 Effective Date (New): 11/01/2007
 Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: CW CL 26322 Domicile Status Comments: In process of
 nationwide filing

Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:

Filing Status Changed: 09/28/2007
 State Status Changed: 09/25/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing introduces an interline schedule which will be used with large deductible endorsements and rules which have (or shortly will be) filed separately by line of business. The large deductible filing for general liability filing was approved, filing number AR-PC-07-025530. The workers compensation and auto filings will be filed shortly.

The purpose of this Interline form is to identify in the schedule the deductible policies to be combined for the purpose of a Combined Aggregate Deductible Amount (as referenced in the deductible endorsements). These deductible policies will generally be multi-line (Workers Compensation, General Liability and/or Auto) with their respective deductible

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endorsements which specifies they share a single aggregate deductible amount on a combined basis.

We are asking for your approval of this form for auto and general liability. A similar form will be filed separately for Workers Compensation deductible policies that is identical except for a WC form number that follows the NCCI form numbering format (WC 99 99 99).

Please see the explanatory for further information.

Company and Contact

Filing Contact Information

Karen Falbo, Product Analyst karen.falbo@zurichna.com
 1400 American Lane (847) 605-7545 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Colonial American Casualty & Surety Company	CoCode: 34347	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-1096670	

Fidelity and Deposit Company of Maryland	CoCode: 39306	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:

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Schaumburg, IL 60196 Group Name: State ID Number:
(847) 605-6000 ext. [Phone] FEIN Number: 13-3046577

Zurich American Insurance Company of Illinois CoCode: 27855 State of Domicile: Illinois
1400 American Lane Group Code: 212 Company Type:
Schaumburg, IL 60196 Group Name: State ID Number:
(847) 605-6000 ext. [Phone] FEIN Number: 36-2781080

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York
1400 American Lane Group Code: 212 Company Type:
Schaumburg, IL 60102 Group Name: State ID Number:
(847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska
13810 FNB Parkway Group Code: 212 Company Type:
Omaha, NE 68154-5202 Group Name: State ID Number:
(402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

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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 #
Zurich American Insurance Company	\$50.00	09/25/2007	15789267
Empire Fire and Marine Insurance Company	\$0.00	09/25/2007	
American Guarantee and Liability Insurance Company	\$0.00	09/25/2007	
Zurich American Insurance Company of Illinois	\$0.00	09/25/2007	
Colonial American Casualty & Surety Company	\$0.00	09/25/2007	
Fidelity and Deposit Company of Maryland	\$0.00	09/25/2007	
American Zurich Insurance Company	\$0.00	09/25/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

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Disposition

Disposition Date: 09/28/2007
Effective Date (New): 11/01/2007
Effective Date (Renewal):
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	explanatory	Approved	Yes
Form	Combined Aggregate Deductible 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	Combined Aggregate Deductible Schedule	U-GU-D-639-A CW	07 07	Declaration New s/Schedule		0.00	UGUD639A CW 0707.pdf

Combined Aggregate Deductible Schedule



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement provides supplementary information to be used with the following:

- Business Auto Coverage Form**
- Commercial General Liability Coverage Part**
- Employee Benefits Liability Coverage Part**
- Garage Coverage Form**
- Liquor Liability Coverage Part**
- Motor Carrier Coverage Form**
- Stop Gap – Employers Liability Coverage Part**
- Truckers Coverage Form**
- Workers Compensation and Employers Liability Policy**

The Combined Aggregate Deductible is adjustable and determined as the sum of the rate(s) multiplied by the final audited Exposure(s).	Estimated Exposure	Rate	Per	Of (Exposure Basis)

The Deductible Amounts for the policies listed here will be combined with this policy for the application of the Combined Aggregate Deductible Amount.

Policy Number(s):

Combined Aggregate Deductible Amount	\$
Minimum Combined Aggregate Deductible Amount	\$

SERFF Tracking Number: *ZURC-125244090* *State:* *Arkansas*
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TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Combined Aggregate Deductible Schedule*
Project Name/Number: */CW CL 26322*

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 09/28/2007

Comments:

Attachments:

NAIC PC F.pdf

NAIC FFS.pdf

Satisfied -Name: explanatory **Review Status:** Approved 09/28/2007

Comments:

Attachment:

CADS Explanatory UGUD639ACW.pdf

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 #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Colonial American Casualty and Surety Company	MD	34347	52-1096670	
Empire Fire and Marine Insurance Company	NE	21326	47-6022701	
Fidelity and Deposit Company of Maryland	MD	39306	13-3046577	
Zurich American Insurance Company	NY	16535	36-4233459	
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	

5. Company Tracking Number	CW CL 26322
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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
	Karen Falbo Zurich North America 1400 American Lane Schaumburg, IL 60196	Regulatory Services Analyst	847-605-7545	847-605-7768	karen.falbo@zurichna.com
7.	Signature of authorized filer		<i>Karen Falbo</i>		
8.	Please print name of authorized filer		Karen Falbo		

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

9. Type of Insurance (TOI)	Interline
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	35.0
12. Company Program Title (Marketing title)	Large Deductible Endorsements
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: 11/1/2007 Renewal:
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	09/25/2007

19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CW CL 26322
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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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This filing introduces an interline schedule which will be used with large deductible endorsements and rules which have (or shortly will be) filed separately by line of business.

The purpose of this Interline form is to identify in the schedule the deductible policies to be combined for the purpose of a Combined Aggregate Deductible Amount (as referenced in the deductible endorsements). These deductible policies will generally be multi-line (Workers Compensation, General Liability and/or Auto) with their respective deductible endorsements which specifies they share a single aggregate deductible amount on a combined basis.

We are asking for your approval of this form for auto and general liability. A similar form will be filed separately for Workers Compensation deductible policies that is identical except for a WC form number that follows the NCCI form numbering format (WC 99 99 99).

Please see the explanatory for further information.

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 #:
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.)**

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 #	CW CL 26322
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Combined Aggregate Deductible Schedule	U-GU-D-639-A CW 07 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Zurich American Insurance Group
Explanatory Memorandum
Combined Aggregate Deductible Schedule
Interline Form Number U-GU-D-639-A-CW

Purpose

Some customers who qualify for deductible products often want to limit their aggregate deductible obligations to a single amount that combines the deductible amounts across multiple policies and multiple lines of business.

The purpose of this Interline form is to identify in the schedule the deductible policies to be combined for the purpose of a Combined Aggregate Deductible Amount (as referenced in the deductible endorsements).

These deductible policies will generally be multi-line (WC, GL &/or Auto) with their respective deductible endorsements which specifies they share a single aggregate deductible amount on a combined basis.

Furthermore, this Interline form includes the rating elements and minimum premiums for adjusting the Combined Aggregate Deductible Amount based on audited exposure amounts.

Interline form Number U-GU-D-639-A-CW will be attached to policies with the following deductible endorsements:

General Liability Deductible Endorsement: U-GL-1336-A

Automobile Deductible Endorsement: U-CA-756-A

To be filed separately, a similar interline form is being prepared for Workers Compensation deductible policies that are also subject to the Combined Aggregate Deductible Amount. This form will be identical to U-GU-D-639-A-CW except for a WC form number being shown at the bottom of the form. This is because many states require all WC filed forms to follow the NCCI form numbering format (WC 99 99 99).