

SERFF Tracking Number: ACEH-125418775 State: Arkansas
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: 08-CR-2007477
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: 08-CR-2007477
Project Name/Number: Supplemental Crime Filing 4Q2007/08-CR-2007477

Filing at a Glance

Companies: ACE American Insurance Company, Westchester Fire Insurance Company

Product Name: 08-CR-2007477

SERFF Tr Num: ACEH-125418775 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 08-CR-2007477

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Edith Roberts, Brittany Yielding

Authors: Renice Cox, Viola McBride Disposition Date: 01/10/2008

Date Submitted: 01/08/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Supplemental Crime Filing 4Q2007

Status of Filing in Domicile: Pending

Project Number: 08-CR-2007477

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/10/2008

State Status Changed: 01/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing introduces various new optional endorsements for general use with the ISO Commercial Crime and Government Crime policies written under the ACE Group of Insurance Companies' Crime Program. These endorsements are being introduced for program enhancement and either broaden, clarify, or restrict coverage provisions for Cancellation, Coinsurance, Ownership of Property, Duties in the Event of Loss, Definitions, etc. Also, to support the introduction of these premium bearing endorsements, we are introducing complementary Additional Rules and rating examples for their application.

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Company and Contact

Filing Contact Information

Renice Cox, Regulatory Specialist renice.cox@ace-ina.com
 436 Walnut Street, WB04G (215) 640-4876 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

Westchester Fire Insurance Company	CoCode: 21121	State of Domicile: New York
1133 Avenue of the Americas	Group Code: 626	Company Type:
New York, NY 10036	Group Name:	State ID Number:
(215) 640-2324 ext. [Phone]	FEIN Number: 13-5481330	

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$25.00	01/08/2008	17391640
Westchester Fire Insurance Company	\$0.00	01/08/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/10/2008	01/10/2008

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Disposition

Disposition Date: 01/10/2008

Effective Date (New):

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	Filing Memo	Approved	Yes
Form	Termination as to Any Employee	Approved	Yes
Form	Termination as to Any Employee	Approved	Yes
Form	Cancellation of Policy	Approved	Yes
Form	Change Extended Period to Discover Loss	Approved	Yes
Form	Change Extended Period to Discover Loss	Approved	Yes
Form	Coinsurance	Approved	Yes
Form	Conditions - Ownership of Property: Interests Covered	Approved	Yes
Form	Conditions - Ownership of Property: Interests Covered	Approved	Yes
Form	Diminution of Deductible	Approved	Yes
Form	Discovery Conversion Endorsement	Approved	Yes
Form	Duties in the Event of Loss	Approved	Yes
Form	Duties in the Event of Loss	Approved	Yes
Form	Duties in the Event of Loss	Approved	Yes
Form	Duties in the Event of Loss	Approved	Yes
Form	Duties in the Event of Loss	Approved	Yes
Form	Duties in the Event of Loss	Approved	Yes
Form	Employee Benefit Plan(s) Definition	Approved	Yes
Form	Employee Definition Amended	Approved	Yes
Form	Employee Definition Amended	Approved	Yes
Form	Employee Theft Limit Revised (ERISA)	Approved	Yes
Form	Policy Premium	Approved	Yes
Form	Discovery Conversion Endorsement	Approved	Yes
Form	Conditions - Ownership of Property; Interests Covered Including Clients' Property on Insured's Premises	Approved	Yes
Form	Termination as to Any Employee	Approved	Yes

SERFF Tracking Number: ACEH-125418775 *State:* Arkansas
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Product Name: 08-CR-2007477
Project Name/Number: Supplemental Crime Filing 4Q2007/08-CR-2007477

Form	Termination as to Any Employee	Approved	Yes
Form	Conditions - Ownership of Property: Interests Covered Including Clients" Property on Insured's Premises	Approved	Yes
Rate	Multisate Rule Page	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Termination as to Any Employee	PF-20697	(11/07)	Endorsement/Amendment/Conditions New		0.00	PF-20697 (1107) Termination As To Any Employee v1 CC.pdf
Approved	Termination as to Any Employee	PF-20698	(11/07)	Endorsement/Amendment/Conditions New		0.00	PF-20698 (1107) Termination as to Any Employee v2 CC.pdf
Approved	Cancellation of Policy	PF-20699	(11/07)	Endorsement/Amendment/Conditions New		0.00	PF-20699 (1107) Cancellation of Policy.pdf
Approved	Change Extended Period to Discover Loss	PF-20700	(11/07)	Endorsement/Amendment/Conditions New		0.00	PF-20700 (1107) Change Extended Period to Discover Loss v1 CC.pdf
Approved	Change Extended Period to Discover Loss	PF-20701	(11/07)	Endorsement/Amendment/Conditions New		0.00	PF-20701 (1107) Change Extended Period to Discover Loss v2 CC.pdf
Approved	Coinsurance	PF-20702	(11/07)	Endorsement New		0.00	PF-20702

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<i>Company Tracking Number:</i>	08-CR-2007477				
<i>TOI:</i>	26.0 Burglary & Theft	<i>Sub-TOI:</i>	26.0001 Commercial Burglary & Theft		
<i>Product Name:</i>	08-CR-2007477				
<i>Project Name/Number:</i>	Supplemental Crime Filing 4Q2007/08-CR-2007477				
		nt/Amendm ent/Condi ons	(1107) Coinsurance .pdf		
Approved	Conditions - Ownership of Property: Interests Covered	PF-20703 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20703 (1107) Conditions- Ownership of Property.doc ; Interests Covered GC.pdf
Approved	Conditions - Ownership of Property: Interests Covered	PF-20704 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20704 (1107) Conditions- Ownership of Property; Interests Covered CC.pdf
Approved	Diminution of Deductible	PF-20705 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20705 (1107) Diminution of Deductible CC GC.pdf
Approved	Discovery Conversion Endorsement	PF-20706 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20706 (1107) Discovery Endorsemen t GC.pdf
Approved	Duties in the Event of Loss	PF-20707 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20707 (1107) Duties in the Event of Loss v1 CC.pdf
Approved	Duties in the Event of Loss	PF-20708 (11/07)	Endorseme New nt/Amendm	0.00	PF-20708 (1107)

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 Product Name: 08-CR-2007477
 Project Name/Number: Supplemental Crime Filing 4Q2007/08-CR-2007477

Approval	Description	Policy	Action	Amount	Attachment
			ent/Condi ons		Duties in the Event of Loss v1 GC.pdf
Approved	Duties in the Event of Loss	PF-20709 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20709 (1107) Duties in the Event of Loss v2 CC.pdf
Approved	Duties in the Event of Loss	PF-20710 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20710 (1107) Duties in the Event of Loss v2 GC.pdf
Approved	Duties in the Event of Loss	PF-20711 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20711 (1107) Duties in the Event of Loss v3 CC.pdf
Approved	Duties in the Event of Loss	PF-20712 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20712 (1107) Duties in the Event of Loss v3 GC.pdf
Approved	Employee Benefit Plan(s) Definition	PF-20713 (11/07)	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-20713 (1107) Employee Benefit Plan(s) Definition CC.pdf
Approved	Employee Definition Amended	PF-20714 (11/07)	Endorseme New nt/Amendm ent/Condi	0.00	PF-20714 (1107) Employee

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 Product Name: 08-CR-2007477
 Project Name/Number: Supplemental Crime Filing 4Q2007/08-CR-2007477

			ons		Definition Amended CC.pdf
Approved	Employee Definition Amended	PF-20715 (11/07)	Endorsement/Amendment/Conditions	0.00	PF-20715 (1107) Employee Definition Amended GC.pdf
Approved	Employee Theft Limit Revised (ERISA)	PF-20716 (11/07)	Endorsement/Amendment/Conditions	0.00	PF-20716 (1107) Employee Theft Limit Revised (ERISA) CC.pdf
Approved	Policy Premium	PF-20720 (11/07)	Endorsement/Amendment/Conditions	0.00	PF-20720 (1107) Policy Premium.pdf
Approved	Discovery Conversion Endorsement	PF-21942 (11/07)	Endorsement/Amendment/Conditions	0.00	PF-21942 (1107) Discovery Endorsement CC.pdf
Approved	Conditions - Ownership of Property; Interests Covered Including Clients' Property on Insured's Premises	PF-23364 (11/07)	Endorsement/Amendment/Conditions	0.00	PF-23364 (1107) Ownership of Property Interests Covered-incl Clients Property on Insured Premises GC.pdf
Approved	Termination as to Any Employee	PF-23365 (11/07)	Endorsement/Amendment	0.00	PF-23365 (1107)

<i>SERFF Tracking Number:</i>	<i>ACEH-125418775</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>ACE American Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>08-CR-2007477</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>08-CR-2007477</i>		
<i>Project Name/Number:</i>	<i>Supplemental Crime Filing 4Q2007/08-CR-2007477</i>		

		ent/Condi ons		Termination As To Any Employee v1 GC.pdf
Approved	Termination as to PF-23366 (11/07) Any Employee	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-23366 (1107) Termination as to Any Employee v2 GC.pdf
Approved	Conditions - PF-23367 (11/07) Ownership of Property: Interests Covered Including Clients" Property on Insured's Premises	Endorseme New nt/Amendm ent/Condi ons	0.00	PF-23367 (1107) Ownership of Property Interests Covered-incl Clients Property on Insured Premises CC.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Termination As To Any Employee

It is agreed that Section E, Conditions, subsection 2, paragraph a, Termination As To Any Employee, is amended as follows:

a. Subparagraph (1) is deleted in its entirety and the following is inserted:

(1) As soon as:

_____ [List Positions]; or
_____ [List Positions]

learn of "theft" or any other dishonest act committed by the "employee" whether before or after becoming employed by you. However, such cancellation will only take effect if the "theft" or other dishonest act results in a loss of or damage to "money", "securities" or "other property" of \$_____ or greater.

b. Subparagraph (2) is amended by deleting the phrase "30 days" and inserting the phrase "60 days".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Termination As To Any Employee

It is agreed that Section E, Conditions, subsection 2, paragraph a, Termination As To Any Employee, is amended as follows:

- a. Subparagraph (1) is deleted in its entirety and the following is inserted:

(1) As soon as:

_____ [List Positions]; or
_____ [List Positions]

learn of "theft" or any other dishonest act committed by the "employee" within the past _____ years of such discovery, whether before or after becoming employed by you. However, such cancellation will only take effect if the "theft" or other dishonest act results in a loss of or damage to "money", "securities" or "other property" of \$_____ or greater.

- b. Subparagraph (2) is amended by deleting the phrase "30 days" and inserting the phrase "60 days".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
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			to
Issued By (Name of Insurance Company)			

Cancellation Of Policy

It is agreed that Section E, Conditions, subsection 1, paragraph b, Cancellation Of Policy, subparagraph (2)(b) is amended by deleting the phrase "30 days" and inserting the phrase "_____" days.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Change Extended Period To Discover Loss

It is agreed that the policy is amended as follows:

A. Schedule*

Number Of Days: _____
*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

B. Provisions

Section E, Conditions, subsection 1, paragraph j. Extended Period To Discover Loss , subparagraph (1), is amended as follows: 1. The 1 year period to discover loss is replaced with the number of days shown in the Schedule.

2. Subparagraph j.(2) is deleted in its entirety.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Change Extended Period To Discover Loss

The policy is amended as follows:

A. Schedule*

Number Of Days: _____
*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

B. Provisions

Section E, Conditions, subsection 1, paragraph j, Extended Period To Discover Loss, subparagraph (1) is amended by replacing the 1 year period to discover loss with the number of days shown in the Schedule.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Coinsurance

It is agreed that:

1. The Declarations is amended by adding the following:

COINSURANCE _____%

2. Section C, Deductible, is deleted in its entirety and the following is inserted:

C. Deductible and Coinsurance

We will not pay for loss, resulting directly from any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in the Declarations. We will then pay the amount of loss in excess of the Deductible Amount, subject to the Coinsurance Amount below, up to the Limit of Insurance. In the event more than one Deductible Amount could apply to the same loss, only the highest Deductible Amount may be applied.

Additionally, after satisfaction of the applicable Deductible Amount, you shall bear uninsured and at your own risk _____% of all loss, and our liability hereunder shall apply only to the remaining percent of such loss.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

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Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
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Issued By (Name of Insurance Company)			

Conditions – Ownership Of Property; Interests Covered

It is agreed that Section E, Conditions, subsection 1, paragraph q, Ownership Of Property; Interests Covered is amended by deleting subparagraph (2) in its entirety.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

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Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Conditions – Ownership Of Property; Interests Covered

It is agreed that Section E, Conditions, subsection 1, paragraph r, Ownership Of Property; Interests Covered is amended by deleting subparagraph (2) in its entirety.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Diminution of Deductible

It is agreed that Section C, Deductible, is amended to add the following:

Provided, however, that if a loss is partly recoverable under this policy and partly recoverable under a prior policy containing a deductible, the deductible amount specified in this policy shall be reduced by the deductible amount applied to such loss by the prior policy.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
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Issued By (Name of Insurance Company)			

Discovery Conversion Endorsement

It is agreed that the policy is amended as follows:

1. Section E, Conditions, subsection 1, paragraph i, Extended Period To Discover Loss, subparagraph (1), is deleted in its entirety, and the following is inserted:

(1) We will pay for loss that you sustained prior to the effective date of cancellation of this policy, which is “discovered” by you no later than _____ days from the date of that cancellation. However, this extended period to “discover” loss terminates immediately upon the effective date of any other insurance obtained by you, whether from us or another insurer, replacing in whole or in part the coverage afforded under this policy, whether or not such other insurance provides coverage for loss sustained prior to its effective date.

2. Section E, Conditions, subsection 1, paragraphs n, Loss Sustained During Prior Insurance Issued By Us Or Any Affiliate, and o, Loss Sustained During Prior Insurance Not Issued By Us Or Any Affiliate, are deleted in their entirety and the following is inserted:

n. Discovery

We will pay for loss that you sustain resulting directly from an “occurrence” taking place at any time which is “discovered” by you:

- a. During the policy period shown in the Declarations; or
- b. During the period of time provided in the Extended Period To Discover Loss Condition **E.1.i**

o. Policy Bridge-Discovery Replacing Loss Sustained

- (1) If this policy replaces insurance that provided you with an extended period of time after cancellation in which to discover loss and which did not terminate at the time this policy became effective:
 - i. We will not pay for any loss that occurred during the Policy Period of that prior insurance which is “discovered” by you during the extended period to “discover” loss, unless the amount of loss exceeds the Limit of Insurance and Deductible Amount of that prior insurance. In that case, we will pay for the excess loss subject to the terms and conditions of this policy.
 - ii. However, any payment we make for the excess loss will not be greater than the difference between the Limit of Insurance and Deductible Amount of that prior insurance and the Limit of Insurance shown in the Declarations. We will not apply the Deductible Amount shown in the Declarations to this excess loss.

(2) The Other Insurance Condition E.1.p does not apply to this Condition..

All other terms and conditions of this policy remain unchanged.

Authorized Representative

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Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Duties In the Event of Loss

It is agreed that Section E, Conditions, subsection 1, paragraph g, Duties In The Event Of Loss, is amended by deleting the phrase "After you discover a loss or a situation that may result in loss of or damage to" and inserting the phrase "after the _____ [List Positions] discovers a loss or a situation that may result in loss of or damage to".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Duties In the Event of Loss

It is agreed that Section E, Conditions, subsection 1, paragraph f, Duties In The Event of Loss, is amended by deleting the phrase "After you discover a loss or a situation that may result in loss of or damage to" and inserting the phrase "after the _____ [List Positions] discovers a loss or a situation that may result in loss of or damage to".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Duties In The Event Of Loss

It is agreed that Section E, Conditions, subsection 1, paragraph g, Duties In The Event Of Loss, subsection (1), is amended by deleting the phrase "Notify us as soon as possible", and inserting the phrase "Notify us as soon as practicable".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Duties In the Event of Loss

It is agreed that Section E, Conditions, subsection 1, paragraph f, Duties In The Event of Loss, subsection (1), is amended by deleting the phrase "Notify us as soon as possible", and inserting the phrase "Notify us as soon as practicable".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

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			to
Issued By (Name of Insurance Company)			

Duties In The Event Of Loss

It is agreed that Section E, Conditions, subsection 1, paragraph g, Duties In The Event of Loss, subparagraph (1) is amended by deleting the phrase "Notify us as soon as possible" and inserting the phrase "Notify us as soon as possible if you have reason to believe the loss or damage will be \$_____ or greater, but in no event later than _____ days after the discovery".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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Issued By (Name of Insurance Company)			

Duties In The Event Of Loss

It is agreed that Section E, Conditions, subsection 1, paragraph f, Duties In The Event of Loss, subparagraph (1) is amended by deleting the phrase "Notify us as soon as possible" and inserting the phrase "Notify us as soon as possible if you have reason to believe the loss or damage will be \$_____ or greater, but in no event later than _____ days after the discovery".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Employee Benefit Plan(s) Definition

It is agreed that Section F, Definitions, subsection 6, "Employee benefit plan", is amended by deleting the phrase "shown in the Declarations".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Employee Definition Amended

It is agreed that Section F, Definitions, subsection 5, "Employee", paragraph a, is amended as follows:

1. Subparagraph (1)(a) is amended by deleting "30 days" and inserting "_____ days".
2. The following definitions, if marked in the preceding box by us with an "☒", are added to the definition of "Employee":

- Any natural person shown in the Non-Compensated Officers Schedule below if they are your non-compensated officer.

Non-Compensated Officers Schedule

- Any natural person who is non-compensated, other than a fund solicitor, while performing services for you that are within the scope of the duties of an "employee".

- Any natural person who is non-compensated while acting as a fund solicitor during fund raising campaigns.

- _____

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Employee Definition Amended

1. It is agreed that Section F, Definitions, subsection 5, "Employee" is amended as follows:
- A. Subparagraph (a)(1)(a) is amended by deleting "30 days" and inserting " _____ days".
- B. The following definitions, if marked in the preceding box by us with an "☒", are added to the definition of "Employee":

- Any of your directors or trustees shown in the Directors or Trustees Schedule below while acting as an elected or appointed member of any of your committees, but solely while acting within the scope of his or her duties as director or trustee.

Directors or Trustees Schedule

- Any natural person shown in the Non-Compensated Officers Schedule below who is your non-compensated officer.

Non-Compensated Officers Schedule

- Any natural person who is non-compensated, other than one who is a fund solicitor, while performing services for you that are unusual to the duties of an "employee".

- Any natural person who is non-compensated while acting as a fund solicitor during fund raising campaigns.

- C. The following Exclusions, if marked in the preceding box by us with an "☒", are deleted in their entirety:

- 2.a, Bonded Employees

- 2.e, Treasurers or Tax Collectors

All other terms and conditions of this policy remain unchanged.

 Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Employee Theft Limit Revised (ERISA)

It is agreed that solely with respect to that part of loss or damage covered under Insuring Agreement 1, Employee Theft, resulting from any actual or alleged violation of the responsibilities, obligations or duties imposed by the Employee Retirement Income Security Act of 1974 et seq. ("ERISA") upon a fiduciary as defined by ERISA, the Declarations is amended as follows:

The Per Occurrence Limit of Insurance set forth on the Declarations for Insuring Agreement 1, Employee Theft, is deleted and the following is inserted:

LIMIT OF INSURANCE
Per Occurrence

1. Employee Theft \$_____

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Policy Premium

It is agreed that the Declarations is amended by adding the following, immediately before the phrase "INSURING AGREEMENTS, LIMIT OF INSURANCE AND DEDUCTIBLE":

POLICY PREMIUM:

The premium for the policy period listed above is: \$_____.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Discovery Conversion Endorsement

It is agreed that the policy is amended as follows:

1. Section E, Conditions, subsection 1, paragraph j, Extended Period To Discover Loss, subparagraph (1) is deleted in its entirety, and the following is inserted:
 - (1) We will pay for loss that you sustained prior to the effective date of cancellation of this policy, which is "discovered" by you no later than _____ days from the date of that cancellation. However, this extended period to "discover" loss terminates immediately upon the effective date of any other insurance obtained by you, whether from us or another insurer, replacing in whole or in part the coverage afforded under this policy, whether or not such other insurance provides coverage for loss sustained prior to its effective date.

2. Section E, Conditions, subsection 1, paragraphs o, Loss Sustained During Prior Insurance Issued By Us Or Any Affiliate, and p, Loss Sustained During Prior Insurance Not Issued By Us Or Any Affiliate, are deleted in their entirety and the following is inserted:
 - o. Discovery**
 1. We will pay for loss that you sustain resulting directly from an "occurrence" taking place at any time which is "discovered" by you:
 - a. During the policy period shown in the Declarations; or
 - b. During the period of time provided in the Extended Period To Discover Loss Condition **E.1.j**

 - p. Policy Bridge-Discovery Replacing Loss Sustained**
 - (1) If this policy replaces insurance that provided you with an extended period of time after cancellation in which to discover loss and which did not terminate at the time this policy became effective:
 - (a) We will not pay for any loss that occurred during the Policy Period of that prior insurance which is "discovered" by you during the extended period to "discover" loss, unless the amount of loss exceeds the Limit of Insurance and Deductible Amount of that prior insurance. In that case, we will pay for the excess loss subject to the terms and conditions of this policy
 - (b) However, any payment we make for the excess loss will not be greater than the difference between the Limit of Insurance and Deductible Amount of that prior insurance and the Limit of Insurance shown in the Declarations. We will not apply the Deductible Amount shown in the Declarations to this excess loss.
 - (2) The Other Insurance Condition E.1.q does not apply to this Condition.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective
Issued By (Name of Insurance Company)			

Conditions – Ownership Of Property; Interests Covered Including Clients’ Property on Insured’s Premises

It is agreed that:

1. Section E, Conditions, subsection 1, paragraph q, Ownership Of Property; Interests Covered is amended by deleting subparagraph (2) in its entirety and inserting the following:
 - (2) That you hold for others; or
 - (3) For which you are legally liable, except for property inside the premises of a “client” of yours.

2. Section F, Definitions, is amended to add the following:
 - “Client” means any entity for whom you perform services under a written agreement.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Termination As To Any Employee

It is agreed that Section E, Conditions, subsection 2, paragraph b, Termination As To Any Employee, is amended as follows:

a. Subparagraph (1) is deleted in its entirety and the following is inserted:

(1) As soon as:

_____ [List Positions]; or
_____ [List Positions]

learn of "theft" or any other dishonest act committed by the "employee" whether before or after becoming employed by you. However, such cancellation will only take effect if the "theft" or other dishonest act results in a loss of or damage to "money", "securities" or "other property" of \$_____ or greater.

b. Subparagraph (2) is amended by deleting the phrase "30 days" and inserting the phrase "60 days".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Termination As To Any Employee

It is agreed that Section E, Conditions, subsection 2, paragraph b, Termination As To Any Employee, is amended as follows:

a. Subparagraph (1) is deleted in its entirety and the following is inserted:

(1) As soon as:

_____ [List Positions]; or
_____ [List Positions]

learn of "theft" or any other dishonest act committed by the "employee" within the past _____ years of such discovery, whether before or after becoming employed by you. However, such cancellation will only take effect if the "theft" or other dishonest act results in a loss of or damage to "money", "securities" or "other property" of \$_____ or greater.

b. Subparagraph (2) is amended by deleting the phrase "30 days" and inserting the phrase "60 days".

All other terms and conditions of this policy remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective
Issued By (Name of Insurance Company)			

Conditions – Ownership Of Property; Interests Covered Including Clients’ Property on Insured’s Premises

It is agreed that:

1. Section E, Conditions, subsection (1), paragraph r, Ownership Of Property; Interests Covered is amended by deleting subparagraph (2) in its entirety and inserting the following:
 - (2) That you hold for others; or
 - (3) For which you are legally liable, except for property inside the premises of a “client” of yours.

2. Section F, Definitions, is amended to add the following:
 - “Client” means any entity for whom you perform services under a written agreement.

All other terms and conditions of this policy remain unchanged.

Authorized Representative

SERFF Tracking Number: ACEH-125418775 *State:* Arkansas
First Filing Company: ACE American Insurance Company, ... *State Tracking Number:* EFT \$25
Company Tracking Number: 08-CR-2007477
TOI: 26.0 Burglary & Theft *Sub-TOI:* 26.0001 Commercial Burglary & Theft
Product Name: 08-CR-2007477
Project Name/Number: Supplemental Crime Filing 4Q2007/08-CR-2007477

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ACEH-125418775 State: Arkansas
 First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$25
 Company Tracking Number: 08-CR-2007477
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: 08-CR-2007477
 Project Name/Number: Supplemental Crime Filing 4Q2007/08-CR-2007477

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Multisate Rule Page	CR-E-1 - CR-E-4New (12/07)		Multistate Rule Page - ALL OTHER STATES (12-07) 07CR477.pdf

COMMERCIAL LINES MANUAL

DIVISION THREE – COMMERCIAL CRIME

ISO GENERAL RULE 5. POLICY TERM

Paragraph **B.** is replaced with the following:

- B.** For a one, two or three year period. However, for government entities only, the period may also be four years; or

ISO GENERAL RULE 6. PREMIUM PAYMENT PERIOD

Paragraph **A.2.** is replaced with the following:

- 2.** Two or Three Years, And For Government Entities Only, Also Four Years

Compute the company premium using the annual rates in effect at policy inception multiplied by the appropriate term factor. Refer to Table **6.A.2.** Policy Term Factors.

ISO GENERAL RULE 9. POLICY WRITING MINIMUM PREMIUM

- A.** Prepaid Policies \$250
- B.** Annual premium payment plan
Of continuous policies \$250

ISO GENERAL RULE 11. PREMIUM CHANGES

Additional Premium Changes

- B.4.** Waive additional premium of \$50.00 or less. This waiver applies only to that portion of the premium due on the effective date of the policy change.

Return Premium Changes

- C.4.** Waive return premium of \$50.00 or less. Grant any return premium due if requested by the insured. The waiver applies only to that portion of the premium due on the effective date of the policy change.

ISO GENERAL RULE 13. BASIC FORMS AND ENDORSEMENTS APPLICABLE

is amended by adding the following:

C. Crime Coverage Forms And Policies

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25. Coinsurance

Use Coinsurance Endorsement PF-20702 to provide insurance with a coinsurance condition.

- a. Compute the company premium for the limit of insurance being written.
- b. Determine the ratio that the coinsurance percentage bears to the total limit. Apply that ratio to the company premium computed in Paragraph C.25.a.
- c. Subtract the premium generated in C.25.b from the premium generated in C.25.a. The result is the company premium for the policy written on a coinsurance basis.

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Rating Example: A 10% coinsurance condition applies. The company's proportionate share will be 90% of the amount of loss exceeding the Deductible Amount. If the premium computed for the limit of insurance being written is \$100.00, the company's proportionate share of the premium will be equal to \$90.00. The coinsurance percentage is 10%. \$100.00 x 10% = \$90.00

26. Conditions-Ownership of Property; Interests Covered Amended – Limits coverage to Money, Securities and Other Property owned or leased by the Insured. Use Conditions-Ownership Of Property; Interests Covered PF-20703 (Government Crime) or PF-20704 (Commercial Crime).

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- i. Determine the number of ratable employees who handle Money, Securities and Other Property owned or leased by the Insured.
- ii. Using the company rate for the Insured, compute a company premium in accordance with Paragraph B. for a limit of insurance.

27. Conditions-Ownership of Property; Interests Covered Including Clients Property Amended – Adds coverage for loss of Money, Securities and Other Property owned or leased by the clients of Insured if that property is inside the premise of the Insured. Use Conditions-Ownership Of Property; Interests Covered PF-23364 (Government Crime) or PF-23367 (Commercial Crime).

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- i. Determine the number of ratable employees who handle Money, Securities and Other Property owned or leased by the Insured.
- ii. Determine the number of ratable employees who handle Money, Securities and Other Property owned or leased by the clients of the Insured if that property is inside the premises of the Insured.
- iii. Add the number of ratable employees arrived at in item C.27.i to the number of ratable employees arrived at in item C.27.ii.
- iv. Using the company rate for the insured, compute a company premium in accordance with Paragraph B. for a limit of insurance.

ISO RULE 27. COMMERCIAL CRIME AND COVERAGE FORM AND COMMERCIAL CRIME POLICY - EMPLOYEE THEFT INSURING AGREEMENT

is amended by adding the following:

C. Coverage Amendments

1. General Use

o. Employees – Include Specified Persons Or Classes of Persons As

Use Employee Definition Amended PF-20714. Treat each covered person as an additional ratable employee.

Rating Example: If coverage is being extended to include Directors and Trustees, who are also not employees of the Insured, these additional individuals should be added to the total number of ratable employees for purposes of premium calculation.

p. Excess Limit of Insurance for Employee Benefit Plans (ERISA)-Add Blanket

Use Employee Theft Limit Revised (ERISA) PF-20716 to amend the limit of insurance for loss of Employee Retirement Income Security plan assets. Determine the number of ratable employees who handle, have access to or maintain records of the ERISA employee benefit plan(s). Using the company rate for the insured, compute a company premium in accordance with Paragraph B. for a limit of insurance equal to the total of the primary (Employee Theft Insuring Agreement) and the excess limit for the ERISA employee benefit plan(s). Subtract the company premium for a limit of insurance equal to the primary limit. The result is the company premium for the excess limit of insurance for the joint insured.

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ISO RULE 57. GOVERNMENT CRIME COVERAGE FORM AND GOVERNMENT CRIME POLICY - EMPLOYEE THEFT - PER LOSS INSURING AGREEMENT

is amended by adding the following:

C. Coverage Amendments

1. General Use

q. Employees – Include Specified Persons Or Classes of Persons As

Use Employee Definition Amended PF-20715. Treat each covered person as an additional ratable employee.

Rating Example: If coverage is being extended to include Directors and Trustees, who are also not employees of the Insured, these additional individuals should be added to the total number of ratable employees for purposes of premium calculation.

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Rates/Loss Costs

Throughout this Division, rates are computed by multiplying the applicable Loss Cost from the Rate Pages by the Company Multiplier:

Loss Cost Multiplier: 1.479

ISO Retrospective Rating Plan Rule 11. Expected Loss Ratios

Apply an ELR of .595.

ISO Experience & Schedule Rating Plan Rule 3. C. Expected Loss Ratio

Apply an ELR of .595.

SERFF Tracking Number: ACEH-125418775 State: Arkansas
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: 08-CR-2007477
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: 08-CR-2007477
Project Name/Number: Supplemental Crime Filing 4Q2007/08-CR-2007477

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/10/2008

Comments:

Attachments:

NAIC Transmittal - AR.pdf
NAIC Rate Rule Schedule.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 01/10/2008

Comments:

Attachment:

Filing Memo (Forms).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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
ACE USA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
Westchester Fire Insurance Company	PA	21121	13-5481330

5. Company Tracking Number	08-CR-2007477
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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
	Renice Cox 510 Walnut Street, WB04G Philadelphia. PA 19106	Regulatory Specialist	(215) 640-4876	(215) 640-4986	Renice.Cox@ace-ina.com

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

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

9.	Type of Insurance (TOI)	Crime
10.	Sub-Type of Insurance (Sub-TOI)	Burglary & Theft
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Supplemental Crime Filing
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: Upon Approval Renewal: Upon Approval

Property & Casualty Transmittal Document---

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	01/08/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-CR-2007477
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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 various new optional endorsements for general use with the ISO Commercial Crime and Government Crime policies written under the ACE Group of Insurance Companies' Crime Program. These endorsements are being introduced for program enhancement and either broaden, clarify, or restrict coverage provisions for Cancellation, Coinsurance, Ownership of Property, Duties in the Event of Loss, Definitions, etc. Also, to support the introduction of these premium bearing endorsements, we are introducing complementary Additional Rules and rating examples for their application.

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]
<p>Check #: EFT Amount: \$25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

See Completion Instructions on last page

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-CR-2007477 (R)
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	08-CR-2007477(F)

Rate Increase Rate Decrease Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
ACE American Insurance Company							
Westchester Fire Insurance Company							

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	-------------------------------------------------	--

7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
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01	Rule 13.C.25.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Rule 13.C.26.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03	Rule 13.C.27.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04	Rule 27.C.1.o.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05	Rule 27.C.1.p.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06	Rule 57.C.1.q.	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

PC RRFS-1

These pages are informational only and do not need to be submitted with your filings!

Notes for Rate/Rule Filing Transmittal

DESCRIPTION OF ITEMS IN THE RATE FILING SCHEDULE

RATE/RULE FILING SCHEDULE

1. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

2. This filing corresponds to form filing number: Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one. **Use check boxes to indicate if this is a rate increase, a rate decrease or rate neutral.**

3. Filing Method (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the filing is being submitted. See State Specific Requirements.

4. Rate Change by Company: Complete all fields for each company included in the filing.

- **Overall % Indicated Change (when applicable)** - This field is only to be completed when an actuarial indication is included in the filing submission.
- **Overall % Rate Impact** - This is the statewide average percentage change to the accepted rates for the coverages included for each company.
- **Written premium change for this program** - This is the statewide change in written premium based on the proposed overall percentage rate impact for each company.
- **# of policyholders affected for this program** - This is the number of policyholders affected by the overall percentage rate impact for each company.
- **Written premium for this program** - This is the statewide written premium for each company.
- **Maximum % Change & Minimum % Change** – This information should be completed if required by the state to which the filing is being submitted.
 - If all the policyholders get increases, then the maximum change is the largest increase and the minimum change is the smallest increase.
 - If all the policyholders get decreases, then the maximum change is the smallest decrease and the minimum change is the largest decrease.
 - If some of the policyholders get increases and others get decreases, then the maximum change is the largest increase and the minimum change is the largest decrease.

5a. Overall percentage rate indication (when applicable): These fields are only to be completed when an actuarial indication is included in the filing submission.

5b. Overall percentage rate impact for this filing: This is the statewide average percentage change to the accepted rates for the coverages included in the filing. This field only needs to be completed for group filings.

5c. Effect of Rate Filing—Written Premium Change for this program: This is the statewide change in written premium based on the proposed overall percentage rate impact. This field only needs to be completed for group filings.

5d. Effect of Rate Filing—Number of policyholders affected: This is the number of policyholders affected by the overall percentage rate impact. This field only needs to be completed for group filings.

6. Overall percentage of last rate revision: This is the statewide average of the last percentage change implemented in the state.

7. Effective Date of last rate revision: This is the implementation date of the last overall percentage rate impact.

8. Filing Method of Last Filing (Prior Approval, File & Use, Flex Band, etc): This is the review method for which the last filing was submitted. See State Specific Requirements.

9. Rule # or Page # Submitted for Review: This is the list of changes to the rate/rule manual.

To be complete a filing must include the following:

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ACE GROUP OF INSURANCE COMPANIES

**ACE American Insurance Company
Westchester Fire Insurance Company
ACE Commercial Crime
Explanatory Memorandum**

This filing introduces various new optional endorsements for general use with the ISO Commercial Crime and Government Crime policies written under the ACE Group of Insurance Companies' Crime Program. These endorsements are being introduced for program enhancement and either broaden, clarify, or restrict coverage provisions for Cancellation, Coinsurance, Ownership of Property, Duties in the Event of Loss, Definitions, etc.

A. Forms

26 optional endorsements; see attached Forms List.