

SERFF Tracking Number: AMLX-125423303 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0237601F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: 2007 Dec, Endorsements (10), Rules/BO AR0237601F01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Businessowners Self Storage Program SERFF Tr Num: AMLX-125423303 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: BO AR0237601F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI Disposition Date: 01/14/2008

AmericanAlternativeInsurance

Date Submitted: 01/09/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):
03/01/2008

State Filing Description:

General Information

Project Name: 2007 Dec, Endorsements (10), Rules

Status of Filing in Domicile:

Project Number: BO AR0237601F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/14/2008

State Status Changed: 01/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing, on behalf of American Alternative Insurance Corporation, new endorsements and a revised Declarations page for use with our Self-Storage Owners Businessowners Coverage Form. The attached Description of New and Revised Forms provides a listing of each form submitted and its description.

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The rules applicable to these endorsements are being submitted separately, as required by your department.

Company and Contact

Filing Contact Information

Beth MacDougall, Project Employee bmacdougall@munichreamerica.com
 555 College Road East (215) 702-9828 [Phone]
 Princeton, NJ 08543-5241 (609) 951-8285[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
 555 College Road East Group Code: 361 Company Type:
 Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
 (800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Payment Amount: \$50
 E-check # 1700000007
 E-check date: 12/31/2007
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	01/09/2008	17413911

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/14/2008	01/14/2008

SERFF Tracking Number: *AMLX-125423303* *State:* *Arkansas*
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Disposition

Disposition Date: 01/14/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	Forms EM (11)	Approved	Yes
Form	Self-Storage Businessowners Coverage Part Declarations	Approved	Yes
Form	General Aggregate Limit	Approved	Yes
Form	Additional Insured--Designated Person Or Organization	Approved	Yes
Form	Additional Insured--Grantor Of Franchise	Approved	Yes
Form	Exclusion--Customer's Goods Legal Liability And/Or Sale And Disposal Legal Liability	Approved	Yes
Form	Animal Exclusion	Approved	Yes
Form	Self-Storage Owners Amendatory	Approved	Yes
Form	Exclusion - Sexual Abuse	Approved	Yes
Form	Comprehensive Business Liability Exclusion	Approved	Yes
Form	Equipment Breakdown Protection Endorsement	Approved	Yes
Form	Protective Safeguards Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Self-Storage Businessowners Coverage Part Declarations	MP 2503-0	(11/07)	Declaration Replaced s/Schedule	Replaced Form #:0.00 MP 2503-0 Previous Filing #: BO AR0137001F01		MP 2503-0.PDF
Approved	General Aggregate Limit	MP 5100-0	(11/07)	Endorsement/Amendment/Conditions		0.00	MP 5100-0.PDF
Approved	Additional Insured-- Designated Person Or Organization	MP 7001-0	(12/07)	Declaration New s/Schedule		0.00	MP 7001-0.PDF
Approved	Additional Insured--Grantor Of Franchise	MP 7002-0	(12/07)	Endorsement/Amendment/Conditions		0.00	MP 7002-0.PDF
Approved	Exclusion-- Customer's Goods Legal Liability And/Or Sale And Disposal Legal Liability	MP 0402-0	(02-07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 MP 0402-0 Previous Filing #: BO AR0137001F01		MP 0402-0.PDF
Approved	Animal Exclusion	MP 0403-0	(02-07)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 MP 0403-0 Previous Filing #: BO AR0137001F01		MP 0403-0.PDF
Approved	Self-Storage Owners	MP 0430-0	(02-07)	Endorsement/Amendment		0.00	MP 0430-0.PDF

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	Amendatory		ent/Condi ons		
Approved	Exclusion - Sexual Abuse	MP 0431- 0 (02-07)	Endorseme New nt/Amendm ent/Condi ons	0.00	MP 0431- 0.PDF
Approved	Comprehensive Business Liability Exclusion	MP 0432- 0 (02-07)	Endorseme New nt/Amendm ent/Condi ons	0.00	MP 0432- 0.PDF
Approved	Equipment Breakdown Protection Endorsement	MP 0433- 0 (04-07)	Endorseme New nt/Amendm ent/Condi ons	0.00	MP 0433- 0.PDF
Approved	Protective Safeguards Endorsement	MP 1207- 1 (02-07)	Endorseme New nt/Amendm ent/Condi ons	0.00	MP 1207- 1.PDF



American Alternative Insurance Corporation

ADMINISTRATIVE OFFICE
555 College Road East, Princeton, New Jersey 08543-5241
(800) 305-4954

SELF-STORAGE BUSINESSOWNERS COVERAGE PART DECLARATIONS

POLICY NUMBER:

EFFECTIVE DATE:

FORM OF BUSINESS:

Individual Joint Venture Partnership Corporation Limited Liability Corporation
 Other _____

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "INCLUDED" is shown.

SECTION I SELF-STORAGE OWNERS SPECIAL PROPERTY COVERAGE:

LOCATION NO. 1:

TOTAL LOCATION PREMIUM
\$

BLANKET BUILDINGS AND BUSINESS PERSONAL PROPERTY:

Limit of Insurance: \$

Loss Adjustment Basis: Replacement Cost Actual Cash Value

Inflation Guard: %

DEDUCTIBLE AMOUNT: \$ Per Occurrence

BUSINESS INCOME: Limit-Actual loss up to 12 Consecutive Months.

SECTION II SELF-STORAGE OWNERS LIABILITY COVERAGE:

	LIMITS OF INSURANCE	
General Aggregate Limit	\$	
Products-Completed Operations Aggregate Limit	\$	
Each Occurrence Limit	\$	
Personal and Advertising Limit (any one person or organization)	\$	
Medical Expenses Limits (any one person)	\$	
Sale and Disposal Liability Location Limit	\$	
Deductible: Sale and Disposal Liability	\$	Per Occurrence
Customers Goods Legal Liability Occurrence Limit	\$	
Deductible: Customers Goods Legal Liability	\$	Per Occurrence
Hired and Non-owned Auto Liability Limit (any one occurrence)	\$	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

Part D. **Limits Of Insurance** in **Section II Liability** is deleted and replaced by:

D. Limits Of Insurance

1. The Limits of Insurance shown in the Declarations and the rules below are the most we will pay regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits".
2. The most we will pay for the sum of:
 - a. Medical expenses under Medical Expense Coverage;
 - b. Damages under Business Liability Coverage, except damages because of "bodily injury" or "property damage" included under the "products – completed operations hazard";
 - c. Damages under Sale and Disposal Liability Coverage;
 - d. Damages under Customer's Goods Legal Liability Coverage; and
 - e. Damages under Hired Auto and Non-Owned Auto Coverageis the General Aggregate Limit shown in the Declarations.
3. Subject to 2. above or 8. below, whichever applies, the most we will pay for the sum of all damages because of all "bodily injury" and "property damage" under Business Liability Coverage and medical expenses under Medical Expense Coverage arising out of any one "occurrence" is the Each Occurrence Limit shown in the Declarations.

4. Subject to 3. above, the most we will pay for all medical expenses under Medical Expense Coverage because of "bodily injury" sustained by any one person is the Medical Expenses Limit shown in the Declarations.
5. Subject to 2. above, the most we will pay under Sale and Disposal Liability Coverage for damages because of "sale and disposal operations" is the Sale and Disposal Liability Location Limit shown in the Declarations, at any one location.
6. Subject to 2. above, the most we will pay under Business Liability Coverage for the sum of all damages because of all "personal injury" and "advertising injury" sustained by any one person or organization is the Personal and Advertising Limit shown in the Declarations.
7. Subject to 2. above, the most we will pay under Customer's Goods Legal Liability Coverage for damages because of "property damage" to "customer's" property with respect to any one "occurrence" is the Customer's Goods Legal Liability Occurrence Limit shown in the Declarations.
8. The most we will pay for all damages because of "bodily injury" and "property damage" included under the "products – completed operations hazard" arising from all "occurrences" during the policy period is the Products – Completed Operations Aggregate Limit shown in the Declarations.
9. Subject to 2. above, the most we will pay under Hired Auto and Non-Owned Auto Coverage for the total of all damages resulting from any one "occurrence" is the Hired and Non-Owned Auto Limit of Insurance shown in the Declarations. This limit is the most we will pay regardless of the number of "covered autos", insureds, premiums paid, claims made or vehicles involved in an "occurrence".

All "bodily injury" or "property damage" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "occurrence".

The Limits of Insurance of **Section II Liability** apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability**:

5. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – GRANTOR OF FRANCHISE

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

SCHEDULE*

Name Of Additional Insured Person(s) Or Organization(s):
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

WHO IS AN INSURED (Section II) is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as grantor of a franchise to you.



American Alternative Insurance Corporation

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – CUSTOMER’S GOODS LEGAL LIABILITY AND/OR SALE AND DISPOSAL LEGAL LIABILITY

This endorsement modifies the insurance under the following:

SELF – STORAGE BUSINESSOWNERS COVERAGE FORM

If indicated by an “x” below, this endorsement specifically excludes coverage for:

____ Section II – 3. Sale and Disposal Liability Coverage at location(s) _____ as listed on the Schedule of Locations MP1203-0.

____ Section II – 4. Customer’s Goods Legal Liability Coverage at location(s) _____ as listed on the Schedule of Locations – MP1203-0

Accepted by:

Insured’s signature

Date

Policy No.: _____

Effective Date: _____



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ANIMAL EXCLUSION

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

Section II.-B. "Exclusions" is amended by adding the following exclusion t.:

t. Animal Exclusion

"Bodily injury", "property damage", "personal injury" and "advertising injury" arising out of any animal owned, maintained or leased by any insured or resident manager.

Applicable to Location # _____

Accepted by:

Insured's Signature and Date

Policy No.: _____

Effective Date: _____



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SELF-STORAGE OWNERS AMENDATORY

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

A. Section I - Special Property Coverage Form is amended as follows:

1. The Ordinance or Law Coverage Extension is deleted and replaced by the following:

o. Ordinance or Law

In the event of damage by a Covered Cause of Loss to a building that is Covered Property, we will pay the increased costs incurred to comply with the enforcement of any building ordinance or law:

- (1) Regulating the construction, use or repair of any buildings; or
- (2) Requiring the tearing down of any building, including the cost of removing its debris.

Under this Coverage Extension, we will not pay any costs due to an ordinance or law that:

- (a) You were required to comply with before the loss, even when the building was undamaged; and
- (b) You failed to comply with.

Under this Coverage Extension, we will not pay for:

- (i) The enforcement of any ordinance or law which requires demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungi", wet or dry rot or bacteria; or
- (ii) Any costs associated with the enforcement of an ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of "pollutants", "fungi", wet or dry rot or bacteria.

The most we will pay under this Coverage Extension is \$100,000 in any one occurrence.

This amount is in addition to the Limits of Insurance.

2. Exclusion 2.p. is deleted.

B. Section II - Liability Coverage Form is amended as follows:

1. The term "occurrence" is replaced by the phrase "occurrence" and offense where it appears in Paragraph 1.a. of Business Liability.

2. Paragraph (2) of Exclusion f. Pollution is deleted and replaced by the following:

(2) Any loss, cost or expense arising out of any:

- (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of pollutants; or
- (b) Claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, pollutants.

However, this paragraph does not apply to liability for damages because of "property damage" that the insured would have in the absence of such request, demand, order or statutory or regulatory requirement or such claim or "suit" by or on behalf of a governmental authority.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

3. a. The following is added to Exclusion g. Aircraft, Auto or Watercraft:

This exclusion applies even if the claims allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by an insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

b. Paragraph (5) of Exclusion g. Aircraft, Auto or Watercraft is deleted and replaced by the following:

(5) "Bodily injury" or "property damage" arising out of:

- (a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance or motor vehicle registration law where it is licensed or principally garaged; or
- (b) The operation of any of the following machinery or equipment:
 - (i) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - (ii) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment.

4. The last sentence, "This exclusion applies only to liability assumed under a contract or agreement." is deleted from Exclusion i. War applicable to Business Liability and Exclusion 8. War applicable to Hired and Non-Owned Auto.

5. Paragraph 3.b. of the Financial Responsibility Laws General Condition is deleted.

6. Under F. Definitions:

a. The definition of "auto" is deleted and replaced by the following:

2. "Auto" means:

- a. A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or
- b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle registration where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

b. The following is added to the definition of "mobile equipment":

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance or motor vehicle registration law where they are licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - SEXUAL ABUSE

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

The following applies to Section II - Liability Coverage Form and supersedes any provision to the contrary:

This insurance does not apply to "bodily injury", "property damage" or "personal injury" and "advertising injury" arising out of:

- (a) The sexual abuse of any person; or
- (b) The negligent:
 - (i) Employment;
 - (ii) Investigation;
 - (iii) Supervision;
 - (iv) Reporting to the proper authorities, or failure to so report; or
 - (v) Retention;

of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by **(a)** above.

Sexual abuse as used in this endorsement means any actual, attempted or alleged sexual conduct by a person, or by persons acting in concert, which causes injury. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation or sexual injury.



POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPREHENSIVE BUSINESS LIABILITY EXCLUSION (ALL HAZARDS IN CONNECTION WITH DESIGNATED PREMISES OR OPERATIONS)

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

SCHEDULE

A. Description and Location of Premises:

B. Description of Operations:

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

The following are added to Paragraph B. Exclusions in Section II - Liability Coverage Form, with respect to Business Liability Coverage and Medical Expenses Coverage:

1. This insurance does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of:
 - a. The ownership, maintenance or use of the premises described in Item A. of the Schedule or any property located on those premises;
 - b. Operations on those premises or elsewhere that are necessary or incidental to the ownership, maintenance or use of those premises; or
 - c. Goods or products manufactured at or distributed from those premises.

2. This insurance does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of:
 - a. Operations described in Item B. of the Schedule; or
 - b. The "products-completed operations hazard" arising from those operations.



American Alternative Insurance Corporation

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN PROTECTION COVERAGE

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Locations:

Deductible:

Equipment Breakdown Protection Deductible: \$ _____ (if different than the Section I - Property Deductible)

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

Section I – Special Property Coverage Form is amended as follows:

A. We will pay for direct loss of or damage to Covered Property at the locations described in the Schedule caused by or resulting from a mechanical breakdown or electrical failure to pressure, mechanical or electrical machinery and equipment.

Mechanical breakdown or electrical failure to pressure, mechanical or electrical machinery and equipment does not mean any:

1. Malfunction including but not limited to adjustment, alignment, calibration, cleaning or modification;
2. Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;
3. Damage to any vacuum tube, gas tube, or brush; or
4. The functioning of any safety or protective device.

B. With respect to the coverage provided by this endorsement, the following exclusions in Paragraph **B. Exclusions** do not apply:

1. Paragraph **B.2.a.** regarding Electrical Apparatus;
2. Paragraph **B.2.d.(6)** regarding Mechanical Breakdown; and
3. Paragraph **B.2.e.** regarding Steam Apparatus.

C. The following limitations in Paragraph **A.5. Limitations** do not apply:

1. Paragraph **A.5.a.(2)** relating to steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from any condition or event inside such equipment;
2. Paragraph **A.5.a.(3)** relating to hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment, other than an explosion.

D. We will not pay for loss or damage in any one occurrence until the amount of loss exceeds the Deductible shown in the Schedule or Declarations for any loss to Covered Property caused by mechanical breakdown or electrical failure. We will first subtract the deductible amount from any loss we would otherwise pay. We will then pay the amount of covered loss or damage in excess of the Deductible up to the applicable Limit of Insurance.

If two or more deductibles apply to loss or damage involving both a cause of loss covered in this endorsement and another cause of loss covered in this policy for a single occurrence, then the total amount to be deducted will be only the largest of the applicable deductibles.

E. With respect to the coverage provided by this endorsement, the following is added to Paragraph **G. Property Definitions**:

1. "Computer" means:

- a.** Programmable electronic equipment that is used to store, retrieve and process data; and
- b.** Associated peripheral equipment that provides communication, including input and output functions such as printing and auxiliary functions such as data transmission.

"Computer" includes those used to operate production type machinery or equipment.

F. The provisions of this coverage shall not increase any amount or Limit of Insurance that is otherwise provided in this policy. The most we will pay for any loss or damage for Equipment Breakdown Protection is the applicable Limit of Insurance shown for the location in the Declarations.

G. Whenever any covered pressure, mechanical or electrical machinery and equipment is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss from a mechanical breakdown or electrical failure to that pressure, mechanical or electrical machinery and equipment. This can be done by delivering or mailing a written notice of suspension to:

- 1.** Your last known address; or
- 2.** The address where the pressure, mechanical or electrical machinery and equipment is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS ENDORSEMENT

This endorsement modifies insurance provided under the following:

SELF-STORAGE BUSINESSOWNERS COVERAGE PART SCHEDULE

Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Description of "P-9" If Applicable
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(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

1. The following is added to the Commercial Property Conditions in Section I - Special Property Coverage Form:

PROTECTIVE SAFEGUARDS

- a. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above
- b. The protective safeguards to which this endorsement applies are identified by the following symbols:
 "P-1" Automatic Sprinkler System, including related supervisory services.
 Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:
 - (a) Sprinklers and discharge nozzles;
 - (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system:
 - (a) Non-automatic fire protective systems; and

(b) Hydrants, standpipes and outlets.

“P-2” Automatic Fire Alarm, protecting the entire building, that is:

(1) Connected to a central station:

or

(2) Reporting to a public or private fire alarm station.

“P-3” Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

“P-4” Service Contract, with a privately owned fire department providing fire protection service to the described premises.

“P-9” Protective system described in the Schedule.

- 2.** The following is added to the B. Exclusions in Section I - Special Property Coverage Form:

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

- a.** Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
- b.** Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

SERFF Tracking Number: AMLX-125423303 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0237601F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: 2007 Dec, Endorsements (10), Rules/BO AR0237601F01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125423303 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0237601F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: 2007 Dec, Endorsements (10), Rules/BO AR0237601F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/14/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: AR - CERTIFICATE OF
COMPLIANCE - (AID PC SelfCert
(4/30/03)) **Review Status:** Approved 01/14/2008

Comments:

Certification

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Satisfied -Name: Forms EM (11) **Review Status:** Approved 01/14/2008

Comments:

EM

Attachment:

Forms EM (11).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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #
Munich Re Group	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

5. Company Tracking Number	BO AR0237601F01
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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
	Beth MacDougall, CPCU 555 College Road East Princeton NJ 08543-5241	Project Employee	800-305-4954	609-951-8285	bmacdougall@munichre-america.com

7.	Signature of authorized filer	<i>Beth MacDougall</i>
8.	Please print name of authorized filer	Beth MacDougall, CPCU

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

9.	Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	-
12.	Company Program Title (Marketing Title)	BusinessOwners Self Storage Program
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: 3-1-08 Renewal: 3-1-08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	1-9-08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BO AR0237601F01
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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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We are filing, on behalf of American Alternative Insurance Corporation, new endorsements and a revised Declarations page for use with our Self-Storage Owners Businessowners Coverage Form. The attached Description of New and Revised Forms provides a listing of each form submitted and its description.

The rules applicable to these endorsements are being submitted separately, as required by your department.

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 #: 1700000007 Amount: \$50</p> <p>Payment Amount: \$50 E-check # 1700000007 E-check date: 12/31/2007</p> <p style="text-align: center;">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.)

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 #	BO AR0237601F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	na - exempt
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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	Self-Storage Businessowners Coverage Part Declarations	MP 2503-0 (11/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MP 2503-0	BO AR0137001F01
02	General Aggregate Limit	MP 5100-0 (11/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Additional Insured-- Designated Person Or Organization	MP 7001-0 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Additional Insured-- Grantor Of Franchise	MP 7002-0 (12/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Exclusion--Customer's Goods Legal Liability And/OR Sale And Disposal Legal Liability	MP 0402-0 (02-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MP 0402-0	BO AR0137001F01
06	Animal Exclusion	MP 0403-0 (02-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MP 0403-0	BO AR0137001F01
07	Self-Storage Owners Amendatory	MP 0430-0 (02-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Exclusion - Sexual Abuse	MP 0431-0 (02-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Comprehensive Business Liability Exclusion	MP 0432-0 (02-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Equipment Breakdown Protection Endorsement	MP 0433-0 (04-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Protective Safeguards Endorsement	MP 1207-1 (02-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS CERTIFICATE OF COMPLIANCE
(You may print or type the information required by this form)



I, Stephen J. Corbett, Vice President of
 (Name) (Title of Authorized Officer)

American Alternative Insurance Corporation
 (Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • BO AR0237601F01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Stephen J. Corbett
Title of Authorized Officer •	Vice President
Email address of Authorized Officer •	scorbett@munichreamerica.com
Telephone # of Authorized Officer •	609-243-5620 Ext: 5620
Date •	

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

SELF-STORAGE OWNERS BOP
MISCELLANEOUS FORMS FILING

Description of New and Revised Forms

Form Title	Proposed Form	Replaced Form	Coverage Changes*	Rate Impact	Mandatory or Optional	Description or Changes	Rule Change
Self-Storage Businessowners Coverage Part Declarations	MP 2503-0 (11/07)	MP 2503-0 (10-03)	N/A	N/A	M	Declarations page - has been revised to reflect the Section II Liability Limits structure, in addition to other limit clarifications; also updated to 10-point font and includes the company name, address, telephone number, and logo.	No
General Aggregate Limit	MP 5100-0 (11/07)	New	C	No	M	Clarifies that certain coverages are subject to the General Aggregate	Yes
Additional Insured--Designated Person Or Organization	MP 7001-0 (12/07)	New	B	No	O	Allows for designated person or organization to be added as an additional insured - modeled after ISO's BP 04 48 01 06	Yes
Additional Insured--Grantor of Franchise	MP 7002-0 (12/07)	New	B	No	O	Allows for the grantor of a franchise to be added as an additional insured - modeled after ISO's CG 20 29 11 85	Yes
Exclusion - Customer's Goods Legal Liability and/or Sale and Disposal Liability	MP 0402-0 (02-07)	MP 0402-0 (10-03)	C	No	O	Corrected prefix of form numbers in text	No
Animal Exclusion	MP 0403-0 (02-07)	MP 0403-0 (10-03)	C	No	O	Changed "the insured" to "any insured".	No
Protective Safeguards Endorsement	MP 1207-1 (02-07)	MP 1207-1 (10-03)	R	No	O	Requires maintenance of scheduled protective devices or safeguards; excludes coverage if insured does not notify company of problem with protective safeguards or failed to maintain such safeguards	No
Self-Storage Owners Amendatory	MP 0430-0 (02-07)	New	R	No	M	Adds certain exclusions to Property; amends certain exclusions	Yes
Exclusion - Sexual Abuse	MP 0431-0 (02-07)	New	R	No	O	Excludes sexual abuse	Yes

*Coverage Changes: C-Clarifies, R-Restricts,B-Broadens

SELF-STORAGE OWNERS BOP
 MISCELLANEOUS FORMS FILING

Comprehensive Business Liability Exclusion	MP 0432-0 (02-07)	New	R	No	O	Excludes designated premises or operations	Yes
Equipment Breakdown Protection Endorsement	MP 0433-0 (04-07)	New	B	Yes	O	Covers equipment breakdown or electrical failure to pressure, mechanical or electrical machinery and equipment	Yes