

SERFF Tracking Number: CNSM-125417224 State: Arkansas
Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #? \$50
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: AR CIM F2 020108
Project Name/Number: /

Filing at a Glance

Company: Consumers Insurance USA, Inc.

Product Name: AR CIM F2 020108

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: CNSM-125417224 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Anne Roquette

Date Submitted: 01/07/2008

State Tr Num: #? \$50

State Status: Fees not received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 01/10/2008

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

02/01/2008

State Filing Description:

General Information

Project Name:

Project Number:

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Inland Marine is not required to be filed

Reference Organization:

Reference Title:

Filing Status Changed: 01/10/2008

State Status Changed: 01/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Please find enclosed the Contractors Rented Equipment Form for our new Inland Marine Program. This program is effective February 1, 2008 for all New Business.

Company and Contact

SERFF Tracking Number: CNSM-125417224 State: Arkansas
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Filing Contact Information

Anne Roquette, Pricing Director aroquette@ciousa.com
P.O. Box 12269 (615) 692-0303 [Phone]
Murfreesboro, TN 37129 (615) 896-0766[FAX]

Filing Company Information

Consumers Insurance USA, Inc. CoCode: 10204 State of Domicile: Tennessee
P.O. Box 12269 Group Code: Company Type: Property and
Casualty
Murfreesboro, TN 37129 Group Name: 0000 State ID Number:
(615) 692-0303 ext. [Phone] FEIN Number: 62-1590861

Filing Fees

Fee Required? Yes
Fee Amount: \$40.00
Retaliatory? No
Fee Explanation: 1 form filing @ \$40.00
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/10/2008	01/10/2008

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Disposition

Disposition Date: 01/10/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal): 02/01/2008

Status: Approved

Comment: All form filings for the state of Arkansas is a \$50 charge. It does not matter how many forms or number of companies.

This filing is approved contingent on receiving the filing fees.

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	Cover Letter	Approved	Yes
Form	Contractors Rented Equipment	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Contractors Rented Equipment	CI 06 04	02 08	Election/Re New jection/Sup plemental Application s		0.00	CI 06 04 02 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTORS RENTED EQUIPMENT

This endorsement modifies insurance provided under the following:

CONTRACTORS EQUIPMENT COVERAGE FORM

A. Provisions

- 1.** Section **A. Coverage** is amended as follows:
 - a.** The following is added to Paragraph **A.1.**:

Rental Equipment used in the course of the business insured within this policy that is leased or rented by you or your employees up to but not exceeding 90 days. If equipment is rented or leased for longer than 90 days, the equipment must be scheduled.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

01/10/2008

Comments:

See Attached

Attachment:

AR TD1.pdf

Satisfied -Name: Cover Letter

Review Status:

Approved

01/10/2008

Comments:

See Attached

Attachment:

CIM F letter _Contractors_ to AR EFF 2-1-08.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

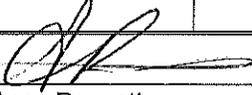
g. SERFF Filing #:

h. Subject Codes

3.	Group Name				Group NAIC #
	Consumers Insurance USA, Inc.				0000
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Consumers Insurance USA, Inc.	TN	10204	62-1590861	

5. Company Tracking Number

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Anna Roquette P.O. Box 12289 Memphis, TN 37129	Product Supervisor	615-692-0303	615-896-0766	aroquette@ciosa.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Anne Roquette		

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

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 02-01-2008 Renewal: 02-01-2008
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	01-07-2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

Please find enclosed the Contractors Rented Equipment Form for our new Inland Marine Program. This program is effective February 1, 2008 for all New Business.

[View Complete Filing Description](#)

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]

Check #: NA

Amount: 40.00

Check has been sent

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

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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 #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Contractors Rented Equipment Form	CI 06 04 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



Phone: 615-896-6133

Fax: 615-896-0766

January 05, 2007

Ms. Alexa Grissom
Arkansas Insurance Department
Property and Casualty Division
1200 W. 3rd Street
Little Rock, AR 72201-1904

Re: Consumers Insurance USA, NAIC #10204
COMMERCIAL INLAND MARINE FORMS
New Business Effective: February 1, 2008

Ms. Grissom,

Please find enclosed the Contractors Rented Equipment Form for our new Inland Marine Program. This program is effective February 1, 2008 for all New Business.

If you have any questions or concerns regarding these changes, please contact me at the phone number or email address listed. Thank you for your review of this filing.

Sincerely,

Anne Roquette
Product Supervisor
aroquette@ciosa.com
615-692-0303