

SERFF Tracking Number: LBRM-125429944 State: Arkansas
Filing Company: Peerless Indemnity Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-00244
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: AR-CUSTOM PROTECTOR-IDENTITY THEFT-FORM
Project Name/Number: AR-CUSTOM PROTECTOR-IDENTITY THEFT-FORM/2008-00244

Filing at a Glance

Company: Peerless Indemnity Insurance Company

Product Name: AR-CUSTOM PROTECTOR- IDENTITY THEFT-FORM SERFF Tr Num: LBRM-125429944 State: Arkansas

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

Sub-TOI: 05.0003 Commercial Package Co Tr Num: 2008-00244 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Tammy Blake Disposition Date: 01/16/2008
Date Submitted: 01/14/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 06/01/2008 Effective Date (Renewal): 06/01/2008

State Filing Description:

General Information

Project Name: AR-CUSTOM PROTECTOR-IDENTITY THEFT-FORM Status of Filing in Domicile: Not Filed
Project Number: 2008-00244 Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A

Filing Status Changed: 01/16/2008
State Status Changed: 01/16/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective April 1, 2008 for new business and June 1, 2008 for renewal business, we wish to file revisions to our CUSTOM PROTECTOR™ Program.

At this time we wish to add our new form 21-115, Identity Theft Expense Coverage.

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The corresponding Rule has been filed under separate cover (our Filing #2008-00243).

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst tammy.blake@LibertyMutual.com
 62 Maple Avenue (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

Peerless Indemnity Insurance Company CoCode: 18333 State of Domicile: Illinois
 62 Maple Ave. Group Code: 111 Company Type: Property &
 Casualty
 Keene, NH 03431 Group Name: State ID Number:
 (800) 826-6189 ext. [Phone] FEIN Number: 13-2919779

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 PER FILING
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|---------|----------------|---------------|
| Peerless Indemnity Insurance Company | \$50.00 | 01/14/2008 | 17471802 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 01/16/2008 | 01/16/2008 |

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Disposition

Disposition Date: 01/16/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 06/01/2008

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 | COVER LETTER | Approved | Yes |
| Form | IDENTITY THEFT EXPENSE COVERAGE | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---------------------------------|--------|--------------|----------------------------------|----------------------|-------------|--|
| Approved | IDENTITY THEFT EXPENSE COVERAGE | 21-115 | 01-2008 | Endorsement/Amendment/Conditions | New | 0.00 | 21-115 Identity Theft Expense Coverage.pdf |

IDENTITY THEFT EXPENSE COVERAGE

This endorsement modifies insurance provided under the:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

The following is added to paragraph **A.4. Additional Coverages**:

IDENTITY THEFT EXPENSE COVERAGE

We will reimburse up to \$25,000, unless a different Identity Theft Expense Limit of Insurance is shown in the Declarations, for “identity theft expenses” incurred by an “identity theft insured” as a direct result of any one “identity theft” if all of the following requirements are met:

1. The personal identity of an “identity theft insured” under this policy was the subject of an “identity theft”; and
2. Such “identity theft” is first discovered by the “identity theft insured” during the policy period for which this Identity Theft Expense Coverage is applicable; and
3. Such “identity theft” is reported to us as soon as practicable but in no event later than 60 days after it is first discovered by the “identity theft insured”; and
4. The “identity theft insured” reports the “identity theft” in writing to the appropriate law enforcement agency.

Any act or series of acts committed by one or more persons, or in which such person or persons are aiding or abetting others, against an “identity theft insured” is considered to be one “identity theft”, even if a series of acts continues into a subsequent policy period.

Regardless of the number of claims, the most we will pay in the aggregate for all “identity theft expenses” resulting from “identity theft” discovered during the policy period is \$100,000, or the Aggregate Limit of Insurance shown in the Declarations.

1. The Identity Theft Expense Limit and the Aggregate Limit of Insurance shall be reduced by the amount of any payment made by us under the terms of this insurance. If the Identity Theft Expense Limit of Insurance is exhausted, we will have no further liability to pay for loss which may be discovered during the remainder of the policy period.

2. Any recovery made by us after settlement of a loss covered by this insurance shall not be used to increase or reinstate the Limit of Insurance.

This Identity Theft Expense Coverage is additional insurance.

EXCLUSIONS

The following exclusions are added to the applicable Cause of Loss Form shown on the Declarations.

We do not cover "identity theft expenses":

1. Incurred as the result of "identity theft" due to any fraudulent, dishonest, or criminal act by you, your partners, employees, members, "executive officers", managers, directors, or trustees or by any authorized representative of yours, whether acting alone or in collusion with others.

In the event of any such act, no "identity theft insured" is entitled to "identity theft expenses", even an "identity theft insured" who did not commit or conspire to commit the act causing the "identity theft".

2. Arising out of "identity theft" by or with knowledge of any relative or former relative of the "identity theft insured".
3. Arising out of an "identity theft" first discovered by the "identity theft insured" prior to the policy period or after the policy period, even if the "identity theft" began or continued during the policy period.
4. Arising out of an "identity theft" that is not reported to us within 60 days after it is first discovered by the "identity theft insured".

DEDUCTIBLE

We will not pay for "identity theft expenses" resulting from an "identity theft" unless the amount exceeds \$250. We will then pay the amount of "identity theft expense" in excess of the Deductible Amount, up to the Limit of Insurance. Each "identity theft insured" is responsible for only one deductible during any one policy period.

CONDITIONS

The following additional condition is added for Identity Theft Expense Coverage:

The coverage provided under this endorsement will be excess over any other insurance covering the same loss or damage, whether you can collect on it or not. But we will not pay any more than the Identity Theft Expense Limits of Insurance applicable to this coverage.

DEFINITIONS

1. "Executive officers" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
2. "Identity theft" means the act of knowingly transferring or using, without lawful authority, a means of identification of an "identity theft insured" with the intent to commit, or to aid or abet another to commit, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law. "Identity theft" does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.
3. "Identity Theft Expenses" means the following reasonable and necessary items incurred as a result of "identity theft":
 - a. Costs for notarizing affidavits or similar documents attesting to fraud required by financial institutions or similar credit grantors or credit agencies.
 - b. Costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors.
 - c. Costs for obtaining credit reports.
 - d. Charges incurred for long distance telephone calls to merchants, vendors, suppliers, customers, law enforcement agencies, financial institutions or similar credit grantors, or credit agencies to report or discuss an actual "identity theft".
 - e. Application fees for re-applying for a loan, or loans when the original application is rejected solely because the lender received incorrect credit information as a result of a covered "identity theft."
 - f. Lost income resulting from time taken off from work to complete fraud affidavits, meet with or talk to law enforcement agencies, credit agencies and/or legal counsel, up to a maximum of \$250 per day. Total payment for loss of income is not to exceed \$10,000 per "identity theft insured" and is included within the "identity theft expense" and aggregate limits.
 - g. Attorney fees to:
 - i. Defend lawsuits brought against an "identity theft insured" by merchants, vendors, suppliers, financial institutions, or their collection agencies.
 - ii. Remove any criminal or civil judgments wrongly entered against an "identity theft insured"; and
 - iii. Challenge the accuracy or completeness of any information in a consumer credit report.

- h. Advertising expenses to restore the reputation of your business after an “identity theft insured” has been the victim of “identity theft”. Total payment for advertising expenses is not to exceed \$5,000 per “identity theft insured” and is included within the “identity theft expense” and aggregate limits.
- 2. “Identity Theft Insured” means the following if you are designated in the Declarations as:
 - a. An individual or sole proprietorship, you and your spouse are insured.
 - b. A partnership or joint venture, your members, your partners, and their spouses are insureds.
 - c. A limited liability company, your members are insureds.
 - d. An organization other than a partnership, joint venture, or limited liability company, your "executive officers" and directors are insureds. Your stockholders are not “identity theft insureds.”

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/16/2008

Comments:
P & C TRANSMITTAL

Attachment:
P & C TRANSMITTAL 010106.AMF.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 01/16/2008

Comments:
COVER LETTER

Attachment:
2008-00244.trb.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

| | | | | | |
|---|--|---|---------------------|-------------------|-----------------------------------|
| 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 | | Liberty Mutual Agency Markets | | | Group NAIC # 111 |
| 4. Company Name(s) | | Domicile | NAIC # | FEIN # | |
| Peerless Indemnity Insurance Company | | IL | 18333 | 13-2919779 | |
| 5. Company Tracking Number | | 2008-00244 | | | |
| Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number] | | | | | |
| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
| | Tammy R. Blake 62 Maple Avenue Keene NH 03431 | Sr. Analyst Regulatory Filing AM | 603-358-4520 | 603-352-9252 | tammy.blake@ libertymutual.com |
| 7. | Signature of authorized filer | | | | |
| 8. | Please print name of authorized filer | | Tammy R. Blake | | |
| Filing information (see General Instructions for descriptions of these fields) | | | | | |
| 9. | Type of Insurance (TOI) | CUSTOM PROTECTOR™ Program | | | |
| 10. | Sub-Type of Insurance (Sub-TOI) | | | | |
| 11. | State Specific Product code(s) (if applicable)[See State Specific Requirements] | | | | |
| 12. | Company Program Title (Marketing title) | CUSTOM PROTECTOR™ 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 | | | |
| 14. | Effective Date(s) Requested | New: 04/01/08 | | Renewal: 06/01/08 | |
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 16. | Reference Organization (if applicable) | N/A | | | |
| 17. | Reference Organization # & Title | N/A | | | |
| 18. | Company's Date of Filing | Januar 14, 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 | | | |

Property & Casualty Transmittal Document—



**America First
Insurance™**

Member of Liberty Mutual Group

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

January 14, 2008

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

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

RE: CUSTOM PROTECTOR™ Program
Form Filing
PEERLESS INDEMNIT INSURANCE COMPANY
NAIC #111-18333
Company Filing #2008-00244

Dear Mr. Lacy:

Effective April 1, 2008 for new business and June 1, 2008 for renewal business, we wish to file revisions to our CUSTOM PROTECTOR™ Program.

At this time we wish to add our new form 21-115, Identity Theft Expense Coverage.

The corresponding Rule has been filed under separate cover (our Filing #2008-00243).

Enclosed, please find our new form along with the required filing forms.

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Tammy R. Blake
Sr. Analyst Regulatory Filing AM
E-mail: tammy.blake@libertymutual.com