Filing at a Glance

Company: Southern Insurance Company

Product Name: Arkansas Home Protectors	SERFF Tr Num: TRGR-125389275	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #? $50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: 07-214	State Status: Fees not received
Filing Type: Form	Co Status: Waiting on check	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: William Bradford	Disposition Date: 01/11/2008
	Date Submitted: 01/11/2008	Disposition Status: Approved
Effective Date Requested (New): 02/01/2008		Effective Date (New): 02/01/2008
Effective Date Requested (Renewal): 02/01/2008		Effective Date (Renewal): 02/01/2008

State Filing Description:

General Information

Project Name: Revision of Additional Extended Coverage Endorsement	Status of Filing in Domicile: Authorized
Project Number: 07-214	Domicile Status Comments: A similar endorsement is approved in Texas
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 01/11/2008	
State Status Changed: 01/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

We are revising this endorsement to match the language in HP 110 AR, approved for our similar homeowners program.

Specifically, we are adding language to covers mold as an ensuing loss but excludes losses that are caused by mold.

The added language is as follows:

a. "Fungi" or microbes, means the presence, growth, proliferation, spread or any activity of "fungi" or microbes. "Fungi"

means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

This exclusion also applies to the cost:

(1) To remove "fungi" or microbes from property covered under Section I – Property Coverages;

(2) To tear out and replace any part of the building or other covered property as needed to gain access to the "fungi" or microbes; and

(3) Of testing of air or property to confirm the absence, presence or level of "fungi" or microbes;

b. Exclusion (3) a. applies unless the "fungi" or microbes are located upon the portion of covered property which must be repaired or replaced because of direct physical damage resulting from sudden and accidental discharge or overflow of water which would otherwise be covered under this endorsement.

c. However, the exception to the exclusion described in (3) b. does not include:

(1) The cost to treat, contain, remove or dispose of the "fungi" or microbes beyond that which is required to repair or replace the covered property physically damaged by water;

(2) The cost of any testing of air or property to confirm the absence, presence or level of "fungi" or microbes whether performed prior to, during or after removal, repair, restoration or replacement;

(3) The cost of any decontamination of the "residence premises"; and

(4) Any increase in loss under Coverage D – Loss of Use and Additional Coverage 1. Debris Removal resulting from c. (1), (2) and (3).

Company and Contact

Filing Contact Information

William Bradford, Senior Products Filing Specialist	bill.bradford@republicgroup.com	
5525 LBJ Freeway	(972) 788-6617 [Phone]	
Dallas, TX 75240	(972) 788-6609[FAX]	

Filing Company Information

Southern Insurance Company	CoCode: 19216	State of Domicile: Texas
5525 LBJ Freeway	Group Code: 3489	Company Type:
Dallas, TX 75240	Group Name: The Republic Group	State ID Number:
(972) 788-6001 ext. [Phone]	FEIN Number: 75-6021170	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50 per form filing
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
pending	$50.00	01/15/2008
	$0.00	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/11/2008	01/11/2008

Disposition

Disposition Date: 01/11/2008
Effective Date (New): 02/01/2008
Effective Date (Renewal): 02/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*TRGR-125389275*	*State:*	*Arkansas*
Filing Company:	*Southern Insurance Company*	*State Tracking Number:*	*#? $50*
Company Tracking Number:	*07-214*		
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*Arkansas Home Protectors*		
Project Name/Number:	*Revision of Additional Extended Coverage Endorsement/07-214*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Home Protectors Additional Extended Coverage	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Home Protectors Additional Extended Coverage	HP 111AR	02/08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: HP 111AR 02 08 Previous Filing #: 302179	0.00	HP 111AR 02 08 Additional ExtendedCoverage Water.pdf

Home Protectors Additional Extended Coverage

This Endorsement Changes The Policy. Please Read It Carefully.

For Use With Form DP 00 01 12 02

When a Premium for Additional Extended Coverage is shown in the Declarations, the following is made part of the Perils Insured Against.

Sudden and Accidental Discharge, Leakage, Overflow or Release of Water or Steam.

a. This peril means sudden and accidental discharge, leakage, overflow or release of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance that occurs quickly and abruptly.

b. This peril does not include loss:

(1) Caused by constant, repeated or intermittent discharge, leakage, overflow or release of water or steam or the presence or condensation of humidity, moisture or vapor over a period of weeks, months or years, even if the discharge, leakage, overflow or release of water or steam, or any resulting loss, is hidden or concealed.

(2) Caused by sudden and accidental discharge, leakage, overflow or release of water or steam from within a plumbing, heating or air conditioning system that is either below the surface of the ground or within or below the slab or foundation.

(3) Caused by “fungi” or microbes.

a. “Fungi” or microbes, means the presence, growth, proliferation, spread or any activity of “fungi” or microbes. “Fungi” means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or byproducts produced or released by “fungi”.

This exclusion also applies to the cost:

(1) To remove "fungi" or microbes from property covered under Section **I** – Property Coverages;

(2) To tear out and replace any part of the building or other covered property as needed to gain access to the "fungi" or microbes; and

(3) Of testing of air or property to confirm the absence, presence or level of "fungi" or microbes;

b. Exclusion **(3) a.** applies unless the "fungi" or microbes are located upon the portion of covered property which must be repaired or replaced because of direct physical damage resulting from sudden and accidental discharge or overflow of water which would otherwise be covered under this endorsement.

c. However, the exception to the exclusion described in **(3) b.** does not include:

(1) The cost to treat, contain, remove or dispose of the "fungi" or microbes beyond that which is required to repair or replace the covered property physically damaged by water;

(2) The cost of any testing of air or property to confirm the absence, presence or level of "fungi" or microbes whether performed prior to, during or after removal, repair, restoration or replacement;

(3) The cost of any decontamination of the "residence premises"; and

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(4) Any increase in loss under Coverage **D** – Fair Rental Value and Other Coverages 2. Debris Removal resulting from **c. (1), (2)** and **(3).**

(4) Caused by wet rot, dry rot, rust, corrosion, decay or deterioration of covered property.

(5) To the system or appliance from which the water or steam escaped.

(6) Caused by or resulting from freezing.

(7) To property on the Described Location caused by sudden and accidental discharge or overflow which occurs off the Described Location; or

(8) To property on the Described Location if the dwelling has been vacant for more than 30 consecutive days immediately before the loss. A dwelling being constructed is not considered vacant.

c. In this peril, a plumbing system or household appliance does not include a sump, sump pump or related equipment or a roof drain, gutter, downspout or similar fixtures or equipment.

d. This peril covers the cost of tearing out and replacing any part of the dwelling structure, excluding the slab or foundation necessary to repair or replace the system or appliance from which the water or steam was discharged, leaked, overflowed or was released.

e. The total limit of liability for the combined amount of all physical loss to the property described in Coverage A – Dwelling, Coverage B – Other Structures and Coverage C – Personal Property is indicated in the Declarations under **Additional Extended Coverage Endorsement.**

This limit of liability is not additional insurance. It is included in the limits of liability for Coverage A - Dwelling, Coverage B – Other Structures and Coverage C – Personal Property.

All other terms of this policy apply.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	01/11/2008

Comments:

Attachment:

AR DP form2.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 #
	The Republic Group	3489

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Southern Insurance Company	Texas	19216	75-6021170	

5.	Company Tracking Number	07-214

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	William R. Bradford	Sr. Products Filing Specialist	972-788-6617	972-788-6022	bill.bradford@republicgroup.com

7.	Signature of authorized filer	Bill Bradford — Digitally signed by Bill Bradford DN: cn=Bill Bradford, o=The Republic Group, ou=Corporate Underwriting, email=bill.bradford@republicgroup.com, c=US Date: 2007.12.06 16:43:26 -06'00'
8.	Please print name of authorized filer	William R. Bradford

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

9.	**Type of Insurance (TOI)**	01.0 Property
10.	**Sub-Type of Insurance (Sub-TOI)**	01.0002 Personal Property (Fire and Allied Lines)
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	Arkansas Home Protectors
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 02/01/2008 Renewal: 20/01/2008
15.	**Reference Filing?**	☐ Yes ☑ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☑ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	07-214

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

We are revising this endorsement to match the language in HP 110 AR, approved for our similar homeowners program. Specifically, we are adding language to covers mold as an ensuing loss but excludes losses that are caused by mold. The added language is as follows:
a. "Fungi" or microbes, means the presence, growth, proliferation, spread or any activity of "fungi" or microbes. "Fungi" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.
This exclusion also applies to the cost:
(1) To remove "fungi" or microbes from property covered under Section I – Property Coverages;
(2) To tear out and replace any part of the building or other covered property as needed to gain access to the "fungi" or microbes; and
(3) Of testing of air or property to confirm the absence, presence or level of "fungi" or microbes;
b. Exclusion (3) a. applies unless the "fungi" or microbes are located upon the portion of covered property which must be repaired or replaced because of direct physical damage resulting from sudden and accidental discharge or overflow of water which would otherwise be covered under this endorsement.
c. However, the exception to the exclusion described in (3) b. does not include:
(1) The cost to treat, contain, remove or dispose of the "fungi" or microbes beyond that which is required to repair or replace the covered property physically damaged by water;
(2) The cost of any testing of air or property to confirm the absence, presence or level of "fungi" or microbes whether performed prior to, during or after removal, repair, restoration or replacement;
(3) The cost of any decontamination of the "residence premises"; and
(4) Any increase in loss under Coverage D – Loss of Use and Additional Coverage 1. Debris Removal resulting from c. (1), (2) and (3).

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 #: pending
Amount: 50

$50 per filing

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 #**	07-214
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	07-211

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	Home Protectors Additional Extended Coverage	HP111AR 02 08	☐ New ☑ Replacement ☐ Withdrawn	HP 111AR 02 08	302179
02			☐ New ☐ Replacement ☐ Withdrawn		
03			☐ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		

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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.)

(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 #**	

2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	

4a. Rate Change by Company (As Proposed)

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)

4b. Rate Change by Company (As Accepted) For State Use Only

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**	
8.	**Filing Method of Last filing** **(Prior Approval, File & Use, Flex Band, etc.)**	

9.	**Rule # or Page # Submitted for Review**	**Replacement or withdrawn?**	**Previous state filing number, if required by state**
01	All pages in manual	☐ New ☐ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

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