

SERFF Tracking Number: ALSX-125872221 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: BF1655
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Commercial Crime and Fidelity
Project Name/Number: 2008 - Adopt ISO Forms/BF1655

Filing at a Glance

Company: Allstate Insurance Company

Product Name: Commercial Crime and Fidelity SERFF Tr Num: ALSX-125872221 State: Arkansas
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: EFT \$20
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: BF1655 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Llyweyia Rawlins, Brittany Yielding
Author: SPI AllState Disposition Date: 10/27/2008
Date Submitted: 10/24/2008 Disposition Status: Approved
Effective Date Requested (New): 06/01/2009 Effective Date (New): 06/01/2009
Effective Date Requested (Renewal): 06/01/2009 Effective Date (Renewal): 06/01/2009

State Filing Description:

General Information

Project Name: 2008 - Adopt ISO Forms Status of Filing in Domicile:
Project Number: BF1655 Domicile Status Comments:
Reference Organization: ISO Reference Number: CR-2008-OTOAP
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/27/2008 Deemer Date:
State Status Changed: 10/27/2008
Corresponding Filing Tracking Number: CR-2008-RPTOA
Filing Description:
Commercial Crime/Fidelity - Forms
ISO Filing Designation No. CR-2008-OTOAP
(ISO's effective date 11-1-08)

Description of filing:

We are filing to adopt the Crime and Fidelity Terrorism Forms Revision in Response to the Federal Terrorism Risk

SERFF Tracking Number: ALSX-125872221 State: Arkansas
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Insurance Program Reauthorization Act of 2007 Approved.

We will adopt these forms to new business and renewals effective on or after June 1, 2009.

Company and Contact

Filing Contact Information

Kelly Urban, State Filings Analyst kurban@allstate.com
 2775 Sanders Road (847) 402-0157 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Insurance Company CoCode: 19232 State of Domicile: Illinois
 2775 Sanders Road Group Code: 8 Company Type: Property and
 Casualty

Suite A5
 Northbrook, IL 60062 Group Name: Allstate State ID Number:
 (847) 402-5000 ext. [Phone] FEIN Number: 36-0719665

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Adopting ISO Forms x \$20 state requirement x 1 company = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$20.00	10/24/2008	23449046

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/27/2008	10/27/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125872221

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TOI: 26.0 Burglary & Theft

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Product Name: Commercial Crime and Fidelity

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

10/27/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
The Allstate Group	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Insurance Company	IL	19232	36-0719665	

5. Company Tracking Number	BF1655
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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
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	Senior State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kelly Urban

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

9.	Type of Insurance (TOI)	26.0 Burglary & Theft
10.	Sub-Type of Insurance (Sub-TOI)	26.0001 Commercial Burglary & Theft
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: 06/01/2009 Renewal: 06/01/2009
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	CR-2008-OTOAP – Crime and Fidelity Terrorism Forms Revision in Response to the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007 Approved
18.	Company's Date of Filing	10/24/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Effective March 1, 2007

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BF1655
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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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Commercial Crime/Fidelity - Forms
ISO Filing Designation No. CR-2008-OTOAP
(ISO's effective date 11-1-08)

Description of filing:

We are filing to adopt the Crime and Fidelity Terrorism Forms Revision in Response to the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007 Approved.

We will adopt these forms to new business and renewals effective on or after June 1, 2009.

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 #: N/A - EFT Amount: \$20</p> <p>Adopting ISO Forms x \$20 state requirement x 1 company = \$20.00</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.)

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 #	BF1655
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Amendment – Delete Provisions Regarding Certain Acts of Terrorism Endorsement	CR 07 50 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CR 07 50 03 06	
02	Replace Terrorism Provisions Endorsement	CR 07 51 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CR 07 51 03 06	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		