

SERFF Tracking Number: AMMA-125851927 State: Arkansas
Filing Company: Amica Mutual Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: AMICA-DP-AR-09-1
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0001 Other Personal Lines
Product Name: Dwelling Program
Project Name/Number: Water Exclusion/AMCIA-DP-AR-09-1

Filing at a Glance

Company: Amica Mutual Insurance Company

Product Name: Dwelling Program

TOI: 33.0 Other Lines of Business

Sub-TOI: 33.0001 Other Personal Lines

Filing Type: Form

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal): 03/01/2009

SERFF Tr Num: AMMA-125851927 State: Arkansas

SERFF Status: Closed

Co Tr Num: AMICA-DP-AR-09-1

Co Status:

Author: Debra Martin

Date Submitted: 10/09/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 10/10/2008

Disposition Status: Approved

Effective Date (New): 03/01/2009

Effective Date (Renewal):

03/01/2009

State Filing Description:

General Information

Project Name: Water Exclusion

Project Number: AMCIA-DP-AR-09-1

Reference Organization: ISO

Reference Title: Water Exclusion Endorsements

Filing Status Changed: 10/10/2008

State Status Changed: 10/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Your records will indicate that we are a member of Insurance Services Office, and we have authorized them to make policy form and endorsement filings on our behalf.

ISO has filed an endorsement revision to be effective January 1, 2009 under their Filing Designation No. DP-2008-OWEFR. This is to advise that our Company plans to implement this revision effective March 1, 2009 for new business and renewals.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: DP-2008-OWEFR

Advisory Org. Circular: LI-DP-2008-131

Deemer Date:

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Company and Contact

Filing Contact Information

Christopher Carosi, Assistant Vice President ccarosi@amica.com
 P.O. Box 6008 (800) 652-6422 [Phone]
 Providence, RI 02940 (401) 334-6518[FAX]

Filing Company Information

Amica Mutual Insurance Company CoCode: 19976 State of Domicile: Rhode Island
 P.O. Box 6008 Group Code: 28 Company Type:
 Providence, RI 02940 Group Name: State ID Number:
 (800) 652-6422 ext. [Phone] FEIN Number: 05-0348344

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25.00 per Form Filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Amica Mutual Insurance Company	\$25.00	10/09/2008	23081113

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/10/2008	10/10/2008

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Disposition

Disposition Date: 10/10/2008

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

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

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/10/2008

Comments:

Attached is the transmittal form.

Attachment:

Transmittal.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
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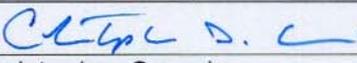
3. Group Name	Group NAIC #
N/A	

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amica Mutual Insurance Company	RI	19976-028	05-0348344	RI

5. Company Tracking Number	AMICA -DP-AR-09-1
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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
Christopher Carosi	Assistant Vice President	1-800-992-6411 x 24325	401-334-6518	ccarosi@amica.com

7. Signature of authorized filer		10/9/08
8. Please print name of authorized filer	Christopher Carosi	

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

9. Type of Insurance (TOI)	33.0 Other Lines of Business
10. Sub-Type of Insurance (Sub-TOI)	33.001 Other Personal Lines
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: 03/01/2009 Renewal: 03/01/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO	
17.	Reference Organization # & Title		
18.	Company's Date of Filing	10/08/2008	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AMICA-DP-AR-09-1
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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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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]
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Check #:
Amount: 25.00
 The filing fee will be sent via EFT.

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

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