

SERFF Tracking Number: AMRS-125874811 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50
COMPANY, ...
Company Tracking Number: CW-CL-1008-F-186-AR
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Multiple Lines
Project Name/Number: /

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY
Product Name: Commercial Multiple Lines SERFF Tr Num: AMRS-125874811 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CW-CL-1008-F-186-AR State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Llyweyia Rawlins, Brittany Yielding
Author: Joan Walters Disposition Date: 10/28/2008
Date Submitted: 10/27/2008 Disposition Status: Approved
Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/28/2008
State Status Changed: 10/28/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Amerisure Mutual Insurance Company (AMI) and Amerisure Insurance Company (AIC) are authorized to write Commercial Lines in your jurisdiction and are members of Insurance Services Office, Inc. (ISO).

For new and renewal policies effective on or after February 1, 2009 our companies wish to adopt company form IL 70 44 07 08 – Policy Changes for Commercial Lines. This Policy Change Endorsement will allow a one form policy change

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Along with the above adoption, our companies wish to adopt the 07/08 edition of IL 70 44 which replaces the 09/06 edition for Commercial Automobile.

The adoption of IL 70 44 07 08 will allow for consistency and uniformity.

Should you have any questions regarding this filing, please feel free to contact me.

Company and Contact

Filing Contact Information

Joan Walters, Compliance Analyst I jwalters@amerisure.com
 26777 Halsted Rd (800) 257-1900 [Phone]
 Farmington Hills, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/28/2008	10/28/2008

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Disposition

Disposition Date: 10/28/2008
Effective Date (New): 02/01/2009
Effective Date (Renewal): 02/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	POLICY CHANGES	IL 70 44	07 08	Endorsement/Amendment/Conditions			IL 70 44 07 08.pdf

POLICY CHANGES

Policy Change Number:

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY			
GROUP NUMBER	ACCOUNT NUMBER	POLICY PERIOD			
		From	To		
NAMED INSURED		AUTHORIZED REPRESENTATIVE			
COVERAGE PARTS AFFECTED					
CHANGES					
<p>This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.</p>					
	Insured's Name		Insured's Mailing Address		
	Policy Number		Company		
	Effective/Expiration Date		Insured's Legal Status/Business of Insured		
	Payment Plan		Premium Determination		
	Additional Interested Parties		Coverage Forms and Endorsements		
	Limits/Exposures		Deductibles		
	Covered Property/Location Description		Classification/Class Codes		
	Rates		Underlying Insurance		
<p>is (are) changed to read {See Additional Page(s)}:</p> <p>The above amendments result in a change in the premium as follows:</p>					
	NO CHANGES	TO BE ADJUSTED AT AUDIT	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> ADDITIONAL PREMIUM \$ </td> <td style="width: 50%; text-align: center;"> RETURN PREMIUM \$ </td> </tr> </table>	ADDITIONAL PREMIUM \$	RETURN PREMIUM \$
ADDITIONAL PREMIUM \$	RETURN PREMIUM \$				
<p>This endorsement reflects a net premium change of:</p> <p style="text-align: right;">Total Policy Premium: Taxes and Surcharges: Balance to Minimum:</p>					
REMOVAL PERMIT	<p>If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.</p>				

Authorized Representative Signature

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/28/2008

Comments:

Attachment:

Transmittal Doc.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 10/28/2008

Comments:

Attachment:

Filing Memo IL 70 44 07 08 POLICY CHANGES.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: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Amerisure Insurance Company	124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amerisure Mutual Insurance Company	MI	23396	38-0829210	
Amerisure Insurance Company	MI	19488	38-1869912	

5. Company Tracking Number	CW-CL-1008-F-186-AR
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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
	Joan Walters 26777 Halsted Road Farmington Hills, MI 48331	Compliance Analyst I	800-257-1900 ext 67788	248-426-7789	jwalters@amerisure.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Joan Walters		

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

9. Type of Insurance (TOI)	35.0 – Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	35.0002 - Commercial Interline Filings
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: February 1, 2009 Renewal: February 1, 2009
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	October 27, 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

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CW-CL-1008-F-186-AR
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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]

Check #: N/A - EFT

Amount: \$50.00

\$50 per submission

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.)**

FILING MEMORANDUM

POLICY CHANGES – IL 70 44 07 08

Interline Endorsements

We created a changes form that can be used for all lines of business. It is very similar to the IL 12 01 11 85 ISO form.

To change the following items of a policy:

- a.** Insured's Name;
- b.** Insured's Mailing Address;
- c.** Policy Number;
- d.** Company;
- e.** Effective/Expiration Date;
- f.** Insured's Legal Status/Business of Insured;
- g.** Payment Plan;
- h.** Premium Determination;
- i.** Additional Interested Parties;
- j.** Coverage Forms and Endorsements;
- k.** Limits/Exposures;
- l.** Deductibles;
- m.** Covered Property/Located Description;
- n.** Classification/Class Codes;
- o.** Rates; or

Underlying Insurance, use Policy Changes Endorsement **IL 70 44** .