

SERFF Tracking Number: CAPC-125839033 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50  
Company Tracking Number: 08-PROP-FO-CW-112  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Theft Sublimit Endorsement  
Project Name/Number: Theft Sublimit Endorsement/08-PROP-FO-CW-112

## Filing at a Glance

Company: Capitol Indemnity Corporation  
Product Name: Theft Sublimit Endorsement SERFF Tr Num: CAPC-125839033 State: Arkansas  
TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: 08-PROP-FO-CW-112 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Amanda Mullen Disposition Date: 10/02/2008  
Date Submitted: 10/01/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009  
Effective Date Requested (Renewal): 03/01/2009 Effective Date (Renewal): 03/01/2009

State Filing Description:

## General Information

Project Name: Theft Sublimit Endorsement Status of Filing in Domicile: Authorized  
Project Number: 08-PROP-FO-CW-112 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 10/02/2008 Deemer Date:  
State Status Changed: 10/02/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
RE: Theft Sublimit Endorsement CPR 050 (08-08)  
Company File Number: 08-PROP-FO-CW-112  
Capitol Indemnity Corporation, NAIC # 10472  
FEIN 39-0971527

<i>SERFF Tracking Number:</i>	<i>CAPC-125839033</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-PROP-FO-CW-112</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
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Capitol Indemnity Corporation (CIC) submits for your review and approval the final printed copy of Theft Sublimit Endorsement CPR 050 (08-08).

**Explanatory Memo:**

This endorsement offers the insured the option of purchasing theft coverage for only a portion of the dollar amount of the insured property, rather than being required to purchase theft coverage on the full amount of the insured property. Theft coverage will be limited to the amount listed on the endorsement. Since theft coverage has always been rated separately from the rest of property coverage, this endorsement does not have any rate impact.

Capitol Indemnity Corporation respectfully proposes that this filing apply to all policies effective on or after 01/01/09 new business and 03/01/09 renewal business.

Thank you for your time and consideration of this filing.

## Company and Contact

### Filing Contact Information

Amanda Mullen, PO Box 5900 Madison, WI 53705	akmullen@capitolindemnity.com (608) 829-4839 [Phone] (608) 829-7402[FAX]
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### Filing Company Information

Capitol Indemnity Corporation PO Box 5900 Madison, WI 53705 (608) 829-4200 ext. [Phone]	CoCode: 10472 Group Code: 501 Group Name: FEIN Number: 39-0971527 -----	State of Domicile: Wisconsin Company Type: State ID Number:
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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*Fee Explanation:* One form filing @ \$50 each  
*Per Company:* No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	10/01/2008	22853359

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/02/2008	10/02/2008

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## **Disposition**

Disposition Date: 10/02/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	THEFT SUBLIMIT ENDORSEMENT	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	THEFT SUBLIMIT ENDORSEMENT	CPR 050	(08-08)	Endorseme New nt/Amendm ent/Condi ons		0.00	CPR 050 (08-08) Theft Sublimit Endorsemen t.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **THEFT SUBLIMIT ENDORSEMENT**

This endorsement modifies insurance under the following:

### **CAUSES OF LOSS – SPECIAL FORM**

#### **SCHEDULE**

**Theft Sub-limit \$** \_\_\_\_\_

The following is added to **Section C. Limitations**

5. The special limit shown in the schedule above is the maximum limit applicable to business personal property.

This theft sub-limit is part of, and not in addition to, the business personal property limit shown on the Commercial Property Coverage Part Supplemental Declarations.

This sub-limit applies to any one occurrence of theft, regardless of the types or number of articles that are lost or damaged in that occurrence.

This theft sub-limit applies to each location on the policy.

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*Product Name:*                      *Theft Sublimit Endorsement*  
*Project Name/Number:*              *Theft Sublimit Endorsement/08-PROP-FO-CW-112*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/02/2008

**Comments:**

**Attachment:**

AR Theft Trans Doc.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
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)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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:**

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

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