

SERFF Tracking Number: CMPX-125862876 State: Arkansas
Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$50
Company
Company Tracking Number: 08226
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
Portion Only
Product Name: Multiple Lines
Project Name/Number: OFFICE EQUIPMENT BREAKDOWN/08226

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Multiple Lines

SERFF Tr Num: CMPX-125862876 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed

State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1007 Other CMP

Co Tr Num: 08226

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: SPI CompanionPCGroup

Disposition Date: 10/17/2008

Date Submitted: 10/17/2008

Disposition Status: Approved

Effective Date Requested (New): 11/17/2008

Effective Date (New): 11/17/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):
11/17/2008

State Filing Description:

General Information

Project Name: OFFICE EQUIPMENT BREAKDOWN

Status of Filing in Domicile:

Project Number: 08226

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/17/2008

State Status Changed: 10/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

THIS FILING IS TO PERMIT USE OF CPP 120 EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT WITH THE OFFICE OCCUPANCY PACKAGE POLICY. THIS FORM WAS PREVIOUSLY APPROVED FOR USE WITH OUR COMMERCIAL PACKAGE POLICY.

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Company and Contact

Filing Contact Information

Susan Crews, Product Development Analyst susan.crews@companiongroup.com
 146 Rich Pine Drive (336) 973-5303 [Phone]
 Purlear, NC 28665 (803) 870-8982[FAX]

Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina
 Company
 P.O. Box 100165 Group Code: 661 Company Type:
 Columbia, SC 29202 Group Name: State ID Number:
 (800) 845-2724 ext. [Phone] FEIN Number: 57-0768836

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$50.00	10/17/2008	23254396

SERFF Tracking Number: CMPX-125862876 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/17/2008	10/17/2008

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Disposition

Disposition Date: 10/17/2008

Effective Date (New): 11/17/2008

Effective Date (Renewal): 11/17/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMPX-125862876 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT	CPP 120	02/08	Endorseme New nt/Amendm ent/Condi ons		0.00	CPP 120.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT

This endorsement changes coverage provided by the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM CP 00 10
CAUSES OF LOSS - SPECIAL FORM CP 10 30

Read the entire endorsement carefully to determine rights, duties and what is and is not covered.

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

A. COVERAGE

4. Additional Coverages

The following **Additional Coverages** are added:

g. Expediting Expenses

We will pay for the expediting expense loss resulting from an "equipment breakdown" with respect to your damaged Covered Property. We will pay the reasonable extra cost to:

- (1) Make temporary repairs;
- (2) Expedite permanent repairs; and
- (3) Expedite permanent replacement

Reasonable extra cost means: the extra cost of temporary repair and of expediting the repair of such damaged equipment of the insured, including overtime and the extra cost of express or other rapid means of transportation. This will be a part of and not an addition to the limit per loss.

h. Refrigerant Contamination

We will pay the loss from contamination by refrigerant used in refrigerating, cooling or humidity control equipment at the described premises as a result of an "equipment breakdown."

The most we will pay for loss or damage under this coverage is **\$250,000** unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

i. Spoilage

We will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by an "equipment breakdown" to property covered by this policy, that are:

- (1) Located on or within 1,000 feet of your described premises; and
- (2) Owned by you, the building owner at your described premises, or owned by a public utility.

However, we will not pay for any loss, damage, cost or expense directly caused by, contributed to by, resulting from or arising out of the following causes of loss:

Fire, lightning, combustion explosion, windstorm or hail, weight of snow, ice or sleet, falling objects, smoke, aircraft or vehicles, riot or civil commotion, vandalism, sinkhole collapse, volcanic action, leakage from fire extinguishing equipment, water, water damage, earth movement or flood.

The most we will pay for loss or damage under this coverage is **\$250,000** unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

j. CFC Refrigerants

We will pay for the additional cost to repair or replace Covered Property because of the use or presence of a refrigerant containing CFC (chlorofluorocarbon) substances.

Additional costs mean those in excess of what would have been required to repair or replace covered property, had no CFC refrigerant been involved. We also pay for additional loss as described under the Spoilage or Loss of Income Coverages provided by this endorsement, caused by the presence of a refrigerant containing CFC substances.

We pay no more than the least of the following:

- (1) The cost to repair the damaged property and replace any lost CFC refrigerant;
- (2) The cost to repair the damaged property, retrofit the system to accept a non-CFC refrigerant, and charge the system with a non-CFC refrigerant; or
- (3) The cost to replace the system with one using a non-CFC refrigerant.

k. Computer Equipment

We will pay for loss or damage to your "computer equipment" caused by an "equipment breakdown."

"Computer equipment" means Covered Property that is electronic computer or other data processing equipment, including peripherals used in conjunction with such equipment, and electronic media and records.

l. Service Interruption

Any insurance provided for Business Income, Extra Expense or Spoilage is extended to apply to your loss, damage or expense caused by an "equipment breakdown" to equipment that is owned by a utility, landlord or other supplier with whom you have a contract to supply you with any of the following services: electrical power, waste disposal, air conditioning, refrigeration, heating, natural gas, compressed air, water, steam, internet access, telecommunications services, wide area networks or data transmission. The equipment must meet the definition of "equipment breakdown" except that it is not Covered Property.

**m. Valuable Papers and Records - Cost of Research
Valuable Papers and Records (Other Than Electronic Data)**

We will pay for your reasonable and necessary cost to research, replace and restore the lost information on electronic media and records as a result of an "equipment breakdown."

This will be part of and not In addition to the limits provided by the "valuable papers and records" coverage under the property form to which this endorsement is attached.

n. Business Income/Extra Expense Coverage

We will pay your actual loss sustained from a total or partial interruption of business and the reasonable extra expense to run your business during an interruption caused by an "equipment breakdown."

We will only pay for loss of Business Income or Extra Expense that occurs within 12 consecutive months after the date of the "equipment breakdown." The "equipment breakdown" must occur during the Policy Period but expiration of the policy does not limit our liability under this coverage.

We will not pay for:

- (1) The interruption of business that would not or could not have been carried on if the "equipment breakdown" had not occurred;
- (2) Your failure to use due diligence and dispatch and all reasonable means to resume business at the premises described in the Declarations; or
- (3) That part of any loss or expense that is due solely to the suspension, lapse or cancellation of a contract following an "equipment breakdown" extending beyond the time business could have resumed if the contract had not lapsed, been suspended or cancelled.

o. Pollutant Clean Up and Removal - Equipment Breakdown

We will pay for the Pollutant Clean Up and Removal for loss resulting from an "equipment breakdown." The most we will pay for the Pollutant Clean Up and Removal is **\$250,000** unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

This Additional Coverage does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants." But we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.

ADDITIONAL CONDITIONS

The following **Additional Conditions** are added:

3. Suspension

Whenever Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss to that Covered Property for the perils covered by this endorsement. Coverage can be suspended and possibly reinstated by delivering or mailing a written notice of suspension / coverage reinstatement to:

- a. your last known address; or
- b. the address where the property is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.

4. Jurisdictional Inspections

If any Covered Property under this endorsement requires inspection to comply with state or municipal boiler and pressure vessel regulations, we agree to perform such inspection on your behalf. We do not warrant that conditions are safe or healthful.

5. Environmental, Safety and Efficiency Improvements

If Covered Property requires replacement due to an “equipment breakdown,” we will pay your additional cost to replace with equipment that is better for the environment, safer, or more efficient than the equipment being replaced.

However, we will not pay more than 125% of what the cost would have been to repair or replace with like kind and quality. This Condition does not apply to any property to which Actual Cash Value applies.

H. DEFINITIONS

The following **Definition** is added:

4. “Equipment Breakdown.”

“Equipment breakdown” as used herein means:

a. Physical loss or damage both originating within:

(1) Boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping, all normally subject to vacuum or internal pressure other than static pressure of contents, excluding:

- a. waste disposal piping;
- b. any piping forming part of a fire protective system;
- c. furnaces; and
- d. any water piping other than:
 - i. boiler feed water piping between the feed pump and the boiler;
 - ii. boiler condensate return piping; or
 - iii. water piping forming part of a refrigerating or air conditioning system used for cooling, humidifying or space heating purposes.

(2) All mechanical, electrical, electronic or fiber optic equipment; and

b. Caused by, resulting from, or consisting of:

- (1) Mechanical breakdown;
- (2) Electrical or electronic breakdown; or
- (3) Rupture, bursting, bulging, implosion, or steam explosion.

However, “equipment breakdown” does not mean:

Physical loss or damage caused by or resulting from any of the following; however if loss or damage not otherwise excluded results, then we will pay for such resulting damage:

- (1) Wear and Tear;
- (2) Rust or other corrosion, decay, deterioration, hidden or latent defect, mold or any other quality in property that causes it to damage or destroy itself;
- (3) Smog;
- (4) Settling, cracking, shrinking or expansion;
- (5) Nesting or infestation, or discharge or release of waste products or secretions, by birds, rodents or other animals;
- (6) Any accident, loss, damage, cost, claim, or expense, whether preventative, remedial, or otherwise, directly or indirectly arising out of or relating to the recognition, interpretation,

calculation, comparison, differentiation, sequencing, or processing of data by any computer system including any hardware, programs or software;

- (7) Scratching and marring;
- (8) Loss, damage, cost or expense directly caused by, contributed to by, resulting from or arising out of the following causes of loss:

Fire, lightning, combustion explosion, windstorm or hail, weight of snow, ice or sleet, falling objects, smoke, aircraft or vehicles, riot or civil commotion, vandalism, sinkhole collapse, volcanic action, leakage from fire extinguishing equipment, water, water damage, earth movement or flood.

CAUSES OF LOSS - SPECIAL FORM

A. Coverage

- 3. **Covered Causes of Loss** also means "equipment breakdown."

B. Exclusions

All **Exclusions** and limitations apply except:

- a. **B.2.a., B.2.d. (6) and B.2.e;**
- b. Limitations **C.1.a. and C.1.b.**

The **Exclusions** are modified as follows:

- a. The following is added to **Exclusion B.1.g. Water**:

However, if electrical Covered Property requires drying out because of the above, we will pay for the direct expenses of such drying out subject to the applicable Limit of Insurance and deductible for Building or Business Personal Property, whichever applies.

- b. As respects this endorsement only, the last paragraph of Exclusion B.2.d. is deleted and replaced with the following:

But if an excluded cause of loss that is listed in 2.d. (1) through (7) results in an "equipment breakdown," we will pay for the loss or damage caused by that "equipment breakdown."

G. Definitions

The following is added to the "Specified Causes of Loss" definition:

"Specified Causes of Loss" also means "equipment breakdown."

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Company
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Portion Only
Product Name: Multiple Lines
Project Name/Number: OFFICE EQUIPMENT BREAKDOWN/08226

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/17/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
AR - FORM FILING ABSTRACT F-1.PDF
AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF
Cover Letter.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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

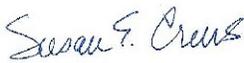
3. Group Name	Group NAIC #
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

5. Company Tracking Number	08226
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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
	Susan E. Crews, CIC, CPIW 146 Rich Pine Drive Purlear NC 28665	Product Development Analyst	336-973-5303	803-870-8982	susan.crews@companiongroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Susan E. Crews, CIC, CPIW

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

9. Type of Insurance (TOI)	05.1 Commercial Multi-Peril - Non-Liability Portion Only
10. Sub-Type of Insurance (Sub-TOI)	05.1007 Other CMP
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	OFFICE OCCUPANCY PACKAGE POLICY
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: 11/17/08 Renewal: 11/17/08
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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	08226
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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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THIS FILING IS TO PERMIT USE OF CPP 120 EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT WITH THE OFFICE OCCUPANCY PACKAGE POLICY. THIS FORM WAS PREVIOUSLY APPROVED FOR USE WITH OUR COMMERCIAL PACKAGE POLICY.

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 #: Amount:	
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.)

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 #	08226
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	08226
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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	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT	CPP 120 02/08	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 10/17/08

2. Company Name(s) Companion Property & Casualty Insurance Company

Group Name _____ NAIC No. 12157 Group No. 661

3. (a) Annual Statement Line of Business Number (Page 14) 5.1

(b) Class of Business COMMERCIAL PACKAGE

© Coverages Affected PROPERTY

4. (a) Name of Advisory Organization, if any INSURANCE SERVICES OFFICE, INC.

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

(b) Date of Filing _____

© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

YES

8. Is the form filed in response to or due to legislation? If so, specify legislation.

NO

9. Is the form in response to or due to recent court decisions? If so, give citation.

NO

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Susan E. Crews

Signature

Susan E. Crews

Title

336-973-5303

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	11/17/08	CPP 120 02/08	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT Provides coverage for equipment breakdown under the property coverage form.

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Steven C. Bloss, Vice President of
(Name) (Title of Authorized Officer)

Companion Property & Casualty Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	yes
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • 08226	
Signature of Authorized Officer •	
Name of Authorized Officer •	Steven C. Bloss
Title of Authorized Officer •	Vice President
Email address of Authorized Officer •	Steven.bloss@companiongroup.com
Telephone # of Authorized Officer •	803-264-5304
Date •	10/17/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

October 17, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Form Filing - OFFICE EQUIPMENT BREAKDOWN
Slot-Rated
Company Filing#: MUL AR 08226 01 F 01
Companion Property & Casualty Insurance Company

NAIC#: 661-12157
FEIN#: 57-0768836

Dear Commissioner Benafield Bowman:

This filing is to permit use of CPP 120 Equipment Breakdown Enhancement Endorsement with our Office Occupancy Package Policy. This form was previously approved for use with our commercial package policy. A separate rule filing is being submitted.

Please let me know if you have any questions or need additional information.

Yours truly,

A handwritten signature in cursive script that reads "Susan E. Crews".

Susan E. Crews, CIC
Product Development Analyst
Phone: 336-973-5303
Fax: 803-870-8982
Email: susan.crews@companiongroup.com