

SERFF Tracking Number: CNSM-125851618 State: Arkansas
Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #62411 \$50
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CP F 111508
Project Name/Number: /

Filing at a Glance

Company: Consumers Insurance USA, Inc.

Product Name: CP F 111508

TOI: 01.0 Property

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: CNSM-125851618 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Anne Roquette

Date Submitted: 10/09/2008

State Tr Num: #62411 \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Disposition Date: 10/27/2008

Disposition Status: Approved

Effective Date Requested (New): 11/15/2008

Effective Date Requested (Renewal): 02/01/2009

Effective Date (New): 11/15/2008

Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Consumers Insurance USA, Inc. would like to submit the attached Form CI 06 06 09 08 for approval in connection with the new Fence Coverage option to be made available to Property policies effective 11-15-2008.

Company and Contact

SERFF Tracking Number: CNSM-125851618 State: Arkansas
Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #62411 \$50
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CP F 111508
Project Name/Number: /

Filing Contact Information

Anne Roquette, Products Manager aroquette@ciousa.com
P.O. Box 12269 (615) 692-0303 [Phone]
Murfreesboro, TN 37129 (615) 896-0766[FAX]

Filing Company Information

Consumers Insurance USA, Inc. CoCode: 10204 State of Domicile: Tennessee
P.O. Box 12269 Group Code: Company Type: Property and Casualty
Murfreesboro, TN 37129 Group Name: 0000 State ID Number:
(615) 692-0303 ext. [Phone] FEIN Number: 62-1590861

Filing Fees

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

SERFF Tracking Number: CNSM-125851618 State: Arkansas
 Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #62411 \$50
 Company Tracking Number:
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: CP F 111508
 Project Name/Number: /

Correspondence Summary

Dispositions

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

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Filer	Llyweyia Rawlins	10/10/2008	10/10/2008

SERFF Tracking Number: CNSM-125851618 *State:* Arkansas
Filing Company: Consumers Insurance USA, Inc. *State Tracking Number:* #62411 \$50
Company Tracking Number:
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied
Lines)
Product Name: CP F 111508
Project Name/Number: /

Disposition

Disposition Date: 10/27/2008
Effective Date (New): 11/15/2008
Effective Date (Renewal): 02/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNSM-125851618 State: Arkansas
 Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #62411 \$50
 Company Tracking Number:
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: CP F 111508
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	COMMERCIAL FENCE COVERAGE FORM	Approved	Yes

SERFF Tracking Number: CNSM-125851618 *State:* Arkansas
Filing Company: Consumers Insurance USA, Inc. *State Tracking Number:* #62411 \$50
Company Tracking Number:
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied
Lines)
Product Name: CP F 111508
Project Name/Number: /

Note To Filer

Created By:

Llyweyia Rawlins on 10/10/2008 08:37 AM

Subject:

Filing Fee

Comments:

Hello Anne

I do not show any reference of payment on this filing. When can we expect the fee of \$50?
You can pay either by EFT or check.

Sincerely,

Llyweyia Rawlins

SERFF Tracking Number: CNSM-125851618 State: Arkansas
 Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #62411 \$50
 Company Tracking Number:
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: CP F 111508
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	COMMERCIAL FENCE COVERAGE FORM	CI 06 06	09 08	Endorsement/Amendment/Conditions			CI 06 06 09 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL FENCE COVERAGE FORM

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

With respect to outside fences described on the Declarations page:

A. "Fences" is deleted from **A.2.q.(2)**. –
Property Not Covered.

B. Outside Fences are subject to all applicable provisions of the Causes Of Loss Form indicated on the Declarations page. In addition, we will not pay for loss or damage caused

by or resulting from any of the following:

1. Dampness or dryness of atmosphere;
2. Changes in or extremes of temperature;
3. Marring or scratching; or
4. Rain, snow, ice or sleet.

This coverage is subject to a \$250 deductible per occurrence.

SERFF Tracking Number: CNSM-125851618 *State:* Arkansas
Filing Company: Consumers Insurance USA, Inc. *State Tracking Number:* #62411 \$50
Company Tracking Number:
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied
Lines)
Product Name: CP F 111508
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNSM-125851618 State: Arkansas
Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #62411 \$50
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CP F 111508
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/27/2008

Comments:
ATTACHED

Attachment:
AR TD1.pdf

Property & Casualty Transmittal Document

Reset Form

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 #
CONSUMERS INSURANCE USA, INC.	0000

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
CONSUMERS INSURANCE USA, INC.	TN	10204	62-1590861	

5. Company Tracking Number	00000
-----------------------------------	-------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
ANNE ROQUETTE P.O. BOX 12269 MURFREESBORO, TN 37129	PRODUCTS MANAGER	615-692-0303	615-896-0766	AROQUETTE@CIUSA.COM

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

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

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied 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: 11-15-2008 Renewal: 02-01-2009
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	
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 #

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Consumers Insurance USA, Inc. would like to submit the attached Form CI 06 06 09 08 for approval in connection with the new Fence Coverage option to be made available to Property policies effective 11-15-2008.

[View Complete Filing Description](#)

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 the 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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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	COMMERCIAL FENCE COVERAGE FORM	CI 06 06 09 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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
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	