

SERFF Tracking Number: FFDC-125852441 State: Arkansas
 First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: NARAB0608.RSB
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: American Business Coverage Hotels/Motels/Inns Endorsement Filing
 Project Name/Number: American Business Coverage Hotels/Motels/Inns Endorsement Filing/NWAB0608

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: American Business Coverage SERFF Tr Num: FFDC-125852441 State: Arkansas

Hotels/Motels/Inns Endorsement Filing

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners

Co Tr Num: NARAB0608.RSB

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Michelle Davanzo

Disposition Date: 10/13/2008

Date Submitted: 10/13/2008

Disposition Status: Approved

Effective Date Requested (New): 10/17/2008

Effective Date (New): 10/17/2008

Effective Date Requested (Renewal): 10/17/2008

Effective Date (Renewal): 10/17/2008

State Filing Description:

General Information

Project Name: American Business Coverage Hotels/Motels/Inns Endorsement Filing

Status of Filing in Domicile:

Project Number: NWAB0608

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/13/2008

State Status Changed: 10/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are enclosing a revised explanatory memorandum for American Business Coverage (ABC) Hotel/Motel/Inn Proprietor or Manager Residential Special Endorsement AB 9358 10 08 and explanatory memorandum. The

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explanatory memorandum has been revised due to the revisions made to the endorsement. The endorsement was approved on October 9, 2008 under filing number NARAB0608 and Serff number FFDC-125808808. We have attached the endorsement for your information.

This revised explanatory memorandum has been corrected to show that the extension endorsement provides 5 coverage extensions and enhancements.

No other changes have been made to the previous filing.

This is a form filing.

Enclosed in support of this filing are the following items:

1. American Business Coverage Explanatory Memorandum
2. Hotel/Motel/Inn Proprietor or Manager Residential Special Endorsement AB 9358 06 08
3. State checklists/forms

Your approval of this filing, which has a proposed effective date of October 17, 2008 would be appreciated.

Company and Contact

Filing Contact Information

Michelle Davanzo, Regulatory Services Senior Analyst mdavanzo@ffic.com

777 San Marin Drive (415) 899-2660 [Phone]
Novato, CA 94998 (866) 290-0671[FAX]

Filing Company Information

American Automobile Insurance Company CoCode: 21849 State of Domicile: Missouri
777 San Marin Drive Group Code: 761 Company Type:
Novato, CA 94998 Group Name: State ID Number:
(415) 899-2817 ext. [Phone] FEIN Number: 22-1608585

SERFF Tracking Number: FFDC-125852441 State: Arkansas
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Associated Indemnity Corporation CoCode: 21865 State of Domicile: California
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-2817 ext. [Phone] FEIN Number: 22-1708002

Fireman's Fund Insurance Company CoCode: 21873 State of Domicile: California
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-3290 ext. [Phone] FEIN Number: 94-1610280

National Surety Corporation CoCode: 21881 State of Domicile: Illinois
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-2817 ext. [Phone] FEIN Number: 36-2704643

The American Insurance Company CoCode: 21857 State of Domicile: Nebraska
 777 San Marin Drive Group Code: 761 Company Type:
 Novato, CA 94998 Group Name: State ID Number:
 (415) 899-2817 ext. [Phone] FEIN Number: 22-0731810

SERFF Tracking Number: FFDC-125852441 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Associated Indemnity Corporation	\$0.00	10/13/2008	
American Automobile Insurance Company	\$50.00	10/13/2008	23144614
Fireman's Fund Insurance Company	\$0.00	10/13/2008	
National Surety Corporation	\$0.00	10/13/2008	
The American Insurance Company	\$0.00	10/13/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/13/2008	10/13/2008

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Disposition

Disposition Date: 10/13/2008
Effective Date (New): 10/17/2008
Effective Date (Renewal): 10/17/2008
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory memorandum	Approved	Yes
Form	American Business Coverage Hotel/Motel/Inn Proprietor or Manager Residential Special 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	American Business Coverage Hotel/Motel/Inn Proprietor or Manager Residential Special Endorsement	AB9358	10 08	Endorsement Replaced/Amendment/Conditions	Replaced Form #:0.00 AB9358 10 08 Previous Filing #: NARAB0608		AB 93 58 10 08 Hotel, Motel, Inn Proprietor or Manager Residential Special Endorsement - revised.pdf

**American Business Coverage Hotel/Motel, Inn Proprietor or Manager Residential
Special Endorsement AB 93 58 10 08**

This endorsement modifies insurance provided under the following:

American Business Coverage AB 9000 12 93

Schedule:

Coverage Description:	Limit of Insurance
Damage to Property of Others	\$1,000. per occurrence
Interim Innkeeper	Included in definition of insured
Loss of Use of Residence Premises	\$25,000
Personal Effects	\$50,000
Personal Liability	\$1,000,000 per occurrence and in the aggregate

I. Section I, Property, Coverage A, Section 5, Additional Coverages, of Property/Liability Policy AB 9000 12 93 is amended to include:

from the date of the covered loss or the order from the civil authority.

U. Loss of Use of **Residence Premises**:

(1) When a **specified cause of loss** occurs that renders the **Residence Premises** unfit for habitation, or an action of a civil authority prohibits the use of the **Residence Premises**, we will reimburse you for the reasonable increase in living expense that you incur while you live elsewhere.

(2) We will only reimburse you for the increase in expenses from the time of the **specified cause of loss** until the damage is repaired or you relocate, whichever is earlier. When a civil authority does not allow you to use the **Residence Premises**, we will only pay for the increase in expenses for a period of 30 days

(3) The most we will reimburse you under this coverage is the Limit of Insurance shown in schedule of this
(4) endorsement that applies to Loss of Use of the **Residence Premises**.

II. Section I, Property, Coverage A, Section 6., Coverage Extensions, Property/Liability Policy AB 9000 12 93 is amended to include:

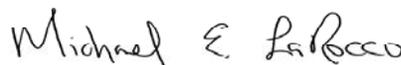
(e) Personal Effects:

Our limit of liability is increased to the amount shown in the Schedule of this endorsement that applies to Personal Effects. For the purpose of the coverage afforded

This Form must be attached to Change Endorsement when issued after the policy is written. One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

under this endorsement, personal effects is amended to include, silver, furs and jewelry.

III. Section II, Liability, Section 2, Part I (2), Who is An Insured, of Property/Liability AB 9000 12 93 is amended to include:

- f. A person you designate as an **Interim Innkeeper**, but only for acts within the scope of your business.

IV. Section II, Liability, Part G, of Property/Liability Policy AB 9000 12 93 is amended to include the following additional coverage:

Coverage E: Coverage for Personal Liability

1. Personal Liability

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of **bodily injury, property damage, or personal injury** to which this insurance applies. We will have the right and duty to defend any **suit** actually seeking those damages. However, we will have no duty to defend any insured against any **suit** seeking damages for **bodily injury, property damage, or personal injury** to which this insurance does not apply. The duty and right to defend a **suit** does not begin until we are asked to defend the **suit**. We may at our discretion investigate any **occurrence** and settle any claim that may result. But:

- (1) The amount we will pay for damages is limited as described in the Schedule of Coverage of this endorsement-Personal Liability Limits of Insurance; and
- (2) Our right and duty to defend ends when we have used up the applicable Limit of Insurance in the payment of judgments or

settlements under Coverage E. No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Coverage Extension-Supplementary Payments.

b. The limit of Insurance for Personal Liability shown in the Schedule of Coverage of this endorsement and the rules below fix the most we will pay regardless of the number of:

- (1) **Insureds**
- (2) Claims made or **suits** brought; or
- (3) Persons or organizations making claims or bringing **suits**.

c. The most we pay for the sum of all damages because of all:

- (1) **bodily injury and property damage** arising out of all **occurrence(s)**
- (2) **personal injury** sustained by all persons and organizations

is the Limit of Insurance shown in the Schedule of Coverage as applicable Per Occurrence and in the Aggregate.

d. This insurance applies:

- (1) To **bodily injury and property damage** only if:

- (a) The **bodily injury or property damage** is caused by an **occurrence** that takes place in

- the **coverage territory**;
and
(b) The **bodily injury** or
property damage occurs
during the policy period.

(2) To **personal injury** caused by
an **offense** but only if the
offense was first committed in
the **coverage territory** during
the policy period.

- e. Damages because of **bodily
injury**, include damages claimed
by any person for care, loss of
services or death resulting at any
time from the **bodily injury**.
- f. **Property damage** that is loss of
use of tangible property that is not
physically injured will be deemed
to occur at the time of the
occurrence that caused it.
- V. Section II, Liability Part G. Coverage
C, Subsection e Coverage Extension,
Supplementary Payments of Property/
Liability Policy AB 9000 12 93 is
amended to include:
1. First Aid Expenses- We will pay up to
\$10,000 in expenses for first aid to
others incurred by an **insured** for
bodily injury, caused by an
occurrence under this policy. We will
not pay for first aid to an **insured**.
2. Damage to Property of Others- We
will pay, at replacement cost, up to
\$1,000 per **occurrence** for

property damage caused by
an **insured** to property of
others not specifically
covered in this policy.

VI. Section II Liability, Part H of
Liability AB 9000 12 93
Exclusions, are incorporated in
their entirety by reference.

VII. Section II- Liability and
Medical payments General
Conditions, sub-section K
Property/ Liability Policy AB
9000 12 93 is hereby
incorporated in its entirety by
reference.

VIII. Section III, Personal Liability
of Property/ Liability Policy
AB 9000 12 93 is amended to
include the Definitions:

(1) **Residence Premises**
means that part of the
inn, hotel, motel you
and your family occupy,
other than inn guest
rooms, and common
rooms primarily used by
the inn's guests.

(2) **Interim Innkeeper**
means someone you
designate other than an
employee to manage
your inn, hotel, motel in
your absence.

All other terms and conditions of the policy apply.

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Liability
Product Name: American Business Coverage Hotels/Motels/Inns Endorsement Filing
Project Name/Number: American Business Coverage Hotels/Motels/Inns Endorsement Filing/NWAB0608

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 10/13/2008

Comments:

Attachments:

NAIC Transmittal - Form 10 09 08.pdf
Form Filing Schedule 10-13-08.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/13/2008

Comments:

Attachment:

Cover Letter NWAB0608.pdf

Satisfied -Name: Explanatory memorandum **Review Status:** Approved 10/13/2008

Comments:

Attachment:

Explanatory Memorandum - residential AB9358 10-09-08.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: 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					

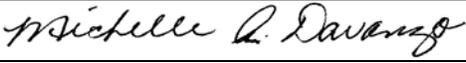
3. Group Name	Group NAIC #
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Fireman's Fund Insurance Company	CA	21873	94-1610280	
National Surety Corporation	IL	21881	36-2704643	
The American Insurance Company	NE	21857	22-0731810	
Associated Indemnity Corporation	CA	21865	22-1708002	
American Automobile Insurance Company	MO	21849	22-1608585	

5. Company Tracking Number	NARAB0608-F.rsb
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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
	Michelle A. Davanzo	Regulatory Analyst	(415) 899-2660	866-290-0671	Michelle.davanzo@ffic.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Michelle A. Davanzo

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

9. Type of Insurance (TOI)	5.0 CMP Liability and Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	5.0002 Businessowners
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: 10-17-08 Renewal: 10-17-08
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	10-13-08
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 #	NARAB0608-F.rsb
21.	Filing Description	[This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are enclosing a revised explanatory memorandum for American Business Coverage (ABC) Hotel/Motel/Inn Proprietor or Manager Residential Special Endorsement AB 9358 10 08 and explanatory memorandum. The explanatory memorandum has been revised due to the revisions made to the endorsement. The endorsement was approved on October 9, 2008 under filing number NARAB0608 and Serff number FFDC-125808808. We have attached the endorsement for your information.

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3. State checklists/forms

Your approval of this filing, which has a proposed effective date of October 17, 2008, would be appreciated.

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.)

PC TD-1 pg 2 of 2

PROPERTY & CASUALTY 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 the state.)

This filing transmittal is part of Company Tracking #			NARAB0608.rsb		
This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)					
	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)
1	American Business Coverage Hotel/Motel/Inn Proprietor or Manager Residential Special Endorsement	AB9358 10 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AB9358 10 08	NARAB0608
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<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		



October 10, 2008

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

**RE: American Business Coverage
Hotel/Motel/Inn Endorsement**

Fireman's Fund Insurance Company	761-21873
The American Insurance Company	761-21857
National Surety Corporation	761-21881
Associated Indemnity Corporation	761-21865
American Automobile Insurance Company	761-21849
Company Filing # NARAB0608.rsb	

Dear Sir or Madam:

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**Fireman's Fund
Insurance Companies
A member of the
Alliance Group**

777 San Marin Drive
Novato, CA 94998
415.899.2000

Sincerely,



Michelle A. Davanzo
Regulatory Analyst
Commercial Business, Governance
800-227-1700 ext 2660 wk
415-899-2660

**Fireman's Fund
Insurance Companies
A member of the
Alliance Group**

777 San Marin Drive
Novato, CA 94998
415.899.2000

Explanatory Memorandum
American Business Coverage Hotel/Motel/Inn Proprietor or Manager Residential Coverage

Introduction

Enclosed for your review and approval is an endorsement that enhances the insurance protection provided under the previously approved American Business Coverage program:

American Business Coverage Section AB 90 00 12 93

This endorsement provides 5 coverages to meet the specific needs of hotels, motels or inns proprietors where they live on the premises and require coverage similar to a homeowner or renter. These extensions of coverage and additional limits are the same or similar coverages provided in many of our endorsements for the Farm and Ranch Industry and for dwellings under ISO CPL.

Coverage Description and Limits:

American Business Coverage Hotel/Motel/Inn Proprietor or Manager Residential Coverage AB 93 58
10 08

Damage to Property of Others

Provides coverage for property damage caused by the insured to the property of others not covered by this policy. Coverage limit is \$1,000. per occurrence.

Interim Innkeeper

Provides coverage for someone you designate other than an employee to manage your inn, hotel, motel in your absence.

Loss of Use of Residence Premises

Pays for living expenses if the residence is not fit to live in or civil authority prohibits its use. Coverage limit is \$25,000.

Personal Effects

Coverage increases the limit for personal property of an innkeeper, manager or proprietor who lives on the premises. Coverage limit is \$50,000 and includes silver, furs, and jewelry within this limit.

Personal Liability

Provides coverage for legal awards or defense for a covered occurrence. Coverage limit is \$1,000,000 per occurrence.