

SERFF Tracking Number: FFDC-125861912 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARMC0308 - F
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1000 CMP Sub-TOI Combinations
Portion Only
Product Name: Extended Business Interruption Plus
Project Name/Number: Extended Business Interruption Plus/

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: Extended Business Interruption SERFF Tr Num: FFDC-125861912 State: Arkansas

Plus

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

State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1000 CMP Sub-TOI Combinations Co Tr Num: NARMC0308 - F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Helen Jee

Disposition Date: 10/23/2008

Date Submitted: 10/20/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):
12/01/2008

State Filing Description:

General Information

Project Name: Extended Business Interruption Plus

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/23/2008

State Status Changed: 10/23/2008

Deemer Date:

Corresponding Filing Tracking Number: NARMC0308 - F

Filing Description:

Dear Sir or Madam,

For your consideration and review, we are enclosing the filing information for the following new endorsement:

SERFF Tracking Number: FFDC-125861912 *State:* Arkansas
First Filing Company: American Automobile Insurance Company, ... *State Tracking Number:* EFT \$50
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Portion Only
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Extended Business Income Plus – 143640 11 80

This new endorsement enhances the insurance protection provided under our previously approved programs. The Extended Business Income Plus – 143640 modifies business income coverage written under the following previously approved Coverage Parts:

- Property-Gard Building and Personal Coverage Form
- Property-Gard Select Real and Personal Coverage Section

This is a form filing. There is no rate impact associated with use of endorsement submitted in this filing.

Enclosed in support of this filing are the following items:

1. Underwriting Explanatory Memorandum
2. Extended Business Income Plus – 143640 1108
3. Commercial Property Manual of Independent & Deviated Filing Page
4. State checklists/forms

Your approval/acknowledgement of this filing, which has a proposed effective date of December 1, 2008 is appreciated.

Sincerely,

Helen Jee
Regulatory Analyst
Fireman's Fund Insurance Company
800-227-1700 ext 22 6721(toll-free phone)
866-290-0671 (fax)
hjee@ffic.com

Company and Contact

Filing Contact Information

Helen Jee, Filings Analyst

hjee@ffic.com

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777 San Marin Drive (415) 899-6721 [Phone]
 Novato, CA 94949 (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	

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	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/23/2008	10/23/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correction to Product Name	Note To Reviewer	Helen Jee	10/20/2008	10/20/2008

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Disposition

Disposition Date: 10/23/2008
Effective Date (New): 12/01/2008
Effective Date (Renewal): 12/01/2008
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

SERFF Tracking Number: FFDC-125861912 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Memo	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Form	Extended Business Interruption Plus	Approved	Yes

SERFF Tracking Number: FFDC-125861912 *State:* Arkansas
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Product Name: Extended Business Interruption Plus
Project Name/Number: Extended Business Interruption Plus/

Note To Reviewer

Created By:

Helen Jee on 10/20/2008 03:08 PM

Subject:

Correction to Product Name

Comments:

My apologies. The Product and Project name should be Extended Business Income Plus.

Thank you,

Helen Jee

SERFF Tracking Number: FFDC-125861912 State: Arkansas
 First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Business Interruption Plus	143640	11 08	Endorsement/Amendment/Conditions			Extended Business Income Plus v4.pdf

Extended Business Income Plus - 143640 11 08

This endorsement modifies insurance provided under the following:

Commercial Property Coverage Part
Property-Gard Select Real and Personal Property Coverage Section
Business Income Coverage Form (and Extra Expense)
Commercial Inland Marine Coverage Part
Standard Property Policy
All Other Property or Inland Marine Coverage Forms, Sections, or Endorsements attached to this policy

Insured: _____ Policy Number: _____

Producer: _____ Effective Date: _____

Schedule

Extended Business Income	
Location(s)	Number of Consecutive Calendar Days
	_____ days
	_____ days

- A. If the Declarations show you have Business Income or Business Income with Extra Expense Coverage, then the provisions of this Endorsement apply.
- B. Subject to the Limit of Insurance, we will pay for the actual loss of **Business Income** and **Rental Value** you incur during the period that begins on the date property (except **finished stock**) is actually repaired, rebuilt, or replaced and **operations** are resumed or tenantability is restored, or both, and ends on the earlier of:
1. The date you could restore your **operations** or tenant occupancy, or both, with reasonable speed, to the level which would generate the **Business Income** amount and **Rental Value** that would have existed if no direct physical loss or damage occurred; or
 2. The number of consecutive calendar days, stated in the Schedule of this Endorsement, after the date **operations** are resumed.
- C. We will not pay for the loss of **Business Income** and **Rental Value** incurred as a result of unfavorable business conditions caused by the impact of the Covered Cause of Loss in the area where the described **premises** are located.
- D. Loss of **Business Income** and **Rental Value** must be caused by direct physical loss or damage at the described premises caused by or resulting from any **covered cause of loss**.
- E. This Endorsement supersedes the same coverage that may be provided elsewhere under this Coverage Section or Policy. Coverage provided by this Endorsement is the sole source of recovery for Extended Business Income provided by this Policy or any other Endorsement attached thereto.

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

F This Endorsement is otherwise subject to all terms, conditions, provisions and stipulations of the policy to which it is attached.

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Product Name: Extended Business Interruption Plus
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/23/2008

Comments:

Attachment:

NAIC Transmittal - F.pdf

Satisfied -Name: Cover Memo **Review Status:** Approved 10/23/2008

Comments:

Attachment:

Cover Letter.NARMC0308-F.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 10/23/2008

Comments:

Attachment:

Form Filing Schedule.pdf

Property & Casualty Transmittal Document

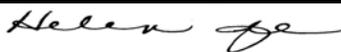
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>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 #
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Fireman's Fund Insurance Company	California	21873	94-1610280	04
National Surety Corporation	Illinois	21881	36-2704643	12
The American Insurance Company	Nebraska	21857	22-0731810	26
Associated Indemnity Corporation	California	21865	22-1708002	04
American Automobile Insurance Company	Missouri	21849	22-1608585	24

5. Company Tracking Number	NARMC0308-F
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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
	Helen Jee 777 San Marin Drive Novato, California 94998	Regulatory Analyst	415-899-6721	(866) 290-0671	hjee@ffic.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Helen Jee		

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

9.	Type of Insurance (TOI)	5.1 Commercial Multi-Peril (Non Liability Portion)
10.	Sub-Type of Insurance (Sub-TOI)	5.1000 CMP Sub-TOI Combinations
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type Forms	<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: 12-01-2008 Renewal: 12-01-2008

Property & Casualty Transmittal Document---

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	10-15-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	NARMC0308-F
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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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For your consideration and review, we are enclosing the filing information for the following new endorsement:

Extended Business Income Plus – 143640 11 80

This new endorsement enhances the insurance protection provided under our previously approved programs. The Extended Business Income Plus – 143640 modifies business income coverage written under the following previously approved Coverage Parts:

- Property-Gard Building and Personal Coverage Form
- Property-Gard Select Real and Personal Coverage Section

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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]
<p>Check #: Amount: EFT \$50.00 (\$50 per form)</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**Fireman's Fund
Insurance Companies**



October 16, 2008

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

RE: Extended Business Income Plus
 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 # NARMC0308-F

Dear Sir or Madam,

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Sincerely,

Helen Jee
Regulatory Analyst
Fireman's Fund Insurance Company
800-227-1700 ext 22 6721(toll-free phone)
866-290-0671 (fax)
hjee@ffic.com

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 #			NARMC0308		
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	Extended Business Income Plus	143640 11 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		