

SERFF Tracking Number: PHXN-125853438 State: Arkansas
Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: #? \$50
Company Tracking Number: DF-AR102008TR
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Revised Trampoline Exclusion/DF-AR102008TR

Filing at a Glance

Company: American Hallmark Insurance Company of Texas

Product Name: Dwelling Fire SERFF Tr Num: PHXN-125853438 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #? \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: DF-AR102008TR State Status: Fees verified
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Chris Tsakiris Disposition Date: 10/13/2008
Date Submitted: 10/13/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Revised Trampoline Exclusion Status of Filing in Domicile: Authorized
Project Number: DF-AR102008TR Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/13/2008 Deemer Date:
State Status Changed: 10/13/2008
Corresponding Filing Tracking Number:
Filing Description:
American Hallmark Insurance Company of Texas is submitting a minor formatting change to our Trampoline Exclusion.

Company and Contact

Filing Contact Information

Chris Tsakiris, Underwriting Manager ctsakiris@phoenixautoins.com

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14651 Dallas Parkway (800) 486-5616 [Phone]
Dallas, TX 75254

Filing Company Information

American Hallmark Insurance Company of Texas CoCode: 43494 State of Domicile: Texas
14651 Dallas Parkway Group Code: 3478 Company Type: Property & Casualty
Suite 400
Dallas, TX 75254 Group Name: Hallmark Insurance State ID Number:
Group
(972) 934-2400 ext. 5762[Phone] FEIN Number: 75-1817901

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/13/2008	10/13/2008

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Disposition

Disposition Date: 10/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	TRAMPOLINE EXCLUSION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	TRAMPOLINE EXCLUSION	HDF 0006	06 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: NL HO02 11 07 Previous Filing #: PHXN-125686280		HDF 0006 06 08- Trampoline Exclusion.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRAMPOLINE EXCLUSION

Attached to and forming part of **Your** policy.

For the premium charged, the following **EXCLUSION** applies to all Coverages:

We do not pay for:

1. Any **bodily injury** or **property damage** arising out of any **occurrence** involving any trampoline owned by, or in the care, custody, or control of
 - a. the insured;
 - b. any member of the insured's family or household; or
 - c. any occupant and/or tenant.

2. Any other **loss** or expense arising out of any occurrence involving any trampoline owned by, or in the care, custody, or control of
 - a. the insured;
 - b. any member of the insured's family or household; or
 - c. any occupant and/or tenant.

In this form, **occupant** and/or **tenant** means one who occupies or temporarily possesses real property of the insured or who rents or leases real property from the insured.

All other provisions of this policy apply.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/13/2008

Comments:

Attachment:

AR DF TR.pdf

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

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	American Hallmark Insurance Company of Texas				Group NAIC # 3478-43494
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
American Hallmark Insurance Co. of Texas	TX	3478-43494	75-1817901		

5. Company Tracking Number DF-AR102008TR

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Chris Teakirts 14801 Dallas Parkway, Ste. 400 Dallas, TX 75264	Underwriting Manager	972-866-5761	800-876-6960	ctsakirts@hallmarkgrp.com

7. Signature of authorized filer 

8. Please print name of authorized filer Chris Teakirts

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)	01.0002 Personal Property (Fire and Allied Lines)
11. State Specific Product code(s) (if applicable) (See State Specific Requirements)	
12. Company Program Title (Marketing title)	Dwelling Fire
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: on approval Renewal:
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	10/13/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # DF-AR102008TR

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

American Hallmark Insurance Company of Texas is submitting a minor formatting change to our Trampoline Exclusion.

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: \$50.00

[Empty box for filing fee calculation details]

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.)**

Effective March 1, 2007

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 #		DF-AR102008TR			
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	TRAMPOLINE EXCLUSION	HDF 0006 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NL HQ02 11 07	PHXN-125686280
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

