

<i>SERFF Tracking Number:</i>	<i>ZURC-125841405</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Assurance Company of America, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$125</i>
<i>Company Tracking Number:</i>	<i>CW EB 27487</i>		
<i>TOI:</i>	<i>27.0 Boiler & Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler & Machinery</i>
<i>Product Name:</i>	<i>CW EB 27487 Non-Adoption</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: CW EB 27487 Non-Adoption	SERFF Tr Num: ZURC-125841405	State: Arkansas
TOI: 27.0 Boiler & Machinery	SERFF Status: Closed	State Tr Num: EFT \$125
Sub-TOI: 27.0000 Boiler & Machinery	Co Tr Num: CW EB 27487	State Status: Fees verified and received
Filing Type: Form	Co Status: Not Applicable	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Dannielle Curry	Disposition Date: 10/03/2008
	Date Submitted: 10/02/2008	Disposition Status: Non-Adoption
Effective Date Requested (New): 01/01/2009		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/03/2008	
State Status Changed: 10/03/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing to non-adopt the following ISO revisions:	

BM-2008-OEBWE -Multistate Equipment Breakdown Form Revision

SERFF Tracking Number:	ZURC-125841405	State:	Arkansas
First Filing Company:	Assurance Company of America, ...	State Tracking Number:	EFT \$125
Company Tracking Number:	CW EB 27487		
TOI:	27.0 Boiler & Machinery	Sub-TOI:	27.0000 Boiler & Machinery
Product Name:	CW EB 27487 Non-Adoption		
Project Name/Number:	/		

Company and Contact

Filing Contact Information

Dannielle Curry, Filing Analyst	dannielle.curry@zurichna.com
1400 American Lane	(847) 706-2411 [Phone]
Schaumburg, IL 60196	(847) 605-7768[FAX]

Filing Company Information

Assurance Company of America	CoCode: 19305	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-6081895	

Northern Insurance Company of New York	CoCode: 19372	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-5283360	

Maryland Casualty Company	CoCode: 19356	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-0403120	

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:

SERFF Tracking Number: ZURC-125841405 State: Arkansas
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Product Name: CW EB 27487 Non-Adoption
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Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]

Group Name:
FEIN Number: 36-2781080

State ID Number:

Zurich American Insurance Company
1400 American Lane
Schaumburg, IL 60102
(847) 605-6000 ext. [Phone]

CoCode: 16535
Group Code: 212
Group Name:
FEIN Number: 36-4233459

State of Domicile: New York

Company Type:

State ID Number:

SERFF Tracking Number: ZURC-125841405 State: Arkansas
 First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$125
 Company Tracking Number: CW EB 27487
 TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
 Product Name: CW EB 27487 Non-Adoption
 Project Name/Number: /

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? No
 Fee Explanation: MD fee \$125 per company x 1 company = \$125
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurance Company of America	\$0.00	10/02/2008	
Northern Insurance Company of New York	\$0.00	10/02/2008	
Maryland Casualty Company	\$125.00	10/02/2008	22876818
American Zurich Insurance Company	\$0.00	10/02/2008	
American Guarantee and Liability Insurance Company	\$0.00	10/02/2008	
Zurich American Insurance Company of Illinois	\$0.00	10/02/2008	
Zurich American Insurance Company	\$0.00	10/02/2008	

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Company Tracking Number: CW EB 27487
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
Product Name: CW EB 27487 Non-Adoption
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Llyweyia Rawlins	10/03/2008	10/03/2008

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Disposition

Disposition Date: 10/03/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
Status: Non-Adoption
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: ZURC-125841405 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Non-adoption	Yes
Supporting Document	Memo	Non-adoption	Yes

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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:** Non-adoption 10/03/2008

Comments:

Attachment:

PCTD 0307 na.pdf

Satisfied -Name: Memo **Review Status:** Non-adoption 10/03/2008

Comments:

Attachment:

NONADOPT MEMO.pdf

Property & Casualty Transmittal Document

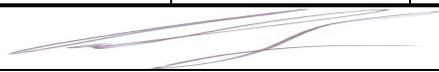
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New 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 #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Assurance Company of America	NY	19305	13-6081895	
Northern Insurance Company of New York	NY	19372	13-5283360	
Maryland Casualty Company	MD	19356	52-0403120	
American Zurich Insurance Company	IL	40142	36-3141762	
American Guarantee & Liability Insurance Co.	NY	26247	36-6071400	
Zurich American Insurance Company	NY	16535	36-4233459	
Zurich American Insurance Co. of Illinois	IL	27855	36-2781080	

5. Company Tracking Number	CW EB 27487
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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
	Dannielle Curry 1400 American Lane, Schaumburg, Il 60196	Filing Analyst	847-706-2411	847-605-7768	dannielle.curry@zurichna.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Dannielle Curry		

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

9.	Type of Insurance (TOI)	19.2, 21.2
10.	Sub-Type of Insurance (Sub-TOI)	19.2002, 21.2000
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: 01/01/2009 Renewal: 01/01/2009

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

**American Guarantee & Liability Insurance Company
American Zurich Insurance Company
Assurance Company of America
Maryland Casualty Company
Northern Insurance Company of New York
Zurich American Insurance Company
Zurich American Insurance Company of Illinois**

**Equipment Breakdown
Filing Memorandum**

In accordance with the filing requirements of your state, please note our intention to non-adopt the following ISO revisions:

BM-2008-OEBWE – Multistate Equipment Breakdown Form Revision

We request an effective date of January 1, 2009 for both new and renewal business for the above listed companies.