

SERFF Tracking Number: ACEH-125902276 State: Arkansas  
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 08-CA-2008042  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: 08-CA-2008042  
Project Name/Number: Physical Damage Reimbursement Endorsements/08-CA-2008042

## Filing at a Glance

Companies: ACE American Insurance Company, Indemnity Insurance Company of North America

Product Name: 08-CA-2008042

SERFF Tr Num: ACEH-125902276 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other

Co Tr Num: 08-CA-2008042

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Ginny Boyles, Viola McBride, Mary Sindaco

Disposition Date: 11/14/2008

Date Submitted: 11/14/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 11/14/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 11/14/2008

State Filing Description:

## General Information

Project Name: Physical Damage Reimbursement Endorsements

Status of Filing in Domicile: Not Filed

Project Number: 08-CA-2008042

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/14/2008

State Status Changed: 11/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to submit two new Reimbursement of Deductible endorsements for review and approval. One of these two new endorsements would be used when an insured requests a policy providing fronted physical damage coverage in order to retain this exposure while still providing the necessary financial responsibility as required by parties with whom they do business. The form information is as follows:

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DA-25934 11.08 Physical Damage Reimbursement Endorsement  
DA-25933 11.08 Stated Amount Physical Damage Reimbursement Endorsement

We will pay claims up to the limit of insurance and request reimbursement from the insured for amounts within the Limit of Insurance and in excess of the deductible. We will pay our obligation under the policy regardless of the financial condition of the insured and their ability to reimburse us.

This endorsement will be used only on larger risks, those considered Fortune 1000 type accounts and will not be used on smaller mom and pop type accounts.

We will collateralize the insured's obligation to us within the deductible. The amount of the insured's obligation that we will require collateral for will vary with the insured's financial strength. We may collateralize to an amount higher or lower than the expected losses based on our evaluation of the credit risk that the insured poses.

The rating for use of this Deductible Reimbursement endorsement will be encompassed in the large risk rating plan used to rate the policy as approved by the state, which would include the filed and approved ACE Large Risk Rating Plan or the ISO Composite or Retrospective Rating Plans).

We seek to begin using this endorsement effective 12/01/2008 or as soon as permitted by state law.

## Company and Contact

### Filing Contact Information

Viola McBride, Filing Technician  
436 Walnut Street  
Philadelphia, PA 19106  
viola.mcbride@ace-ina.com  
(215) 640-5238 [Phone]  
(215) 640-4986[FAX]

### Filing Company Information

ACE American Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
CoCode: 22667  
Group Code: 626  
Group Name:  
State of Domicile: Pennsylvania  
Company Type:  
State ID Number:

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(215) 640-5123 ext. [Phone]

FEIN Number: 95-2371728

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Indemnity Insurance Company of North  
America

CoCode: 43575

State of Domicile: Pennsylvania

PO Box 1000

Group Code: 626

Company Type:

436 Walnut Street

Philadelphia, PA 19106

Group Name:

State ID Number:

(215) 640-5123 ext. [Phone]

FEIN Number: 06-1016108

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 form filing @ \$50.00 = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	11/14/2008	23936181
Indemnity Insurance Company of North America	\$0.00	11/14/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/14/2008	11/14/2008

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## Disposition

Disposition Date: 11/14/2008  
Effective Date (New): 11/14/2008  
Effective Date (Renewal): 11/14/2008  
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
Form	Physical Damage Reimbursement Endorsement	Approved	Yes
Form	Stated Amount	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physical Damage Reimbursement Endorsement	DA25934	11/08	Endorsement/Amendment/Conditions	New	0.00	DA25934_fron APD.pdf
Approved	Stated Amount	DA25933	11/08	Endorsement/Amendment/Conditions	New	0.00	DA25933_fron APD stated amount.pdf

## PHYSICAL DAMAGE REIMBURSEMENT ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTOMOBILE COVERAGE  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM**

**1. ITEM TWO of the Declarations is replaced by the following:**

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS		
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTO Section of the Coverage Form shows which autos are covered autos)	LIMIT  THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED FOR EACH COVERED AUTO FOR LOSS CAUSED BY COLLISION

**2. Item D. Deductible of the PHYSICAL DAMAGE COVERAGE SECTION is deleted and replaced with the following:**

**D. Deductible**

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations.

**3. The following provisions are added to the PHYSICAL DAMAGE COVERAGE SECTION:**

**E. Reimbursement**

You will reimburse us for all amounts that we pay within the Limit of Insurance.

**F. Financial Responsibility**

It is understood and agreed that no condition, provision, stipulation, or limitation contained in this policy, or violation thereof, shall relieve us from liability or from the payment of any "loss", within the Limit of Insurance, irrespective of the financial condition, insolvency or bankruptcy of you. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between you and us.

All other terms and conditions remain unchanged.

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Authorized Agent

## STATED AMOUNT PHYSICAL DAMAGE REIMBURSEMENT ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTOMOBILE COVERAGE  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM**

#### 1. SCHEDULE

The insurance provided by this endorsement is reduced by the following deductible(s):		
Vehicle Number	Coverage	Limit Of Insurance
		\$            Less \$            Deductible

#### 2. For a covered "auto" described in the Schedule, Item C. Limits of Insurance and Item D. Deductible of the PHYSICAL DAMAGE COVERAGE SECTION are deleted and replaced with the following:

##### C. Limits of Insurance

1. The most we will pay for "loss" in any one "accident" is the least of the following amounts minus any applicable deductible shown in the Schedule:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
  - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
  - c. The amount shown in the Schedule.
2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

##### D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations.

#### 3. The following provisions are added to the PHYSICAL DAMAGE COVERAGE SECTION:

##### E. Reimbursement

You will reimburse us for all amounts that we pay within the Limit of Insurance.

**F. Financial Responsibility**

It is understood and agreed that no condition, provision, stipulation, or limitation contained in this policy, or violation thereof, shall relieve us from liability or from the payment of any "loss", within the Limit of Insurance, irrespective of the financial condition, insolvency or bankruptcy of you. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between you and us.

All other terms and conditions remain unchanged.

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Authorized Agent

*SERFF Tracking Number:*      *ACEH-125902276*                      *State:*                      *Arkansas*  
*First Filing Company:*      *ACE American Insurance Company, ...*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-CA-2008042*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0003 Other*  
*Product Name:*                      *08-CA-2008042*  
*Project Name/Number:*                      *Physical Damage Reimbursement Endorsements/08-CA-2008042*

## **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 11/14/2008

**Comments:**

**Attachment:**

ARNAIC Transmittal.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 50%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
ACE USA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
Indemnity Insurance Company of North America	PA	43575	06-1016108

<b>5. Company Tracking Number</b>	<b>08-CA-2008042</b>
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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
	Viola McBride 510 Walnut St., WB04G Philadelphia, PA 19106	Regulatory Associate	215.640.5238	215.640.4986	viola.mcbride@ace-ina.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Viola McBride

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

9. Type of Insurance (TOI)	Commercial Automobile
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type Prior Approval	<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:    _____    Renewal:    _____

**Property & Casualty Transmittal Document---**

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	11/14/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-CA-2008042
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We wish to submit two new Reimbursement of Deductible endorsements for review and approval. One of these two new endorsements would be used when an insured requests a policy providing fronted physical damage coverage in order to retain this exposure while still providing the necessary financial responsibility as required by parties with whom they do business. The form information is as follows:

**DA-25934 11.08 Physical Damage Reimbursement Endorsement****DA-25933 11.08 Stated Amount Physical Damage Reimbursement Endorsement**

We will pay claims up to the limit of insurance and request reimbursement from the insured for amounts within the Limit of Insurance and in excess of the deductible. We will pay our obligation under the policy regardless of the financial condition of the insured and their ability to reimburse us.

This endorsement will be used only on larger risks, those considered Fortune 1000 type accounts and will not be used on smaller mom and pop type accounts.

We will collateralize the insured's obligation to us within the deductible. The amount of the insured's obligation that we will require collateral for will vary with the insured's financial strength. We may collateralize to an amount higher or lower than the expected losses based on our evaluation of the credit risk that the insured poses.

The rating for use of this Deductible Reimbursement endorsement will be encompassed in the large risk rating plan used to rate the policy as approved by the state, which would include the filed and approved ACE Large Risk Rating Plan or the ISO Composite or Retrospective Rating Plans).

We seek to begin using this endorsement effective 12/01/2008 or as soon as permitted by state law.

<b>22.</b>	<b>Filing Fees</b> (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]
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**Check #:** EFT

**Amount:** \$50.00

1 form filing@\$50

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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**\*\*\*Refer to 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

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-CA-2008042			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Physical Damage Reimbursement Endorsement	DA-25934 11.08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Stated Amount Physical Damage Reimbursement Endorsement	DA-25933 11.08	<input checked="" 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		