

SERFF Tracking Number: AMRS-125882234 State: Arkansas  
 First Filing Company: AMERISURE MUTUAL INSURANCE COMPANY, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AR-IM-10-08-FAAIS  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: COMMERCIAL INLAND MARINE  
 Project Name/Number: ADOPTION OF REV. COMPANY ENDT. (IM 89 01)/AR-IM-10-08-RAAIS

## Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: COMMERCIAL INLAND MARINE SERFF Tr Num: AMRS-125882234 State: Arkansas

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50  
 Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: AR-IM-10-08-FAAIS State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Dacia Owens Disposition Date: 11/03/2008

Date Submitted: 11/03/2008 Disposition Status: Approved

Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009

Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

## General Information

Project Name: ADOPTION OF REV. COMPANY ENDT. (IM 89 01)

Project Number: AR-IM-10-08-RAAIS

Reference Organization:

Reference Title:

Filing Status Changed: 11/03/2008

State Status Changed: 11/03/2008

Corresponding Filing Tracking Number: AR-IM-10-08-RAAIS

Filing Description:

AMERISURE MUTUAL INSURANCE COMPANY AND AMERISURE INSURANCE COMPANY ARE AUTHORIZED COMMERCIAL INLAND MARINE INSURERS IN YOUR JURISDICTION. AT THIS TIME, WE WISH TO PROPOSE REVISED COMPANY ENDORSEMENT - IM 89 01 09 08 - BUILDERS RISK INCLUDING SUB-CONTRACTOTRS AS INSUREDS COVERAGE HAS BEEN REVISED FOR CLARITY AND WILL REPLACE THE 07-07- EDITION. PLEASE

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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REFER TO THE ATTACHED FILING MEMO AND COMPARISON FOR COMPLETE DETAILS.

## Company and Contact

### Filing Contact Information

Dacia Owens, COMPLIANCE ANALYST II      dowens@amerisure.com  
 26777 HALSTED RD.      (800) 257-1900 [Phone]  
 FARMINGTON HILLS, MI 48331      (248) 426-7789[FAX]

### Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 23396  Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan  Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD.  FARMINGTON HILLS, MI 48331-2060  (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124  Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      No  
 Fee Explanation:      1 FILING SUBMISSION (X) \$50 PER SUBMISSION = \$50  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/03/2008	11/03/2008

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## Disposition

Disposition Date: 11/03/2008  
Effective Date (New): 02/01/2009  
Effective Date (Renewal): 02/01/2009  
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	FILING MEMO & COMPARISON	Approved	Yes
Form	BUILDERS' RISK INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BUILDERS' RISK INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE	IM 89 01	09 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 Previous Filing #:		IM 89 01 09 08.pdf

**POLICY NUMBER:**

**COMMERCIAL INLAND MARINE**

**THIS ENDORSEMENT AMENDS YOUR POLICY. PLEASE READ THIS CAREFULLY.  
All Other "Terms" and Conditions Remain Unchanged.**

**BUILDERS' RISK - INCLUDING SUB-CONTRACTORS  
AS INSUREDS COVERAGE ENDORSEMENT**

Named Insured \_\_\_\_\_

Effective Date \_\_\_\_\_

The coverage afforded through this endorsement is effective on the date stated above at 12:01 A.M. Standard Time, unless otherwise amended by endorsement attached to the policy. This endorsement is subject to the "terms", conditions and exclusions of the "Builders' Risk" Coverage Form and is a part of the Coverage Form to which it is attached.

This endorsement modifies the following forms:

**BUILDERS' RISK COVERAGE FORM**

**DEFINITIONS:**

This replaces the DEFINITION of "you" and "your" in the above noted Coverage Form, the Inland Marine General Terms, and the Common Policy Conditions.

The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This includes:

1. Each Owner;
2. The General Contractor; and
3. All tiers of Sub-contractors;

We will not take action to recover for a "loss" from them without the General Contractor's written consent.

*SERFF Tracking Number:* AMRS-125882234 *State:* Arkansas  
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COMPANY, ...  
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*TOI:* 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine  
*Product Name:* COMMERCIAL INLAND MARINE  
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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:** Approved 11/03/2008

**Comments:**

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent[1].pdf

**Satisfied -Name:** FILING MEMO & COMPARISON **Review Status:** Approved 11/03/2008

**Comments:**

**Attachments:**

IM 89 01 09 08 Filing Memorandum.pdf

IM 89 01 09 08 BR - SIDE-BY-SIDE.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: 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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 (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.)

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## 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>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase                     
  Rate Decrease                     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	

Non-Filed Inland Marine Form  
Filing Memorandum

Forms List:

- IM 89 01 09 08

Description:

BUILDERS' RISK INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE  
ENDORSEMENT

IM 89 01 09 08 Builders' Risk Including Sub-Contractors as Insureds Coverage  
Endorsement replaces IM 89 01 07 07 Builders' Risk Including Sub-Contractors As  
Insureds Coverage Endorsement.

IM 89 01 09 08 is an updated optional form available to manufacturing, contracting and other business insureds. We have clarified under the definitions "you" and "your" as each owner; the general contractor and all tiers of sub-contractors. We have also clarified that we will not take action to recover for a loss from them without the written consent of the general contractor.

**BUILDERS' RISK – INCLUDING SUB-CONTRACTORS AS INSUREDS COVERAGE ENDORSEMENT**  
**IM 89 01 09 08**  
**SIDE-BY-SIDE COMPARISON**  
**ONLY DIFFERENCES ARE SHOWN**

<p style="text-align: center;"><b>CURRENT FORM</b> <b>IM 89 01 07 07</b></p>	<p style="text-align: center;"><b>PROPOSED FORM</b> <b>IM 89 01 09 08</b></p>	<p style="text-align: center;"><b>COMMENTS</b></p>
<p>The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This includes all:</p> <ol style="list-style-type: none"> <li>1. Contractor;</li> <li>2. Sub-contractors;</li> </ol> <p>We will not take action to recover for a "loss" from them without your written consent.</p>	<p>The words "you" and "your" mean the person or organization named as Insureds on the Declarations page or on an endorsement attached to this policy. This includes all:</p> <ol style="list-style-type: none"> <li>1. <b>Each Owner;</b></li> <li>2. <b>The General Contractor; and</b></li> <li>3. <b>All tiers of Sub-contractors;</b></li> </ol> <p>We will not take action to recover for a "loss" from them without <b>the General Contractor's written consent.</b></p>	<p>We have added owners to the form as well as the general contractor and all tiers of sub-contractors. We have clarified that the general contractor must give written consent in order for us to recover for a loss.</p>