

<i>SERFF Tracking Number:</i>	<i>HSTB-125888718</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Hartford Steam Boiler Inspection and Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>HSB-BM-MP-2008</i>		
<i>TOI:</i>	<i>27.0 Boiler &amp; Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler &amp; Machinery</i>
<i>Product Name:</i>	<i>Boiler &amp; Machinery</i>		
<i>Project Name/Number:</i>	<i>Master Policy forms/</i>		

## Filing at a Glance

Company: The Hartford Steam Boiler Inspection and Insurance Company

Product Name: Boiler & Machinery	SERFF Tr Num: HSTB-125888718	State: Arkansas
TOI: 27.0 Boiler & Machinery	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 27.0000 Boiler & Machinery	Co Tr Num: HSB-BM-MP-2008	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Faye Neilan, Cathy Uhlman	Disposition Date: 11/06/2008
	Date Submitted: 11/06/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 11/06/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 11/06/2008

State Filing Description:

## General Information

Project Name: Master Policy forms  
Project Number:

Status of Filing in Domicile: Authorized  
Domicile Status Comments: This filing is eligible for exemption from filing requirements in our domiciliary State of Connecticut. It was filed for informational purposes and acknowledged.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/06/2008

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Hartford Steam Boiler Inspection and Insurance Company is filing four (4) new Boiler and Machinery forms for its HSB Freestyle / Equipment Breakdown Coverage product. The reason for this filing is to provide a more efficient,

<i>SERFF Tracking Number:</i>	<i>HSTB-125888718</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>HSB-BM-MP-2008</i>		
<i>TOI:</i>	<i>27.0 Boiler &amp; Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler &amp; Machinery</i>
<i>Product Name:</i>	<i>Boiler &amp; Machinery</i>		
<i>Project Name/Number:</i>	<i>Master Policy forms/</i>		

accurate and appropriate manner of providing Equipment Breakdown terms of coverage to insureds who are members of legally permissible associations or pools. A possibility exists that one accident could cause a covered Service Interruption, Perishable Goods and/or Contingent Business Interruption loss for more than one member, therefore we wish to demonstrate that the deductible and limit apply separately to each member in such instances. Where requested, we will issue a single policy to the association or pool and provide a separate confirmation of the terms of the coverage to each individual member.

There is no rate or rule impact associated with this filing.

## Company and Contact

### Filing Contact Information

Faye Neilan,	faye_neilan@hsb.com
One State Street	(860) 722-5321 [Phone]
Hartford, CT 06102-5024	

### Filing Company Information

The Hartford Steam Boiler Inspection and Insurance Company	CoCode: 11452	State of Domicile: Connecticut
One State Street	Group Code:	Company Type:
P.O. Box 5024		
Hartford, CT 06102-5024	Group Name:	State ID Number: 82
(860) 722-5321 ext. [Phone]	FEIN Number: 06-0384680	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form filing.

Per Company:	No
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SERFF Tracking Number: HSTB-125888718 State: Arkansas  
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: HSB-BM-MP-2008  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler & Machinery  
Project Name/Number: Master Policy forms/

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Hartford Steam Boiler Inspection and Insurance Company	\$50.00	11/06/2008	23744330

SERFF Tracking Number: HSTB-125888718 State: Arkansas  
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: HSB-BM-MP-2008  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler & Machinery  
Project Name/Number: Master Policy forms/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/06/2008	11/06/2008

SERFF Tracking Number: HSTB-125888718 State: Arkansas  
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: HSB-BM-MP-2008  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler & Machinery  
Project Name/Number: Master Policy forms/

## Disposition

Disposition Date: 11/06/2008

Effective Date (New): 11/06/2008

Effective Date (Renewal): 11/06/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HSTB-125888718 State: Arkansas  
 Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: HSB-BM-MP-2008  
 TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
 Product Name: Boiler & Machinery  
 Project Name/Number: Master Policy forms/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Blackline Documents	Approved	Yes
Supporting Document	Form Filing Memorandum	Approved	Yes
Form	Master Policy Common Policy Declarations	Approved	Yes
Form	Equipment Breakdown Coverage Part Declarations	Approved	Yes
Form	Master Policy Confirmation of Coverage	Approved	Yes
Form	Master Policy Special Provisions Endorsement	Approved	Yes

SERFF Tracking Number: HSTB-125888718 State: Arkansas  
 Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: HSB-BM-MP-2008  
 TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
 Product Name: Boiler & Machinery  
 Project Name/Number: Master Policy forms/

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Master Policy Common Policy Declarations	DFB MPCOM	07/2008	Declaration New s/Schedule		0.00	DFB MPCOM.pdf
Approved	Equipment Breakdown Coverage Part D Declarations	DFB MPEBCP	07/2008	Declaration New s/Schedule		0.00	DFB MPEBCPD.pdf
Approved	Master Policy Confirmation of Coverage	EFB MPCONF	07/2008	Endorseme New nt/Amendm ent/Condi tions		0.00	EFB MPCONF.pdf
Approved	Master Policy Special Provisions Endorsement	EFB MPSPEC	07/2008	Endorseme New nt/Amendm ent/Condi tions		0.00	EFB MPSPEC.pdf

# HSB FREESTYLE<sup>®</sup> MASTER POLICY

## Common Policy Declarations

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Presented by:

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**The Hartford Steam Boiler Inspection and  
Insurance Company**

To report a claim - Call 1-888-HSB-LOSS (472-5677); Fax 1-888-329-5677.  
For questions and information about your policy - Call 1-800-345-1122.

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Issue Date . . .

Policy Number .....

Named Insured:

Mailing Address.....

Policy Period..... to at 12:01 A.M.  
Standard Time at the above Mailing Address

Annual Premium..... \$ As Per Confirmation of Coverage  
Premium Due Now..... \$ At Inception, As Per Confirmation of Coverage

This policy is made up of these Declarations and the following forms:

**Description**

**Form No.**

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# Equipment Breakdown Coverage Part Declarations No. 1

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Named Insured: *[insert name of pool or program]* and its Scheduled Members as their interests may appear

Policy Number .....  
Identification Number .....  
Effective Date .....  
Issue Date.....

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These coverages apply to any location listed on the Schedule of Locations for Equipment Breakdown Coverage Part Declarations No. 1.

## Coverages

## Limits

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Equipment Breakdown Limit.....  
Property Damage .....  
Off Premises Property Damage .....  
Business Income .....  
Extra Expense .....  
Service Interruption .....  
Contingent Business Income .....  
Perishable Goods .....  
Data Restoration .....  
Demolition .....  
Ordinance or Law .....  
Expediting Expense .....  
Hazardous Substances.....  
Newly Acquired Locations .....

## Deductibles

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## Other Conditions

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# Master Policy Confirmation of Coverage

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Named Insured .....

Policy Number .....

Identification No. ...

Effective Date .....

Issue Date.....

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This endorsement changes the policy. Please read it carefully.

## **CONFIRMATION OF COVERAGE**

Policy and Confirmation of Coverage issued by  
The Hartford Steam Boiler Inspection and Insurance Company

Scheduled Member:

Location Number(s)  
and Address(es):

Expiration Date:

Producer's Name and Address:

In consideration of the payment of the premium charged and subject to all the terms and conditions in the Master Policy, we certify the Scheduled Member shown in this Confirmation of Coverage is insured under the Master Policy described herein. The insurance afforded the Scheduled Member is only with respect to the Coverage(s) provided by the Master Policy and described below. The Confirmation of Coverage Period (as per the Effective and Expiration Dates above), Limits of Insurance and Coverages applicable to such Scheduled Member as specified in this Confirmation of Coverage are provided by endorsement to the Master Policy.

This Confirmation of Coverage is not the contract of insurance. It is solely evidence of insurance provided under the Master Policy. A copy of the Master Policy and any schedules and endorsements applicable to the above Scheduled Member are available on request from the Producer named above.

**ANNUAL PREMIUM    \$**  
**PREMIUM DUE NOW   \$**

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These coverages apply to any location listed on the Schedule of Locations for Equipment Breakdown Coverage Part Declarations No. 1.

<b>Coverages</b>	<b>Limits</b>
Equipment Breakdown Limit.....	
Property Damage .....	
Off Premises Property Damage .....	
Business Income .....	
Extra Expense .....	
Service Interruption .....	
Contingent Business Income .....	
Perishable Goods .....	
Data Restoration .....	
Demolition .....	
Ordinance or Law .....	
Expediting Expense .....	
Hazardous Substances.....	
Newly Acquired Locations .....	

NOTE: The limits shown above for Service Interruption, Contingent Business Income and Perishable Goods (damage resulting from “interruption of service” only) apply separately to each Scheduled Member whether the loss, damage or expense arises from “one accident” or more than “one accident.” All other limits apply to loss, damage or expense resulting from “one accident.”

### **Deductibles**

NOTE: The deductible applicable to any loss, damage or expense covered under Service Interruption, Perishable Goods (damage resulting from “interruption of service” only) or Contingent Business Income shall apply separately to each Scheduled Member. The deductible applicable to any other coverage applies to loss, damage or expense resulting from “one accident.”

### **Other Conditions**

## **Terrorism Risk Insurance Act Disclosure**

### **Applicable Premium**

Your policy premium includes the following premium charge for losses resulting from certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended: **\$0**

### **Informational Notice**

The following notice does not change the coverage under this Master Policy, but is provided for the Scheduled Member's information in compliance with the Terrorism Risk Insurance Act, as amended.

Under the Terrorism Risk Insurance Act, as amended, we must offer you coverage for losses arising from certified acts of terrorism as defined in Section 102(1)(A)(iv) of the Act. The Master Policy does not contain a terrorism exclusion. The actual coverage provided by the policy for acts of terrorism, as is true for all coverages, is subject to the terms, conditions, exclusions, limits, and other provisions of the Master Policy, any endorsements to the policy, and generally applicable rules of law.

Any coverage provided by the policy for losses arising from certified acts of terrorism is partially reinsured by the United States Government, Department of the Treasury under a formula established by federal law. Under this formula, the United States will pay 85 percent of covered terrorism losses exceeding a statutorily established deductible paid by the insurance company providing the coverage. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, as amended, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

# Master Policy Special Provisions Endorsement

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Named Insured .....  
Policy Number .....  
Identification No. ....  
Effective Date .....  
Issue Date.....

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This endorsement changes the policy. Please read it carefully.

## **A. SPECIAL COVERAGE LIMITS and DEDUCTIBLE APPLICATION**

The following is added to paragraph 2. Coverage Limits of C. Limits of Insurance:

- c. As respects Service Interruption, paragraph (2) of Perishable Goods and Contingent Business Income, the limit indicated in the Declarations for that coverage shall apply separately to each Scheduled Member whether the loss, damage or expense arises from “one accident” or more than “one accident.”

The following is added to paragraph 1. of D. Deductibles:

- e. The deductible applicable to any loss, damage or expense covered under Service Interruption, paragraph (2) of Perishable Goods or Contingent Business Income shall apply separately to each Scheduled Member.

## **B. CANCELLATION OF THE MASTER POLICY**

If this policy is canceled, we will mail or deliver to each Scheduled Member any notice that is required by the Cancellation Common Policy Condition to be mailed or delivered to the first Named Insured. Cancellation of the policy shall be cancellation of all Confirmations of Coverage as of the same effective date of cancellation.

## **C. CANCELLATION OF SCHEDULED MEMBER CONFIRMATIONS OF COVERAGE**

1. The Scheduled Member shown in the Confirmation of Coverage may cancel its Confirmation of Coverage by mailing or delivering to us advance written notice of cancellation stating the effective date of cancellation.
2. We may cancel any Confirmation of Coverage by mailing or delivering to the Scheduled Member written notice of cancellation in accordance with the same requirements as set forth in the Cancellation Common Policy Condition for canceling the policy.
3. If a Confirmation of Coverage is canceled, we will send the Scheduled Member any premium refund due. If we cancel, the refund will be pro rata. If the Scheduled Member cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.



SERFF Tracking Number: HSTB-125888718 State: Arkansas  
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: HSB-BM-MP-2008  
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery  
Product Name: Boiler & Machinery  
Project Name/Number: Master Policy forms/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/06/2008

**Comments:**  
Attached is the completed P & C Transmittal Document.

**Attachment:**  
NAICtransmittal.pdf

**Satisfied -Name:** Blackline Documents **Review Status:** Approved 11/06/2008

**Comments:**  
Comparisons were made of the new forms submitted in this filing to the closest existing form, in a blackline format, attached. The Master Policy Special provisions Endorsement, EFB MPSPEC 07/2008, is entirely new and there is no existing form to which to compare it, so no blackline document exists for this form.

**Attachments:**  
DFB MPCOMblack line.pdf  
DFB MPEBCPDblack line.pdf  
EFB MPCONFblack line.pdf

**Satisfied -Name:** Form Filing Memorandum **Review Status:** Approved 11/06/2008

**Comments:**  
A Form Filing Memorandum is attached.

**Attachment:**  
Master Policy filing memo.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<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.)

PC TD-1 pg 2 of 2

## 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 - N/A Not a Rate Filing

(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. 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</b> (Prior Approval, File & Use, Flex Band, etc.)	
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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	

# HSB FREESTYLE<sup>®</sup>

## MASTER POLICY

### Common Policy Declarations

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Presented by:

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**The Hartford Steam Boiler Inspection and  
Insurance Company**

To report a claim - Call 1-888-HSB-LOSS (472-5677); Fax 1-888-329-5677.  
For questions and information about your policy - Call 1-800-345-1122.

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Issue Date . . .

Policy Number .....

Named Insured:

Mailing Address.....

Policy Period..... to at 12:01 A.M.  
Standard Time at the above Mailing Address

~~Mortgage Holder/Loss Payee/Additional Insured.....~~

Annual Premium..... \$ As Per Confirmation of Coverage  
Premium Due Now..... \$ At Inception, As Per Confirmation of Coverage

This policy is made up of these Declarations and the following forms:

**Description**

**Form No.**

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# Equipment Breakdown Coverage Part Declarations No. 1

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Named Insured: [insert name of pool or program] and its Scheduled Members as their interests may appear

Policy Number .....  
Identification Number .....  
Effective Date .....  
Issue Date.....

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These coverages apply to any location listed on the Schedule of Locations for Equipment Breakdown Coverage Part Declarations No. 1.

## Coverages

## Limits

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Equipment Breakdown Limit.....  
Property Damage .....  
Off Premises Property Damage .....  
Business Income .....  
Extra Expense .....  
Service Interruption .....  
Contingent Business Income .....  
Perishable Goods .....  
Data Restoration .....  
Demolition .....  
Ordinance or Law .....  
Expediting Expense .....  
Hazardous Substances.....  
Newly Acquired Locations .....

## Deductibles

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## Other Conditions

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**Master Policy**  
**Confirmation of Coverage**  
**Equipment Breakdown Coverage Part Declarations No. 1**

---

Named Insured.....

Policy Number .....

Identification No. ....

Effective Date .....

Issue Date.....

---

This endorsement changes the policy. Please read it carefully.

**CONFIRMATION OF COVERAGE**

Policy and Confirmation of Coverage issued by  
The Hartford Steam Boiler Inspection and Insurance Company

Scheduled Member:

Location Number(s)  
and Address(es):

Expiration Date:

Producer's Name and Address:

In consideration of the payment of the premium charged and subject to all the terms and conditions in the Master Policy, we certify the Scheduled Member shown in this Confirmation of Coverage is insured under the Master Policy described herein. The insurance afforded the Scheduled Member is only with respect to the Coverage(s) provided by the Master Policy and described below. The Confirmation of Coverage Period (as per the Effective and Expiration Dates above), Limits of Insurance and Coverages applicable to such Scheduled Member as specified in this Confirmation of Coverage are provided by endorsement to the Master Policy.

This Confirmation of Coverage is not the contract of insurance. It is solely evidence of insurance provided under the Master Policy. A copy of the Master Policy and any schedules and endorsements applicable to the above Scheduled Member are available on request from the Producer named above.

**ANNUAL PREMIUM    \$**  
**PREMIUM DUE NOW   \$**

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--  
These coverages apply to any location listed on the Schedule of Locations for Equipment Breakdown Coverage Part Declarations No. 1.

<b>Coverages</b>	<b>Limits</b>
Equipment Breakdown Limit.....	
Property Damage .....	
Off Premises Property Damage .....	
Business Income .....	
Extra Expense .....	
Service Interruption .....	
Contingent Business Income .....	
Perishable Goods .....	
Data Restoration .....	
Demolition .....	
Ordinance or Law .....	
Expediting Expense .....	
Hazardous Substances.....	
Newly Acquired Locations .....	

NOTE: The limits shown above for Service Interruption, Contingent Business Income and Perishable Goods (damage resulting from “interruption of service” only) apply separately to each Scheduled Member whether the loss, damage or expense arises from “one accident” or more than “one accident.” All other limits apply to loss, damage or expense resulting from “one accident.”

### **Deductibles**

NOTE: The deductible applicable to any loss, damage or expense covered under Service Interruption, Perishable Goods (damage resulting from “interruption of service” only) or Contingent Business Income shall apply separately to each Scheduled Member. The deductible applicable to any other coverage applies to loss, damage or expense resulting from “one accident.”

### **Other Conditions**

## Terrorism Risk Insurance Act Disclosure

### Applicable Premium

Your policy premium includes the following premium charge for losses resulting from certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended: **\$0**

### Informational Notice

The following notice does not change ~~the your~~ coverage under this Master Policy, but is provided for ~~you~~ the Scheduled Member's information in compliance with the Terrorism Risk Insurance Act, as amended.

Under the Terrorism Risk Insurance Act, as amended, we must offer you coverage for losses arising from certified acts of terrorism as defined in Section 102(1)(A)(iv) of the Act. This Master Policy does not contain a terrorism exclusion. The actual coverage provided by the policy for acts of terrorism, as is true for all coverages, is subject to the terms, conditions, exclusions, limits, and other provisions of the Master Policy, any endorsements to the policy, and generally applicable rules of law.

Any coverage provided by the policy for losses arising from certified acts of terrorism is partially reinsured by the United States Government, Department of the Treasury under a formula established by federal law. Under this formula, the United States will pay 85 percent of covered terrorism losses exceeding a statutorily established deductible paid by the insurance company providing the coverage. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, as amended, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

## **FILING MEMORANDUM**

### **MASTER POLICY FORMS**

#### **THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY BOILER AND MACHINERY INSURANCE HSB FREESTYLE / EQUIPMENT BREAKDOWN COVERAGE FORM**

The Hartford Steam Boiler Inspection and Insurance Company is filing four (4) new Boiler and Machinery forms for its HSB Freestyle / Equipment Breakdown Coverage product. The reason for this filing is to provide a more efficient, accurate and appropriate manner of providing Equipment Breakdown terms of coverage to insureds who are members of legally permissible associations or pools. A possibility exists that one accident could cause a covered Service Interruption, Perishable Goods and/or Contingent Business Interruption loss for more than one member, therefore we wish to demonstrate that the deductible and limit apply separately to each member in such instances. Where requested, we will issue a single policy to the association or pool and provide a separate confirmation of the terms of the coverage to each individual member. Each form that is part of this filing is described below.

#### Master Policy Common Policy Declarations, DFB MPCOM 07/2008

This Common Policy Declarations will be used with master policies written. The only differences between this form and our current Common Policy Declarations, DFB COMDEC 10/2002, filed and approved for use in your jurisdiction are:

- The addition of the words “Master Policy” in the title
- The addition of the words “As Per Confirmation of Coverage” next to Annual Premium
- The addition of the words “at Inception, As Per Confirmation of Coverage” next to Premium Due Now.

#### Equipment Breakdown Coverage Part Declarations, DFB MPEBCPD 07/2008

This Coverage Part Declarations will be used with master policies written. The only difference between this form and our current Equipment Breakdown Coverage Part Declarations, DFB EBCDEC 10/2002 is the addition of the words “and its Scheduled Members, as their interests may appear.”

#### Master Policy Confirmation of Coverage, EFB MPCONF 07/2008

This endorsement will be used with master policies. This is a new endorsement. It lists the coverages, limits and deductibles that apply to each scheduled member covered under the master policy. It also includes the Terrorism Risk Insurance Act Disclosure, which is the same as our Terrorism Risk Insurance Act

Disclosure, END EBTRIA 01/2008, filed and approved for use in your jurisdiction, except for slight modifications to reference the master policy and scheduled member.

Master Policy Special Provisions Endorsement, EFB MPSPEC 07/2008

This endorsement will be used with master policies written. This is a new endorsement. This endorsement provides for the following:

- The coverage limit and deductible indicated in the declarations for Service Interruption, paragraph (2) of Perishable Goods and Contingent Business Income apply separately to each scheduled member.
- If the policy is canceled, the Company will provide notice to each scheduled member as required by the Cancellation Common Policy Condition.
- Either the scheduled member or the Company may cancel the Confirmation of Coverage, and that if the Company cancels, it will be in accordance with the requirements of the Cancellation Common Policy Condition, and that any premium refund due will be sent to the scheduled member.

There is no rate or rule impact associated with these forms.