

SERFF Tracking Number: KEMP-125893793 State: Arkansas  
Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: FHARLOSSAF  
TOI: 35.0 Interline Filings Sub-TOI: 35.0001 Personal Interline Filings  
Product Name: Personal Homeowners and Package Plus Home/ Auto Combination  
Project Name/Number: LOSS ASSESSMENT COVERAGE VS 2233 10 07/FHARLOSSAF

## Filing at a Glance

Company: Trinity Universal Insurance Company

Product Name: Personal Homeowners and Package Plus Home/ Auto Combination SERFF Tr Num: KEMP-125893793 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0001 Personal Interline Filings

Co Tr Num: FHARLOSSAF

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi

Author: Maria Pardi

Disposition Date: 11/10/2008

Date Submitted: 11/10/2008

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: LOSS ASSESSMENT COVERAGE VS 2233 10 07

Status of Filing in Domicile: Not Filed

Project Number: FHARLOSSAF

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/10/2008

State Status Changed: 11/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

VS 2233 (10 07) Loss Assessment – will replace HO 0435 (0491). This endorsement has been revised to remove the \$1,000 Special Limit deductible.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: KEMP-125893793 State: Arkansas  
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Product Name: Personal Homeowners and Package Plus Home/ Auto Combination  
Project Name/Number: LOSS ASSESSMENT COVERAGE VS 2233 10 07/FHARLOSSAF

Maria Pardi, Forms Specialist mpardi@ekemper.com  
12926 Gran Bay Parkway West (904) 245-5761 [Phone]  
Jacksonville, FL 32258 (904) 245-5601[FAX]

**Filing Company Information**

Trinity Universal Insurance Company CoCode: 19887 State of Domicile: Texas  
12926 Gran Bay Parkway West Group Code: 215 Company Type:  
Jacksonville, FL 32258 Group Name: State ID Number:  
(904) 245-5600 ext. [Phone] FEIN Number: 75-0620550  
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SERFF Tracking Number: KEMP-125893793 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 Per filing.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trinity Universal Insurance Company	\$50.00	11/10/2008	23808164

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/10/2008	11/10/2008

*SERFF Tracking Number:*      *KEMP-125893793*                      *State:*                      *Arkansas*  
*Filing Company:*              *Trinity Universal Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *FHARLOSSAF*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0001 Personal Interline Filings*  
*Product Name:*              *Personal Homeowners and Package Plus Home/ Auto Combination*  
*Project Name/Number:*      *LOSS ASSESSMENT COVERAGE VS 2233 10 07/FHARLOSSAF*

## **Disposition**

Disposition Date: 11/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *KEMP-125893793* State: *Arkansas*  
 Filing Company: *Trinity Universal Insurance Company* State Tracking Number: *EFT \$50*  
 Company Tracking Number: *FHARLOSSAF*  
 TOI: *35.0 Interline Filings* Sub-TOI: *35.0001 Personal Interline Filings*  
 Product Name: *Personal Homeowners and Package Plus Home/ Auto Combination*  
 Project Name/Number: *LOSS ASSESSMENT COVERAGE VS 2233 10 07/FHARLOSSAF*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Replaced Form	Approved	Yes
<b>Form</b>	Loss Assessment Coverage	Approved	Yes

SERFF Tracking Number: KEMP-125893793 State: Arkansas  
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 Project Name/Number: LOSS ASSESSMENT COVERAGE VS 2233 10 07/FHARLOSSAF

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Loss Assessment VS 2233 Coverage	VS 2233	10 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #: HO 0435 0491 Previous Filing #:		VS2233 1007.pdf

# LOSS ASSESSMENT COVERAGE

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

## 1. Increased Limit – Residence Premises

For an additional premium, the limit of liability for Section I Additional Coverage 7 and Section II Additional Coverage 4, Loss Assessment, is increased to:

Increase in Limit of Liability*	Total Limit of Liability*
\$	\$

and Section II Additional Coverage 4 of the policy, arising out of the premises listed below.

Location of Unit*	Limit of Liability*
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## 2. Additional Locations

For an additional premium, we agree to pay, up to the limit of liability listed below, your share of covered loss assessments as described in Section I Additional Coverage 7

Section II – Coverage E – Personal Liability Exclusion **2.a.(1)** does not apply to this coverage.

\*Entries may be left blank if shown elsewhere in this policy for this coverage.

All other provisions of this policy apply.

**VS 2233 (10 07)**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/10/2008

**Comments:**

**Attachment:**

AR Filing Transmittal.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 11/10/2008

**Comments:**

**Attachment:**

Filing Cover Letter.pdf

**Satisfied -Name:** Replaced Form **Review Status:** Approved 11/10/2008

**Comments:**

**Attachments:**

HO0435 0491.pdf

HO0435 0491 Mark Up.pdf

# FORM Property & Casualty Transmittal Document (Revised 1/1/06)

<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: f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
Unitrin	215

4. Company Name(s)	Domicile	NAIC #	FEIN #
Trinity Universal Insurance Company	TX	19887	75-0620550

<b>5. Company Tracking Number</b>	<b>FHARLOSSAF</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
	Maria Pardi 12926 Gran Bay Parkway W. Jacksonville, FL 32258	Forms Analyst	904-245-5761	904-245-5601	mpardi@eKemper.com

<b>7.</b> Signature of authorized filer	<i>Maria Pardi</i>
<b>8.</b> Please print name of authorized filer	Maria Pardi

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

<b>9. Type of Insurance (TOI)</b>	Personal Homeowners and Home/ Auto Combination
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Personal Homeowners and Home/ Auto Combination
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Personal Homeowners and Home/ Auto Combination
<b>13. Filing Type</b>	<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
<b>14. Effective Date(s) Requested</b>	New: upon approval                      Renewal: upon approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	

18. Company's Date of Filing	11-10-08
19. Status of filing in domicile	<input checked="" 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 #	FHARLOSSAF
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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Dear Commissioner:

The above captioned company, an associate of Unitrin, is hereby filing the following endorsement for your review and approval:

**VS 2233 (10 07) Loss Assessment** – will replace HO 0435 (0491). This endorsement has been revised to remove the \$1,000 Special Limit deductible.

If you have any questions, please contact me at 904-245-5761 or email me at mpardi@eKemper.com.

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]
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**Check #:**  
**Amount:** \$50.00 - being submitted via EFT

**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.)**

# Kemper

A UNITRIN BUSINESS

12926 Gran Bay Parkway West  
Jacksonville, FL 32258

November 10, 2008

Arkansas Insurance Department  
Property and Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Personal Homeowners and Package Plus Home/ Auto Combination Interline Filing  
Trinity Universal Insurance Company (215-19887)  
Company Filing Number: FHARLOSSAF

Dear Commissioner:

The above captioned company, an associate of Unitrin, is hereby filing the following endorsement for your review and approval:

**VS 2233 (10 07) Loss Assessment** - will replace HO 0435 (0491). This endorsement has been revised to remove the \$1,000 Special Limit deductible.

If you have any questions, please contact me at 904-245-5761 or email me at mpardi@eKemper.com.

Sincerely,



Forms Analyst  
Kemper, A Unitrin Business

# LOSS ASSESSMENT COVERAGE

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## 1. Increased Limit – Residence Premises

For an additional premium, the limit of liability for Section I Additional Coverage 7 and Section II Additional Coverage 4, Loss Assessment, is increased to:

<b>Increase in Limit of Liability*</b>	<b>Total Limit of Liability*</b>
\$	\$

SPECIAL LIMIT – We will not pay more than \$1,000 of your assessment that results from a deductible in the policy of insurance purchased by a corporation or association of property owners.

## 2. Additional Locations

For an additional premium, we agree to pay, up to the limit of liability listed below, your share of covered loss assessments as described in Section I Additional Coverage 7 and Section II Additional Coverage 4 of the policy, arising out of the premises listed below.

### Location of Unit\*

### Limit of Liability\*

SPECIAL LIMIT – We will not pay more than \$1,000 of your assessment per unit that results from a deductible in the policy of insurance purchased by a corporation or association of property owners.

Section II – Coverage E – Personal Liability Exclusion **2.a.(1)** does not apply to this coverage.

\*Entries may be left blank if shown elsewhere in this policy for this coverage.

All other provisions of this policy apply.

# LOSS ASSESSMENT COVERAGE

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

## 1. Increased Limit – Residence Premises

For an additional premium, the limit of liability for Section I Additional Coverage 7 and Section II Additional Coverage 4, Loss Assessment, is increased to:

Increase in Limit of Liability*	Total Limit of Liability*
\$	\$

~~SPECIAL LIMIT—We will not pay more than \$1,000 of your assessment that results from a deductible in the policy of insurance purchased by a corporation or association of property owners.~~

## 2. Additional Locations

For an additional premium, we agree to pay, up to the limit of liability listed below, your share of covered loss assessments as described in Section I Additional Coverage 7 and Section II Additional Coverage 4 of the policy, arising out of the premises listed below.

### Location of Unit\*

### Limit of Liability\*

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