

SERFF Tracking Number: PERR-125893187 State: Arkansas  
Filing Company: American Southern Insurance Company State Tracking Number: #104095 \$50  
Company Tracking Number: AMSO-CIM-CARGO-AR-08-02-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Cargo Program  
Project Name/Number: AMSO-CIM-CARGO-AR-08-02-F/AMSO-CIM-CARGO-AR-08-02-F

## Filing at a Glance

Company: American Southern Insurance Company

Product Name: Cargo Program	SERFF Tr Num: PERR-125893187	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: #104095 \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: AMSO-CIM-CARGO-AR-08-02-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Laura Jennette, Andrei Totoescu	Disposition Date: 11/12/2008
	Date Submitted: 11/10/2008	Disposition Status: Approved
Effective Date Requested (New): 12/01/2008		Effective Date (New): 12/01/2008
Effective Date Requested (Renewal): 12/01/2008		Effective Date (Renewal): 12/01/2008

State Filing Description:

## General Information

Project Name: AMSO-CIM-CARGO-AR-08-02-F	Status of Filing in Domicile: Not Filed
Project Number: AMSO-CIM-CARGO-AR-08-02-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/12/2008	
State Status Changed: 11/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

On behalf of American Southern Insurance Company ("the Company"), we are submitting the Debris Removal endorsement, which is attached to the previously approved Motor Truck Cargo Policy.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing. If there are

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any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

We respectfully request this form to be effective on December 1, 2008.

Please do not hesitate to contact us with any comments or concerns.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Laura Jennette, State Filings Analyst doi@perrknight.com  
 881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]  
 Pacific Palisades, CA 90272

### Filing Company Information

American Southern Insurance Company CoCode: 10235 State of Domicile: Kansas  
 P.O. Box 723030 Group Code: 587 Company Type:  
 Atlanta, GA 31139-0030 Group Name: American Southern State ID Number:  
 Ins Co  
 (404) 266-9599 ext. 102[Phone] FEIN Number: 58-6016195  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Southern Insurance Company	\$0.00	11/10/2008	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
104095	\$50.00	10/16/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/12/2008	11/12/2008



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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Debris Removal	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Debris Removal	ASI 3018	08/08	Endorsement/Amendment/Conditions	New	0.00	ASI 3018 - DEBRIS REMOVAL - LOVE CARGO.pdf

# AMERICAN SOUTHERN INSURANCE COMPANY

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

## **DEBRIS REMOVAL**

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

### **MOTOR TRUCK CARGO POLICY**

**The following is added to the above referenced policy:**

**We will pay your expense to remove the debris of covered cargo as a result of a covered loss. The limit of liability for the coverage is \$2,500. this coverage is in addition to the amount of coverage shown on the declarations page.**

**This coverage does not apply to any cost to: Extract pollutants from land or water; or remove, restore or replace polluted land or water.**

**This coverage is excess over any other insurance, whether primary, excess, contingent or on any other basis.**

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*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*                      *Cargo Program*  
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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 11/12/2008

**Comments:**

**Attachment:**

2007 NAIC FFS.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 11/12/2008

**Comments:**

**Attachment:**

SIGNED AUTHORIZATION LETTER.pdf

## 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>	<b>AMSO-CIM-CARGO-AR-08-02-F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<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	Debris Removal	ASI 3018 (08/08)	<input checked="" 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		



INSURANCE COMPANIES

Post Office Box 723030 / Atlanta, Georgia 31139 / Tel 404-266-9599 / Fax 404-266-8327

March 13, 2008

**Re: American Southern Insurance Company  
NAIC Number 10235, FEIN 58-6016195**

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, form filings on behalf of **American Southern Insurance Company**. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department  
Perr&Knight  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339  
Fax: (310) 230-8529

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nellys Katz', is written over the typed name and title.

Nellys Katz  
Assistant Vice President  
American Southern Insurance Company  
Phone: 404-266-9599 x 147  
Email: [NellK@amsou.com](mailto:NellK@amsou.com)