

SERFF Tracking Number: TRGR-125853682 State: Arkansas
Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794173 \$50
Company Tracking Number: 08-214
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
Product Name: Standard Homeowners (HO3)
Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Filing at a Glance

Company: Republic Underwriters Insurance Company

Product Name: Standard Homeowners (HO3) SERFF Tr Num: TRGR-125853682 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: #7794173 \$50

Sub-TOI: 04.0003 Owner Occupied

Co Tr Num: 08-214

State Status: Fees verified and received

Homeowners

Filing Type: Form

Co Status: Submitted

Reviewer(s): Becky Harrington, Betty Montesi

Author: William Bradford

Disposition Date: 11/07/2008

Date Submitted: 11/03/2008

Disposition Status: Approved

Effective Date Requested (New): 12/15/2008

Effective Date (New): 12/15/2008

Effective Date Requested (Renewal): 01/05/2009

Effective Date (Renewal):

01/15/2009

State Filing Description:

General Information

Project Name: Introduction of New Additional Insured Endorsement

Status of Filing in Domicile: Pending

Project Number: 08-214

Domicile Status Comments: This filing is also being submitted in Texas, the state of domicile

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 11/07/2008

State Status Changed: 11/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

It has become increasingly common for a parent to buy a home for a child, or allow children to live in a second home the parents own. It is likewise becoming increasingly common for adult children to buy a home for their parents, or have the parents live in a second home they own. Traditionally this was handled through the use of a renters policy and a fire policy; however, this combination does not always adequately protect both parties in this situation.

SERFF Tracking Number: TRGR-125853682 State: Arkansas
 Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794173 \$50
 Company Tracking Number: 08-214
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Standard Homeowners (HO3)
 Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Because of the increasing frequency of this type of situation, we are introducing a new endorsement - RH 08 41 Additional Insured - Secondary Residence. This endorsement will provide coverage when the occupant is a mother, father, son, daughter, grandparent or grandchild, or any combination thereof, of the owner of the property. It will provide Section I and II Coverages for the occupants.

We will be submitting an accompanying rate and rule filing which will indicate the charge for this endorsement.

Company and Contact

Filing Contact Information

William Bradford, Senior Products Filing Specialist
 5525 LBJ Freeway
 Dallas, TX 75240
 bill.bradford@republicgroup.com
 (972) 788-6617 [Phone]
 (972) 788-6022[FAX]

Filing Company Information

Republic Underwriters Insurance Company
 5525 LBJ Freeway
 Dallas, TX 75240-6241
 (972) 788-6001 ext. [Phone]
 CoCode: 24538
 Group Code: 3489
 Group Name: The Republic Group
 FEIN Number: 75-1221537
 State of Domicile: Texas
 Company Type:
 State ID Number:

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0007794173	\$50.00	11/03/2008
	\$0.00	

SERFF Tracking Number: TRGR-125853682 State: Arkansas
 Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794173 \$50
 Company Tracking Number: 08-214
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Standard Homeowners (HO3)
 Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/07/2008	11/07/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	11/05/2008	11/05/2008	William Bradford	11/05/2008	11/05/2008

SERFF Tracking Number: TRGR-125853682 *State:* Arkansas
Filing Company: Republic Underwriters Insurance Company *State Tracking Number:* #7794173 \$50
Company Tracking Number: 08-214
TOI: 04.0 Homeowners *Sub-TOI:* 04.0003 Owner Occupied Homeowners
Product Name: Standard Homeowners (HO3)
Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Disposition

Disposition Date: 11/07/2008

Effective Date (New): 12/15/2008

Effective Date (Renewal): 01/15/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRGR-125853682 State: Arkansas
 Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794173 \$50
 Company Tracking Number: 08-214
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Standard Homeowners (HO3)
 Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured - Secondary Residence	Approved	Yes

SERFF Tracking Number: TRGR-125853682 State: Arkansas
Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794173 \$50
Company Tracking Number: 08-214
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
Product Name: Standard Homeowners (HO3)
Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/05/2008
Submitted Date 11/05/2008

Respond By Date

Dear William Bradford,

This will acknowledge receipt of the captioned filing.

Objection 1

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment: The renewal effective date disagrees with the one on the General Information tab. Please confirm the correct date.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/05/2008
Submitted Date 11/05/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: My apologies. The correct renewal date is 1/15/09, not 1/5/09.

Related Objection 1

Applies To:

- Uniform Transmittal Document-Property & Casualty (Supporting Document)

Comment:

The renewal effective date disagrees with the one on the General Information tab. Please confirm the correct date.

SERFF Tracking Number: TRGR-125853682 *State:* Arkansas
Filing Company: Republic Underwriters Insurance Company *State Tracking Number:* #7794173 \$50
Company Tracking Number: 08-214
TOI: 04.0 Homeowners *Sub-TOI:* 04.0003 Owner Occupied Homeowners
Product Name: Standard Homeowners (HO3)
Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
William Bradford

SERFF Tracking Number: TRGR-125853682 State: Arkansas
 Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794173 \$50
 Company Tracking Number: 08-214
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Standard Homeowners (HO3)
 Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Secondary Residence	RH 08 41	12 08	Endorsement/Amendment/Conditions	New	42.70	RH 08 41 12 08 Additional Insured Residence Secondary Residence RH 08 41.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED
SECONDARY RESIDENCE

SCHEDULE*

Name Of Person
Coverage (check the one that applies):
_____ Section I – Property Coverages and Section II – Liability Coverages
_____ Section II – Liability Coverages only

DEFINITIONS

Definition 5. which defines "insured" is extended to include the person named in the Schedule above with respect to the coverages indicated in the Schedule. Provided, however, that the person named in the Schedule above is not an "insured" if any part of the "residence premises" is rented to that person.

Definition 11. which defines "residence premises" is deleted in its entirety and replaced by the following:

11. "Residence Premises" means:

- a. The one family dwelling where the person named in the Schedule above resides;
- b. The two, three or four family dwelling where the person named in the Schedule above resides in at least one of the family units;
- c. That part of any other building where the person named in the Schedule above resides; and which is shown as the "residence premises" in the Declarations.

"Residence premises" also includes other structures and grounds at that location.

Coverage D – Loss of Use

If the person named in the Schedule above is an "insured" for Section I – Property Coverages, then Paragraphs 1. and 3. of Coverage D – Loss of Use are deleted in their entirety and replaced by the following:

1. Additional Living Expense

If a loss covered under Section I makes that part of the "residence premises" where the person named in the Schedule above resides not fit to live in, we cover any necessary increase in living expense incurred by that person so that person can maintain his or her normal standard of living.

Payment will be for the shortest time required to repair or replace the damage or, if the person named in the Schedule above permanently relocates, the shortest time required for that person to settle elsewhere.

3. Civil Authority Prohibits Use

If a civil authority prohibits the person named in the Schedule above from use of the "residence premises" as a result of direct damage to neighboring premises by a Peril Insured Against, we cover the loss as provided in 1. Additional Living Expense and 2. Fair Rental Value above for no more than two weeks.

SECTION II – CONDITIONS

Paragraph H. is deleted in its entirety and replaced by the following:

H. Other Insurance

This insurance is excess over other valid and collectible insurance except insurance written specifically to cover as excess over the limits of liability that apply in this policy.

Provided, however, that our total liability under Coverages **E** and **F** will be reduced by the amount of liability coverage available to any "insured" for the same "occurrence" under any other policy issued by us.

All other provisions of this policy apply.

SERFF Tracking Number: TRGR-125853682 State: Arkansas
Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794173 \$50
Company Tracking Number: 08-214
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
Product Name: Standard Homeowners (HO3)
Project Name/Number: Introduction of New Additional Insured Endorsement/08-214

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/07/2008

Comments:

Attachment:

AR Trans.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only 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					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	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		
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.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

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)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

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

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	