

SERFF Tracking Number: TWRG-125913889 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$50
Company Tracking Number: 08-AR-3-CR-17
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Commercial Crime
Project Name/Number: AR TICNY CR Initial ISO/08-AR-3-CR-17

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Commercial Crime

SERFF Tr Num: TWRG-125913889 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 08-AR-3-CR-17

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Sheila Levine

Disposition Date: 11/21/2008

Date Submitted: 11/20/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 11/21/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

11/21/2008

State Filing Description:

General Information

Project Name: AR TICNY CR Initial ISO

Status of Filing in Domicile: Authorized

Project Number: 08-AR-3-CR-17

Domicile Status Comments:

Reference Organization: Insurance Services Office

Reference Number: CR-2008-OTOAP, CL-2008-OPTOA, CL-2007-OTRP1, CR-2006-OFR06, CR-2005-OMF05

Reference Title:

Advisory Org. Circular: CR-08-61, CR-08-46, CR-08-6, CR-07-21, CR-06-1

Filing Status Changed: 11/21/2008

State Status Changed: 11/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Tower Insurance Company of New York (TICNY) is a member company of the Insurance Services Office, Inc. (ISO) for Commercial Crime. Tower will be utilizing ISO Commercial Inland Marine for forms. We are proposing an effective date coincident with your date of approval.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/21/2008	11/21/2008

SERFF Tracking Number: *TWRG-125913889* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-AR-3-CR-17*
TOI: *26.0 Burglary & Theft* *Sub-TOI:* *26.0001 Commercial Burglary & Theft*
Product Name: *Commercial Crime*
Project Name/Number: *AR TICNY CR Initial ISO/08-AR-3-CR-17*

Disposition

Disposition Date: 11/21/2008

Effective Date (New): 11/21/2008

Effective Date (Renewal): 11/21/2008

Status: Approved

Comment: Reference Title: CR-2008-OTOAP, CL-2008-OPTOA, CL-2007-OTRP1, CR-2006-OFR06, CR-2005-OMF05

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125913889 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

SERFF Tracking Number: *TWRG-125913889* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-AR-3-CR-17*
TOI: *26.0 Burglary & Theft* *Sub-TOI:* *26.0001 Commercial Burglary & Theft*
Product Name: *Commercial Crime*
Project Name/Number: *AR TICNY CR Initial ISO/08-AR-3-CR-17*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125913889 State: Arkansas
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Company Tracking Number: 08-AR-3-CR-17
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved 11/21/2008

Comments:

See attached.

Attachments:

PC TD-1.pdf

PC FFS-1.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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: _____ Renewal: _____
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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PROPERTY & CASUALTY 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 the state.)

	This filing transmittal is part of Company Tracking #				
	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
	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)
1			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<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		