

SERFF Tracking Number: ZURC-125897141 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW-CM-27953  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine Movers Choice State Endorsements  
Project Name/Number: /

## Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: Commercial Inland Marine SERFF Tr Num: ZURC-125897141 State: Arkansas

Movers Choice State Endorsements

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: CW-CM-27953

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Roderick Veranga

Disposition Date: 11/12/2008

Date Submitted: 11/11/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

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

Effective Date (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 11/12/2008

State Status Changed: 11/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We recently received approval for a new proprietary coverage form (U-CIM-149-A CW Moving And Storage Coverage Form).

Our original intent was to attach the AAIS common policy conditions and all AAIS mandatory state specific endorsements to bring this coverage form into compliance in your state. However, after reviewing IM 2007 we realized

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that it does not track with our coverage form.

As a result, we have created U-CIM-158-A AR (11-08) Amendatory Endorsement - Arkansas to be attached to all Moving And Storage policies. This mandatory endorsement will be used in place of AAIS endorsement IM 2007.

We wish to file this new endorsement with an effective date of January 1, 2009.

## Company and Contact

### Filing Contact Information

Roderick Veranga, Business Analyst roderick.veranga@zurichna.com  
 1400 American Lane (847) 413-3054 [Phone]  
 Schaumburg, IL 60196 (847) 605-7768[FAX]

### Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	
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American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	
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Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	
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Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 50 Per Form Filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	11/11/2008	23846865
American Guarantee and Liability Insurance Company	\$0.00	11/11/2008	
Zurich American Insurance Company of Illinois	\$0.00	11/11/2008	
Zurich American Insurance Company	\$0.00	11/11/2008	

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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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## Disposition

Disposition Date: 11/12/2008  
Effective Date (New): 01/01/2009  
Effective Date (Renewal): 01/01/2009  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendatory Endorsement - Arkansas	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement - Arkansas	U-CIM-158-A AR	11 08	Endorsement/Amendment/Conditions New			U-CIM-158-A AR 1108.pdf

# Amendatory Endorsement - Arkansas



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

This endorsement modifies insurance provided under the:

## **Moving And Storage Coverage Form**

Section **H. GENERAL CONDITIONS** is amended as follows:

1. Paragraph **d.(2)** in General Condition **5. Duties In The Event Of Loss** is amended to include the following:

We will send you the necessary forms within 20 days after you first report the loss.

2. General Condition **9. Appraisal** is amended to include the following:

This provision is non-binding on both parties and will apply only if you and we voluntarily agree to appraisal.

3. General Condition **13. Subrogation** is amended to include the following:

If you assign to us the rights of recovery and we recover from another party, we will make you whole before recovering for our loss.

All other terms, conditions, provisions and exclusions of this policy remain the same.

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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:**

CW-CM-27953 P&C Trans.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

<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Guarantee & Liability Insurance Co.	NY	26247	36-6071400	0212
American Zurich Insurance Company	IL	40142	36-3141762	0212
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	0212
Zurich American Insurance Company	NY	16535	36-4233459	0212

<b>5. Company Tracking Number</b>	<b>CW-CM-27953</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
	Roderick Veranga 1400 American Lane Schaumburg, IL 60196	Business Analyst	847-413-3054	847-605-7768	Roderick.veranga@zurichna.com
<b>7. Signature of authorized filer</b>					
<b>8. Please print name of authorized filer</b>			Roderick Veranga		

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

<b>9. Type of Insurance (TOI)</b>	Commercial Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Commercial Inland Marine
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	0.9
<b>12. Company Program Title</b> (Marketing title)	Movers Choice Moving and Storage
<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 (give description)
<b>14. Effective Date(s) Requested</b>	New: January 1, 2009   Renewal: January 1, 2009
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	November 11, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	CW-CM-27953
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Our original intent was to attach the AAIS common policy conditions and all AAIS mandatory state specific endorsements to bring this coverage form into compliance in your state. However, after reviewing IM 2007 we realized that it does not track with our coverage form.

As a result, we have created **U-CIM-158-A AR (11-08) Amendatory Endorsement - Arkansas** to be attached to all Moving And Storage policies. This mandatory endorsement will be used in place of AAIS endorsement IM 2007.

We wish to file this new endorsement with an effective date of January 1, 2009.

<b>22. Filing Fees</b> (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 #:** EFT  
**Amount:** \$50

**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.)**