

SERFF Tracking Number: ALSX-125963397 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$20  
Company Tracking Number: BF1709  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Commercial Inland Marine  
Project Name/Number: 2009 - ISO Adopt - Forms/BF1709

## Filing at a Glance

Company: Allstate Insurance Company  
Product Name: Commercial Inland Marine SERFF Tr Num: ALSX-125963397 State: Arkansas  
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$20  
Sub-TOI: 09.0000 Inland Marine Sub-TOI Co Tr Num: BF1709 State Status: Fees verified and received  
Combinations  
Filing Type: Form Co Status: Reviewer(s): Llyweyia Rawlins, Brittany Yielding  
Author: SPI AllState Disposition Date: 12/29/2008  
Date Submitted: 12/23/2008 Disposition Status: Approved  
Effective Date Requested (New): 05/01/2009 Effective Date (New): 05/01/2009  
Effective Date Requested (Renewal): 05/01/2009 Effective Date (Renewal): 05/01/2009

State Filing Description:

## General Information

Project Name: 2009 - ISO Adopt - Forms Status of Filing in Domicile:  
Project Number: BF1709 Domicile Status Comments:  
Reference Organization: ISO Reference Number: CM-2008-OWEFO  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 12/29/2008  
State Status Changed: 12/29/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
ISO Designation No. CM-2008-OWEFO

Description of Filing:

We are filing to adopt the Commercial Inland Marine Multistate Forms Revision to be Implemented in Various Jurisdictions. We are; however, not able to meet the Insurance Services Office (ISO) effective date of January 1, 2009.

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 Product Name: Commercial Inland Marine  
 Project Name/Number: 2009 - ISO Adopt - Forms/BF1709

We are requesting to adopt these forms to new business and renewals effective on or after May 1, 2009.

## Company and Contact

### Filing Contact Information

Kelly Urban, State Filings Analyst kurban@allstate.com  
 2775 Sanders Road (847) 402-0157 [Phone]  
 Northbrook, IL 60062 (847) 402-9757[FAX]

### Filing Company Information

Allstate Insurance Company CoCode: 19232 State of Domicile: Illinois  
 2775 Sanders Road Group Code: 8 Company Type: Property and  
 Casualty

Suite A5  
 Northbrook, IL 60062 Group Name: Allstate State ID Number:  
 (847) 402-5000 ext. [Phone] FEIN Number: 36-0719665  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: Adopt ISO Forms x \$20 (AR Requirement) x 1 company = \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$20.00	12/23/2008	24689724

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Product Name: Commercial Inland Marine  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/29/2008	12/29/2008

*SERFF Tracking Number:*      *ALSX-125963397*                      *State:*                      *Arkansas*  
*Filing Company:*              *Allstate Insurance Company*                      *State Tracking Number:*      *EFT \$20*  
*Company Tracking Number:*      *BF1709*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0000 Inland Marine Sub-TOI Combinations*  
*Product Name:*              *Commercial Inland Marine*  
*Project Name/Number:*      *2009 - ISO Adopt - Forms/BF1709*

## **Disposition**

Disposition Date: 12/29/2008

Effective Date (New): 05/01/2009

Effective Date (Renewal): 05/01/2009

Status: Approved

Comment: We are filing to adopt the Commercial Inland Marine Multistate Forms Revision to be Implemented in Various Jurisdictions. ISO Designation No. CM-2008-OWEFO

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125963397 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$20  
Company Tracking Number: BF1709  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Commercial Inland Marine  
Project Name/Number: 2009 - ISO Adopt - Forms/BF1709

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Approved Casualty	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>ALSX-125963397</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>BF1709</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Commercial Inland Marine</i>		
<i>Project Name/Number:</i>	<i>2009 - ISO Adopt - Forms/BF1709</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125963397 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$20  
Company Tracking Number: BF1709  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Commercial Inland Marine  
Project Name/Number: 2009 - ISO Adopt - Forms/BF1709

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved 12/29/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
Form Filing Schedule\_doc.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
The Allstate Group	008			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Allstate Insurance Company	IL	19232	36-0719665	

<b>5. Company Tracking Number</b>	BF1709
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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
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	Senior State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Kelly Urban		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	09.0 Inland Marine
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	09.0000 Inland Marine Sub-TOI Combinations
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	
<b>13.</b>	<b>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.</b>	<b>Effective Date(s) Requested</b>	New: 05/01/2009      Renewal: 05/01/2009
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CM-200-OWEFO – CIM Multistate Forms Revision to be Implemented in Various Jurisdictions
<b>18.</b>	<b>Company's Date of Filing</b>	12-23-2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BF1709
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<b>21.</b>	<b>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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ISO Designation No. CM-2008-OWEFO

**Description of Filing:**

We are filing to adopt the Commercial Inland Marine Multistate Forms Revision to be Implemented in Various Jurisdictions. We are; however, not able to meet the Insurance Services Office (ISO) effective date of January 1, 2009.

We are requesting to adopt these forms to new business and renewals effective on or after May 1, 2009.

<b>22.</b>	<p><b>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]</p> <p><b>Check #:</b> N/A - EFT  <b>Amount:</b> \$20</p> <p>Adopt ISO Forms x \$20 (AR Requirement) x 1 company = \$20.00</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
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\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## 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>	BF1709
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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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	Camera and Musical Instrument Dealers Coverage Form	CM 00 21 08/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM0021 09/04	
02	Equipment Dealers Coverage Form	CM0022 08/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM0022 09/04	
03	Floor Plan Coverage Form	CM0052 08/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM0052 09/04	
04	Jewelers Block Coverage Form	CM0059 08/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM0059 09/04	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**This page is informational only and does not need to be submitted with your filing.**

**Notes for Uniform Property & Casualty Form Filing Transmittal**

**DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY  
FORM FILING SCHEDULE**

**FORM FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

**To be complete a filing must include the following:**

- A completed Property & Casualty Transmittal Document (PC TD-1).
- A completed Form Filing Schedule Document (PC FFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- A completed Rate/Rule Filing Transmittal document (PC RRFS-1), when applicable. **Do not refer to the body of the filing for the forms listing, unless allowed by state.**
- The appropriate state specific requirements.
- The appropriate filing fees, when required.
- A postage-paid, self-addressed envelope large enough to accommodate the return of acknowledgement, as required by state.
- You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)