

SERFF Tracking Number: HART-125929370 State: Arkansas
First Filing Company: Hartford Underwriters Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: FN.14.799.2008.04
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Revised Rule 521 Water Back Up and Sump Discharge or Overflow
Project Name/Number: Homeowners Multi Peril/FN.14.799.2008.04

Filing at a Glance

Companies: Hartford Underwriters Insurance Company, Twin City Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: Revised Rule 521 Water Back Up and Sump Discharge or Overflow SERFF Tr Num: HART-125929370 State: Arkansas

Up and Sump Discharge or Overflow

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Co Tr Num: FN.14.799.2008.04

State Status: Fees verified and received

Filing Type: Rule

Co Status: Initial Filing

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Angela Isaac

Disposition Date: 12/03/2008

Date Submitted: 12/03/2008

Disposition Status: Filed

Effective Date Requested (New): 01/08/2009

Effective Date (New): 01/08/2009

Effective Date Requested (Renewal): 02/19/2009

Effective Date (Renewal): 02/19/2009

State Filing Description:

General Information

Project Name: Homeowners Multi Peril

Status of Filing in Domicile:

Project Number: FN.14.799.2008.04

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/03/2008

Deemer Date:

State Status Changed: 12/03/2008

Corresponding Filing Tracking Number:

Filing Description:

We herewith file the revised Rule 521 Water Back Up and Sump Discharge or Overflow as described in the Explanatory Memorandum.

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Company and Contact

Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com
1 Hartford Plaza (860) 547-3468 [Phone]
Hartford, CT 06155 (860) 547-5941[FAX]

Filing Company Information

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383030	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue	Group Name:	State ID Number:
Hartford, CT 06115	FEIN Number: 06-0383750	

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Underwriters Insurance Company	\$25.00	12/03/2008	24287606
Twin City Fire Insurance Company	\$0.00	12/03/2008	
Hartford Accident and Indemnity Company	\$0.00	12/03/2008	
Hartford Fire Insurance Company	\$0.00	12/03/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	12/03/2008	12/03/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
HPCS	Note To Filer	Becky Harrington	12/03/2008	12/03/2008

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Disposition

Disposition Date: 12/03/2008
Effective Date (New): 01/08/2009
Effective Date (Renewal): 02/19/2009
Status: Filed
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	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Explanatory Memorandum	Filed	Yes
Rate	Endorsements and Forms	Filed	Yes
Rate	Rule 521 Water Back Up and Sump Discharge or Overflow	Filed	Yes

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Note To Filer

Created By:

Becky Harrington on 12/03/2008 09:34 AM

Subject:

HPCS

Comments:

No objection was submitted for the HPCS since the form is not required with rule filings.

SERFF Tracking Number: *HART-125929370* *State:* *Arkansas*
First Filing Company: *Hartford Underwriters Insurance Company, ...* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *FN.14.799.2008.04*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Revised Rule 521 Water Back Up and Sump Discharge or Overflow*
Project Name/Number: *Homeowners Multi Peril/FN.14.799.2008.04*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125929370 State: Arkansas
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Endorsements and Forms	FORMS-1 and FORMS-2	Replacement	AR Home Agency Filing - eff 1-8-09 Forms 1 and 2.pdf
Filed	Rule 521 Water Back Up and Sump Discharge or Overflow	AR-521.1	Replacement	AR Home Agency Filing - eff 1-8-09 AR 521.1.pdf

**ARKANSAS HOMEOWNERS POLICY PROGRAM
GENERAL RULES**

NUMBER	ENDORSEMENTS AND FORMS
HO 00 02	Broad Form
HO 00 03	Special Form
HO 00 04	Tenants Form
HO 00 05	Comprehensive Form
HO 00 06	Unit Owners Form
HO 01 03	Special Provisions – Arkansas
HO 03 12	Windstorm or Hail Percentage Deductible
HO 04 10	Additional Interest/Residence Premises
HO 04 12	Increased Limits on Business Property
HO 04 14	Special Computer Coverage
HO 04 16	Premises Alarm or Fire Protection System
HO 04 35	Loss Assessment Coverage
HO 04 36	Loss Assessment Coverage for Earthquake
HO 04 40	Structures Rented to Others
HO 04 41	Additional Insured Residence Premises
HO 04 42	Permitted Incidental Occupancies – Residence Premises
HO 04 43	Replacement Cost Loss Settlement for Certain Non-Building Structures on the Residence Premises
HO 04 46	Inflation Guard
HO 04 48	Other Structures on the Residence Premises Increased Limits
HO 04 49	Building Additions and Alterations Other Residence Endorsement
HO 04 50	Increased Limits On Personal Property In Other Residences
HO 04 51	Building Additions and Alterations Increased Limit Form HO 00 04
HO 04 52	Livestock Collision Coverage
HO 04 53	Credit Card, Electronic Fund Transfer Card or Access Device, Forgery and Counterfeit Money Coverage Increased Limit Endorsement
HO 04 54	Earthquake Coverage
HO 04 55	Identity Fraud Expense Coverage
HO 04 56	Special Loss Settlement
HO 04 58	Other Members of Your Household
HO 04 59	Assisted Living Care Coverage
HO 04 60	Scheduled Personal Property Endorsement (With Agreed Value Loss Settlement)
HO 04 61	Scheduled Personal Property Endorsement
HO 04 65	Coverage C Increased Special Limits of Liability
HO 04 66	Coverage C Increased Special Limits of Liability
HO 04 77	Ordinance or Law - Increased Amount of Coverage Endorsement
HO 04 90	Personal Property Replacement Cost Loss Settlement
HO 04 91	Coverage B – Other Structures Away from the Residence Premises
HO 04 92	Specific Structures Away from the Residence Premises
★	
HO 04 96	No Coverage for Home Day Care Business
HO 04 97	Home Day Care Coverage Endorsement

**ARKANSAS HOMEOWNERS POLICY PROGRAM
GENERAL RULES**

NUMBER	ENDORSEMENTS AND FORMS
HO 04 98	Refrigerated Property Coverage
HO 04 99	Sinkhole Collapse
HO 05 24	Special Personal Property Coverage – Form HO 00 04 Only
HO 05 27	Additional Insured - Student Living Away from the Residence Premises
HO 05 41	Theft Coverage For Residence Premises Occasionally Rented to Others
HO 05 43	Residence Held in Trust
HO 05 46	Landlords Furnishings
HO 17 31	Unit-Owners Coverage C Special Coverage Form HO 00 06 Only
HO 17 32	Unit-Owners Coverage A Special Coverage Form HO 00 06 Only
HO 17 33	Unit-Owners Rental to Others Form HO 00 06 Only
HO 17 34	Unit-Owners Modified Insurance and Service Agreement Condition
HO 23 49	Excess Dwelling Coverage
HO 24 13	Incidental Low Power Recreational Motor Vehicles
HO 24 43	Permitted Incidental Occupancies – Other Residence
HO 24 64	Owned Snowmobile
HO 24 70	Additional Residence Rented to Others
HO 24 71	Business Pursuits
HO 24 72	Incidental Farming Personal Liability
HO 24 73	Farmers Personal Liability
HO 24 75	Watercraft
HO 24 82	Personal Injury
HO 24 96	Exclusion Farm Employee Illegally Employed
HW 01 03	Amendatory Endorsement
HW 01 04	Homeowners Policy Pollution Exclusion
HW 04 01	Special Coverage Option Jewelry and Furs
HW 04 70	Sentinel Coverage Package
HW 04 71	Sentinel Platinum Coverage Package
HW 04 72	Sentinel Gold Coverage Package
HW 04 73	Sentinel Gold – Condominiums Package
HW 04 11	Additional Limits Of Liability For Coverages A, B, C, And D
HW 04 15	Refrigerated Property Coverage
HW 04 16	Golf Cart Endorsement
HW 04 74	Sentinel Silver Coverage Package
HW 04 29	Additional Coverage - Form HO 00 06
★HW 05 58	Water Backup and Sump Discharge or Overflow
G-2240-3B	Blank Endorsement



Arkansas Homeowners Policy Program

Effective Date 1/8/2009

ISO2000

HO

521 ★ WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

A. Coverage Description – HW 05 58

The policy may be endorsed to provide coverage for loss resulting from water which backs up through sewers or drains or which overflows from a sump.

1. Coverage Option

The base limit of liability under this option is \$5,000. The additional available limits are \$10,000, \$20,000, \$30,000.

Premium

- a. Select the base premium for the appropriate territory. The base premium includes a coverage limit of \$5,000, with the Personal Property Replacement Cost Endorsement attached:

Territory	Base Premium
All Territories	\$50

- b. Select the factor for the coverage limit:

Limit	Factor
5,000	1.00
10,000	1.50
20,000	2.50
30,000	3.00

- c. Select the factor for the deductible/limit:

Limit	Deductible \$250	Deductible \$500	Deductible \$1,000
5,000	1.00	0.70	0.60
10,000	1.00	0.76	0.66
20,000	1.00	0.79	0.70
30,000	1.00	0.81	0.73

- a. Multiply the base premium from (a.) by the factors in (b.) and (c.) to determine the premium.

If the Personal Property Replacement Cost Endorsement is not attached, subtract \$10 from the premium in (d.)

2. Endorsement

Use Water Back Up and Sump Discharge or Overflow Endorsement **HW 05 58**.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 12/03/2008

Comments:

Attached is the Uniform Transmittal Document-Property & Casualty and the Rate Rule Filing Schedule.

Attachments:

PC-TD-1 2007 Agency.pdf
PC-RRFS-1 2007 Agency.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Filed 12/03/2008

Comments:

Attached is the Explanatory Memorandum.

Attachment:

AR Home Agency Filing - eff 1-8-09 EM.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	

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	0091-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	0091-22357	06-0383030	
Hartford Underwriters Ins. Co.	Connecticut	0091-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	0091-29459	06-0732738	

5. Company Tracking Number	FN.14.799.2008.04
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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
	Joyce Driscoll, Technical Services, T-1-54 1 Hartford Plaza, Hartford, CT 06155	Filing Analyst	860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Joyce Driscoll		

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

9. Type of Insurance (TOI)	04 Homeowners Multi Peril
10. Sub-Type of Insurance (Sub-TOI)	Homeowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	PC
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 1/8/09 Renewal: 2/19/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	December 3, 2008
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 #	FN.14.799.2008.04
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We herewith file the revisions to the Rule 521 Water Back Up and Sump Discharge or Overflow, overall rate change of 0.0% and the revised Underwriting Tier Guideline as described in the Explanatory Memorandum.

As required, enclosed is the Homeowners Premium Comparison, NAIC Loss Cost Document and the Homeowners Survey Form HPCS.

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 #: EFT
Amount: \$25.00

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.)

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; Lost 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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use & File
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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)
Hartford Fire Insurance Company	0.0%	0.0%	0	56	79,412		
Hartford Accident & Indemnity Company	0.0%	0.0%	0	88	98,777		
Hartford Underwriters Insurance Company	0.0%	0.0%	0	88	120,541		
Twin City Fire Insurance Company	0.0%	0.0%	0	63	89,661		

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 (where required)	Minimum % Change (where required)
Hartford Fire Insurance Company							
Hartford Accident & Indemnity Company							
Hartford Underwriters Insurance Company							
Twin City Fire Insurance Company							

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing - Written premium change for this program	0	
5d.	Effect of Rate Filing - Number of policyholders affected	295	
6.	Overall percentage of last rate revision	5.0%	
7.	Effective Date of last rate revision	4/3/07	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use and File	

9.	See Next Page
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PC RRFS-1

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn ?	Previous state filing number, if required by state
01	Forms - 1 & 2	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	AR - 521.1	<input type="checkbox"/> New <input checked="" 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	
11		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

**Hartford Fire Insurance Company
Hartford Accident and Indemnity Company
Hartford Underwriters Insurance Company
Twin City Fire Insurance Company**

ARKANSAS HOMEOWNERS

EXPLANATORY MEMORANDUM

We are filing changes to our homeowners business written in the above writing companies. We are proposing these changes to be effective for all new business policies written on or after January 8, 2009 and for all renewal policies effective on or after February 19, 2009. The overall impact of these changes is 0.0%.

The Hartford is revising rule 521 Water Back Up and Sump Discharge or Overflow. Deductible options of \$500 and \$1000 are introduced as well as new coverage limits of \$10,000, \$20,000 and \$30,000. Form HW 05 58 will replace forms HO 04 95 and HW 04 18.

Revised rule pages are attached.