

SERFF Tracking Number: JMIC-125922823 State: Arkansas
Filing Company: Jewelers Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 288008WORKOPFSM01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: JB/JS
Project Name/Number: Work or Operations Coverage/

Filing at a Glance

Company: Jewelers Mutual Insurance Company

Product Name: JB/JS

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: JMIC-125922823

SERFF Status: Closed

Co Tr Num:
288008WORKOPFSM01

Co Status:

Author: Jennifer Rammer

Date Submitted: 12/02/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 12/02/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New): 12/02/2008

Effective Date (Renewal):

12/02/2008

State Filing Description:

General Information

Project Name: Work or Operations Coverage

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 12/02/2008

State Status Changed: 12/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Founded in 1913, Jewelers Mutual is the only insurance company that specializes in protecting the jewelry industry. We are affiliated with the American Association of Insurance Services and report our statistics through them.

The purpose of this filing is to submit two endorsements for Work or Operations Coverage. Endorsement JS090WOO Ed 12-08 will be used with our Jewelers Standard Policy and endorsement JB090WOO Ed 12-08 will be used with our Jewelers Block Policy.

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Company and Contact

Filing Contact Information

Jennifer Rammer, Senior Pricing Analyst jrammer@jminsure.com
 24 Jewelers Park Dr (800) 336-5642 [Phone]
 Neenah, WI 54957 (920) 969-7229[FAX]

Filing Company Information

Jewelers Mutual Insurance Company CoCode: 14354 State of Domicile: Wisconsin
 24 Jewelers Park Dr Group Code: Company Type:
 Neenah, WI 54914 Group Name: State ID Number:
 (800) 336-5642 ext. [Phone] FEIN Number: 39-0493890

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jewelers Mutual Insurance Company	\$50.00	12/02/2008	24251157

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/02/2008	12/02/2008

SERFF Tracking Number: JMIC-125922823

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Disposition

Disposition Date: 12/02/2008

Effective Date (New): 12/02/2008

Effective Date (Renewal): 12/02/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JMIC-125922823 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Work or Operations Coverage	Approved	Yes
Form	Work or Operations Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Work or Operations Coverage	JS090WO O	12-08	Endorsement/Amendment/Conditions	New	0.00	JS090WOO 12-08.pdf
Approved	Work or Operations Coverage	JB090WO O	12-08	Endorsement/Amendment/Conditions	New	0.00	JB090WOO 12-08.pdf

The Jewelers Standard coverages are extended as follows:

**PERILS NOT COVERED,
EXCLUSIONS, AND LIMITATIONS**

Item 18. is deleted and replaced with the following:

18. **Work or Operations** – “We” do not cover loss or damage to “your” property or property of others in the jewelry trade, being worked on or as a result of being worked on.

“We” do cover loss or damage to property belonging to others not in the jewelry trade that is being worked on or as a result of being worked on by “you” or “your” employees. “We” also cover loss or damage to property belonging to others not in the jewelry trade that is being worked on or as a result of being worked on by an independent contractor from the jewelry trade that you hire to perform the work, as long as the independent contractor performs the work at the “described premises”.

Being worked on means repairing, adjusting, constructing, manufacturing, processing, servicing, testing or cleaning.

Independent contractor means any person who is hired to perform a job or service but who is not subject to active control or direction by any person or entity for which the job or service is being performed.

VALUATION OF LOSSES

With respect to the coverage provided by this endorsement, Item 1. is deleted and replaced with the following:

1. **Amount We Pay** – The smallest of the amounts shown below is the most that “we” will pay for a loss:
- “Your” cost of the replacement property with material of like kind and quality less the salvage value of the original property covered.
 - The cost to repair or rebuild the property covered with material of like kind and quality.
 - The limit of insurance that is shown.

This amount will not include antique, historic or sentimental value.

LOSS PAYMENT

With respect to the coverage provided by this endorsement, Item 1. is deleted and replaced with the following:

1. **Deductible** – The following deductible amount will apply to any one occurrence covered by this endorsement after all other adjustments have been made: \$1,000 or 10% of the loss, whichever is greater.

Location Number	Described Premises	Limit of Insurance	
		Per Occurrence	Per Policy Period

The Jewelers Block coverages are extended as follows:

**PERILS NOT COVERED,
EXCLUSIONS AND LIMITATIONS**

Item 18. is deleted and replaced with the following:

18. **Work or Operations** – “We” do not cover loss or damage to “your” property or property of others in the jewelry trade, being worked on or as a result of being worked on.

“We” do cover loss or damage to property belonging to others not in the jewelry trade that is being worked on or as a result of being worked on by “you” or “your” employees. “We” also cover loss or damage to property belonging to others not in the jewelry trade that is being worked on or as a result of being worked on by an independent contractor from the jewelry trade that you hire to perform the work, as long as the independent contractor performs the work at the “described premises”.

Being worked on means repairing, adjusting, constructing, manufacturing, processing, servicing, testing or cleaning.

Independent contractor means any person who is hired to perform a job or service but who is not subject to active control or direction by any person or entity for which the job or service is being performed.

VALUATION OF LOSSES

With respect to the coverage provided by this endorsement, Item 1. is deleted and replaced with the following:

1. **Amount We Pay** – The smallest of the amounts shown below is the most that “we” will pay for a loss:
- “Your” cost of the replacement property with material of like kind and quality less the salvage value of the original property covered.
 - The cost to repair or rebuild the property covered with material of like kind and quality.
 - The limit of insurance that is shown.

This amount will not include antique, historic or sentimental value.

LOSS PAYMENT

With respect to the coverage provided by this endorsement, Item 1. is deleted and replaced with the following:

1. **Deductible** – The following deductible amount will apply to any one occurrence covered by this endorsement after all other adjustments have been made: \$1,000 or 10% of the loss, whichever is greater.

Location Number	Described Premises	Limit of Insurance	
		Per Occurrence	Per Policy Period

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/02/2008

Comments:

Uniform Transmittal Header attached - only portion that pertains to Form Filings.

Attachment:

PDF Transmittal Form.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 12/02/2008

Comments:

Attachment:

Explanatory Memorandum.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	
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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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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 #	
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2.	This filing corresponds to rate/rule filing number (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			<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 #	
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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.)	
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4a.	Rate Change by Company (As Proposed)
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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
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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)
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	

Explanatory Memorandum

Jewelers Mutual Insurance Company

Work or Operations Coverage

Jewelers Mutual Insurance Company is the only company in the United States dedicated to protecting the jewelry industry. We are unique in that all of the business written is within one industry. As a result, we are impacted by changes in exposures that are unique to the jewelry industry. Our primary product is the jewelers' block policy, designed to protect policyholder's inventory. We also offer property and liability coverages countrywide to serve the insurance needs of our customers.

The Work or Operations exclusion found in our Jewelers Block and Jewelers Standard policies states that we do not cover loss or damage to property being worked on or as a result of being worked on. To continue to meet the needs of our customers, we are filing two optional endorsements (JS090WOO Ed 12-08 and JB090WOO Ed 12-08). These forms amend the exclusion to provide limited coverage for loss or damage to customers' goods being worked on by the jeweler or the jeweler's employees or independent contractors. The exclusion for goods being worked on that are either the property of the insured or of others in the jewelry trade is retained on this form.

JS090WOO Ed 12-08 will be used with our Jewelers Standard Policy.

JB090WOO Ed 12-08 will be used with our Jewelers Block Policy.