

SERFF Tracking Number: LBRM-125939955 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-03192
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners
Only
Product Name: AR-BOP-IDENTITY THEFT EXPENSE 04-01-08-FORM
Project Name/Number: AR-BOP-IDENTITY THEFT EXPENSE 04-01-08-FORM/2008-03192

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: AR-BOP-IDENTITY THEFT EXPENSE 04-01-08-FORM SERFF Tr Num: LBRM-125939955 State: Arkansas

TOI: 05.2 Commercial Multi-Peril - Liability Portion Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.2002 Businessowners Co Tr Num: 2008-03192 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Scott Edwards Disposition Date: 12/10/2008

Date Submitted: 12/10/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2009 Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-BOP-IDENTITY THEFT EXPENSE 04-01-08-FORM Status of Filing in Domicile:

Project Number: 2008-03192 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 12/10/2008

State Status Changed: 12/10/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective April 1, 2008 for new business, we wish to file revisions to our COMMERCIAL PROTECTOR® Program. With this submission, we are filing our Identity Theft Expense Endorsement 44-222(01/08).

Enclosed, please find a copy of form 44-222 (01/08) along with the required filing forms. Our \$50 filing fee will be sent via EFT.

SERFF Tracking Number: LBRM-125939955 State: Arkansas
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Company and Contact

Filing Contact Information

Scott Edwards, scottm.edwards@LibertyMutual.com
 62 Maple Ave. (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required? Yes

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Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 PER FILING
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	12/10/2008	24451549
Peerless Indemnity Insurance Company	\$0.00	12/10/2008	
Peerless Insurance Company	\$0.00	12/10/2008	
The Netherlands Insurance Company	\$0.00	12/10/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/10/2008	12/10/2008

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Disposition

Disposition Date: 12/10/2008
Effective Date (New): 04/01/2009
Effective Date (Renewal):
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
Supporting Document	COVER LETTER	Approved	Yes
Form	IDENTITY THEFT EXPENSE 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	IDENTITY THEFT EXPENSE COVERAGE	44-222	01/08	Endorsement/Amendment/Conditions	New		44-222 0108.pdf

IDENTITY THEFT EXPENSE COVERAGE

This endorsement modifies insurance provided under the:

COMMERCIAL PROTECTOR COVERAGE FORM (Businessowners Coverage Form)

The following is added to paragraph **A.5. Additional Coverages**:

IDENTITY THEFT EXPENSE COVERAGE

We will reimburse up to \$25,000, unless a different Identity Theft Expense Limit of Insurance is shown in the Declarations, for “identity theft expenses” incurred by an “identity theft insured” as a direct result of any one “identity theft” if all of the following requirements are met:

1. The personal identity of an “identity theft insured” under this policy was the subject of an “identity theft”; and
2. Such “identity theft” is first discovered by the “identity theft insured” during the policy period for which this Identity Theft Expense Coverage is applicable; and
3. Such “identity theft” is reported to us as soon as practicable but in no event later than 60 days after it is first discovered by the “identity theft insured”; and
4. The “identity theft insured” reports the “identity theft” in writing to the appropriate law enforcement agency.

Any act or series of acts committed by one or more persons, or in which such person or persons are aiding or abetting others, against an “identity theft insured” is considered to be one “identity theft”, even if a series of acts continues into a subsequent policy period.

Regardless of the number of claims, the most we will pay in the aggregate for all “identity theft expenses” resulting from “identity theft” discovered during the policy period is \$100,000, or the Aggregate Limit of Insurance shown in the Declarations.

1. The Identity Theft Expense Limit and the Aggregate Limit of Insurance shall be reduced by the amount of any payment made by us under the terms of this insurance. If the Identity Theft Expense Limit of Insurance is exhausted, we will have no further liability to pay for loss which may be discovered during the remainder of the policy period.

2. Any recovery made by us after settlement of a loss covered by this insurance shall not be used to increase or reinstate the Limit of Insurance.

This Identity Theft Expense Coverage is additional insurance.

EXCLUSIONS

The following exclusions are added to the applicable Cause of Loss Form shown on the Declarations.

We do not cover "identity theft expenses":

1. Incurred as the result of "identity theft" due to any fraudulent, dishonest, or criminal act by you, your partners, employees, members, "executive officers", managers, directors, or trustees or by any authorized representative of yours, whether acting alone or in collusion with others.

In the event of any such act, no "identity theft insured" is entitled to "identity theft expenses", even an "identity theft insured" who did not commit or conspire to commit the act causing the "identity theft".

2. Arising out of "identity theft" by or with knowledge of any relative or former relative of the "identity theft insured".
3. Arising out of an "identity theft" first discovered by the "identity theft insured" prior to the policy period or after the policy period, even if the "identity theft" began or continued during the policy period.
4. Arising out of an "identity theft" that is not reported to us within 60 days after it is first discovered by the "identity theft insured".

DEDUCTIBLE

We will not pay for "identity theft expenses" resulting from an "identity theft" unless the amount exceeds \$250. We will then pay the amount of "identity theft expense" in excess of the Deductible Amount, up to the Limit of Insurance. Each "identity theft insured" is responsible for only one deductible during any one policy period.

CONDITIONS

The following additional condition is added for Identity Theft Expense Coverage:

The coverage provided under this endorsement will be excess over any other insurance covering the same loss or damage, whether you can collect on it or not. But we will not pay any more than the Identity Theft Expense Limits of Insurance applicable to this coverage.

DEFINITIONS

1. "Executive officers" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
2. "Identity theft" means the act of knowingly transferring or using, without lawful authority, a means of identification of an "identity theft insured" with the intent to commit, or to aid or abet another to commit, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law. "Identity theft" does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.
3. "Identity Theft Expenses" means the following reasonable and necessary items incurred as a result of "identity theft":
 - a. Costs for notarizing affidavits or similar documents attesting to fraud required by financial institutions or similar credit grantors or credit agencies.
 - b. Costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors.
 - c. Costs for obtaining credit reports.
 - d. Charges incurred for long distance telephone calls to merchants, vendors, suppliers, customers, law enforcement agencies, financial institutions or similar credit grantors, or credit agencies to report or discuss an actual "identity theft".
 - e. Application fees for re-applying for a loan, or loans when the original application is rejected solely because the lender received incorrect credit information as a result of a covered "identity theft."
 - f. Lost income resulting from time taken off from work to complete fraud affidavits, meet with or talk to law enforcement agencies, credit agencies and/or legal counsel, up to a maximum of \$250 per day. Total payment for loss of income is not to exceed \$10,000 per "identity theft insured" and is included within the "identity theft expense" and aggregate limits.
 - g. Attorney fees to:
 - i. Defend lawsuits brought against an "identity theft insured" by merchants, vendors, suppliers, financial institutions, or their collection agencies.
 - ii. Remove any criminal or civil judgments wrongly entered against an "identity theft insured"; and
 - iii. Challenge the accuracy or completeness of any information in a consumer credit report.

- h. Advertising expenses to restore the reputation of your business after an “identity theft insured” has been the victim of “identity theft”. Total payment for advertising expenses is not to exceed \$5,000 per “identity theft insured” and is included within the “identity theft expense” and aggregate limits.
- 2. “Identity Theft Insured” means the following if you are designated in the Declarations as:
 - a. An individual or sole proprietorship, you and your spouse are insured.
 - b. A partnership or joint venture, your members, your partners, and their spouses are insureds.
 - c. A limited liability company, your members are insureds.
 - d. An organization other than a partnership, joint venture, or limited liability company, your "executive officers" and directors are insureds. Your stockholders are not “identity theft insureds.”

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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 12/10/2008

Comments:
Uniform Transmittal Document-Property & Casualty

Attachment:
Property and Casualty Filing Transmittal Document.pdf

Satisfied -Name: COVER LETTER
Review Status: Approved 12/10/2008

Comments:
COVER LETTER

Attachment:
2008-03192.pdf

Effective March 1, 2007

15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	12/10/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-03192
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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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Effective April 1, 2008 for new business, we wish to file revisions to our COMMERCIAL PROTECTOR® Program. With this submission, we are filing our Identity Theft Expense Endorsement 44-222(01/08). Enclosed, please find a copy of form 44-222 (01/08) along with the required filing forms. Our \$50 filing fee will be sent via EFT.

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 #: NA
Amount: \$50.00

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.)**

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 #	2008-03192			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	2008-03193			
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	IDENTITY THEFT EXPENSE COVERAGE	44-222 (01/08)	<input checked="" 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		



**America First
Insurance™**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

December 9, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

Re: COMMERCIAL PROTECTOR® Program
Form Filing
PEERLESS INSURANCE COMPANY
NAIC #: 111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #: 111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #: 111-12696
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #: 111-18333
Company Filing #: 2008-03192

Dear Mr. Lacy:

Effective April 1, 2008 for new business, we wish to file revisions to our COMMERCIAL PROTECTOR® Program. With this submission, we are filing our Identity Theft Expense Endorsement 44-222(01/08).

Enclosed, please find a copy of form 44-222 (01/08) along with the required filing forms. Our \$50 filing fee will be sent via EFT.

Questions regarding the enclosed filing should be directed to me at 603-354-9640 or 800-826-6189 ext. 49640.

Sincerely,

Scott M. Edwards
Analyst, Regulatory Filing, AM
e-mail:scottm.edwards@LibertyMutual.com
Fax: (603)- 352-9252