

SERFF Tracking Number: MAXA-125919440 State: Arkansas
Filing Company: Max America Insurance Company State Tracking Number: #? \$50
Company Tracking Number: MA-COP-2008-107-AF (AR)
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: Commercial Multi-Peril Commercial Output Program
Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

Filing at a Glance

Company: Max America Insurance Company
Product Name: Commercial Multi-Peril – Commercial Output Program
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability
Sub-TOI: 05.0007 Other CMP
Filing Type: Form
Effective Date Requested (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009

SERFF Tr Num: MAXA-125919440 State: Arkansas
SERFF Status: Closed State Tr Num: #? \$50
Co Tr Num: MA-COP-2008-107-AF State Status: Fees verified (AR)
Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Meghan Slenkamp Disposition Date: 12/04/2008
Date Submitted: 12/04/2008 Disposition Status: Approved
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name: Submission of Commercial Multi-Peril – Commercial Output New Program
Project Number: MA-COP-2008-107-AF (AR)
Reference Organization: AAIS
Reference Title: n/a
Filing Status Changed: 12/04/2008
State Status Changed: 12/04/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Pending
Domicile Status Comments: Pending in Indiana
Reference Number: See Attached Listing
Advisory Org. Circular: n/a
Deemer Date:

Enclosed please find the Company's Commercial Output Program Form filing. This filing represents a new filing for the Company and does not replace any currently filed forms. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

SERFF Tracking Number: MAXA-125919440 State: Arkansas
 Filing Company: Max America Insurance Company State Tracking Number: #? \$50
 Company Tracking Number: MA-COP-2008-107-AF (AR)
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
 Liability
 Product Name: Commercial Multi-Peril Commercial Output Program
 Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

The Company is filing to adopt all Commercial Output Program AAIS forms, as well as any subsequent revisions to said forms. Enclosed is the Company's AAIS Filing Authorization Notification for your reference.

In addition, the Company is filing the attached independent declarations page and policy jacket for your review. Please note that the Company intends to use the ACORD application forms for this program.

Finally, the Company is submitting the attached terrorism selection/rejection forms.

Please note that the corresponding rates and rules are exempt from filing requirements in the state.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Company and Contact

Filing Contact Information

Meghan Slenkamp, Assistant Analyst
 25 Chestnut Street
 Haddonfield, NJ 08033
 MeghanS@westmontlaw.com
 (856) 216-0220 [Phone]
 (856) 216-0303[FAX]

Filing Company Information

Max America Insurance Company
 9020 Stony Point Parkway
 Suite 325
 Richmond, VA 23235
 (215) 706-6320 ext. [Phone]
 CoCode: 21296
 Group Code: 4363
 Group Name:
 FEIN Number: 35-0293730
 State of Domicile: Indiana
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No

SERFF Tracking Number: *MAXA-125919440* *State:* *Arkansas*
Filing Company: *Max America Insurance Company* *State Tracking Number:* *#? \$50*
Company Tracking Number: *MA-COP-2008-107-AF (AR)*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0007 Other CMP*
Liability
Product Name: *Commercial Multi-Peril Commercial Output Program*
Project Name/Number: *Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)*
Fee Explanation: *\$50.00 filing fee*
Per Company: *No*

SERFF Tracking Number: MAXA-125919440 State: Arkansas
Filing Company: Max America Insurance Company State Tracking Number: #? \$50
Company Tracking Number: MA-COP-2008-107-AF (AR)
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: Commercial Multi-Peril Commercial Output Program
Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
31664	\$50.00	12/03/2008

SERFF Tracking Number: MAXA-125919440 State: Arkansas
Filing Company: Max America Insurance Company State Tracking Number: #? \$50
Company Tracking Number: MA-COP-2008-107-AF (AR)
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: Commercial Multi-Peril Commercial Output Program
Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/04/2008	12/04/2008

SERFF Tracking Number: *MAXA-125919440* *State:* *Arkansas*
Filing Company: *Max America Insurance Company* *State Tracking Number:* *#? \$50*
Company Tracking Number: *MA-COP-2008-107-AF (AR)*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0007 Other CMP*
Liability
Product Name: *Commercial Multi-Peril Commercial Output Program*
Project Name/Number: *Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)*

Disposition

Disposition Date: 12/04/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: MAXA-125919440 State: Arkansas
 Filing Company: Max America Insurance Company State Tracking Number: #? \$50
 Company Tracking Number: MA-COP-2008-107-AF (AR)
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
 Liability
 Product Name: Commercial Multi-Peril Commercial Output Program
 Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Forms Index	Approved	Yes
Supporting Document	AAIS Filing Authorization Notification	Approved	Yes
Supporting Document	AAIS Listing of Forms and Endorsements - COP	Approved	Yes
Form	Commercial Output Policy Declarations	Approved	Yes
Form	Commercial Output Policy Jacket	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)	Approved	Yes

SERFF Tracking Number: MAXA-125919440 State: Arkansas
 Filing Company: Max America Insurance Company State Tracking Number: #? \$50
 Company Tracking Number: MA-COP-2008-107-AF (AR)
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
 Liability
 Product Name: Commercial Multi-Peril Commercial Output Program
 Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Commercial Output Policy Declarations	COPMAD EC	11 08 11/08	Declaration	New s/Schedule		0.00	COP Policy Dec COPMADEC 11-08 no sig.pdf
Approved	Commercial Output Policy Jacket	JACMADE C	11 08 (11/08)	Other	New		0.00	Max America COP Jacket w form #.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage (10/08)	MXA100	10 08	Disclosure/	New Notice		0.00	MXA100 - 10-08 - ACCEPT-REJECT TRIA.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included) (10/08)	MXA101	10 08	Disclosure/	New Notice		0.00	MXA101 - 10-08 - COVERAGE ACCEPTANCE CONFIRM TRIA.pdf



Max America Insurance Company

A Stock Company, Indianapolis, Indiana

COMMERCIAL OUTPUT POLICY DECLARATIONS

POLICY NUMBER:

POLICY PERIOD:

This Policy becomes effective and expires at 12:01 a.m. Standard Time at Your Mailing Address Shown Below.

NAMED INSURED & MAILING ADDRESS:

PRODUCER NAME & MAILING ADDRESS:

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS ONLY OF THE FOLLOWING DECLARATION(S) AND COVERAGE(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM:

COVERAGE PART \$ _____

COVERAGE PART \$ _____

() Premium charge for coverage of certified acts of terrorism. \$ _____
(Per Policyholder Disclosure TRIA Attached)

() Coverage for certified acts of terrorism has been rejected; exclusion attached.
(Per Policyholder Disclosure TRIA Attached)

State Specific Assessments/Surcharges (if applicable): \$ _____

TOTAL PREMIUM PAYABLE AT INCEPTION \$ _____

OTHER ENDORSEMENTS MADE A PART OF THIS POLICY AT TIME OF ISSUE:

Date Issued:

Issuing Office:

Authorized Representative: _____

COP Policy Declarations

Page 1 of 1

COPMADEC 11/08



Max America Insurance Company

A Stock Company, Indianapolis, Indiana
9020 Stony Point Parkway, Suite 325
Richmond, VA 23235

Marine Division

COMMERCIAL OUTPUT POLICY NUMBER: MAX

Issued To

In Partnership With

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Corporate Secretary

President



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as *defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="radio"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.
<input type="radio"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____	<u>MAX AMERICA INSURANCE COMPANY</u>
Policyholder/Applicant’s Signature	Insurance Company
_____	_____
Print Name	Policy Number / Effective Date

Date Signed	



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**
(TRIA Included)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____ and does not include any charges for the portion of losses covered by the United States government under the Act.

THE PURPOSE OF THIS DISCLOSURE IS TO NOTIFY YOU THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE AND YOU HAVE BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Name

MAX SPECIALTY INSURANCE COMPANY
Insurance Company

Policy Number / Effective Date

SERFF Tracking Number: MAXA-125919440 State: Arkansas
 Filing Company: Max America Insurance Company State Tracking Number: #? \$50
 Company Tracking Number: MA-COP-2008-107-AF (AR)
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
 Liability
 Product Name: Commercial Multi-Peril Commercial Output Program
 Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/04/2008

Comments:

Attachment:

AR NAIC.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 12/04/2008

Comments:

Attached is a letter authorizing Westmont Associates to submit this filing on the Company's behalf.

Attachment:

Letter of Authorization.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 12/04/2008

Comments:

Attachment:

Cover Letter - AR.pdf

Satisfied -Name: Forms Index **Review Status:** Approved 12/04/2008

Comments:

Attached is the forms listing for this submission.

Attachment:

Forms Index.pdf

Satisfied -Name: AAIS Filing Authorization Notification **Review Status:** Approved 12/04/2008

Comments:

Attached is the Company's AAIS Filing Authorization Notification.

SERFF Tracking Number: *MAXA-125919440* *State:* *Arkansas*
Filing Company: *Max America Insurance Company* *State Tracking Number:* *#? \$50*
Company Tracking Number: *MA-COP-2008-107-AF (AR)*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0007 Other CMP*
Liability
Product Name: *Commercial Multi-Peril Commercial Output Program*
Project Name/Number: *Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)*

Attachment:

AAIS Filing Authorization Notification.pdf

SERFF Tracking Number: MAXA-125919440 State: Arkansas
Filing Company: Max America Insurance Company State Tracking Number: #? \$50
Company Tracking Number: MA-COP-2008-107-AF (AR)
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0007 Other CMP
Liability
Product Name: Commercial Multi-Peril Commercial Output Program
Project Name/Number: Submission of Commercial Multi-Peril Commercial Output New Program/MA-COP-2008-107-AF (AR)

Satisfied -Name: AAIS Listing of Forms and Endorsements - COP **Review Status:** Approved 12/04/2008

Comments:

Attachment:

COP AR listing.pdf

Property & Casualty Transmittal Document

Reset Form

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	Max Capitol Group				Group NAIC #	4363
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Max America Insurance Company	IN	21296	35-0293730			

5. Company Tracking Number MA-COP-2008-107-AF (AR)

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Meghan Slenkamp 25 Chestnut St. Suite 105 Haddonfield, NJ 08033	Analyst	856-216-0220	856-216-0330	meghans@westmontlaw.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Meghan Slenkamp		

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

9. Type of Insurance (TOI)	05.0 CMP Liability and Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0007 Other CMP
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	Commercial Output Program
13. Filing Type	<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)
14. Effective Date(s) Requested	New: 1/1/09 Renewal: 1/1/09
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	AAIS
17. Reference Organization # & Title	
18. Company's Date of Filing	12/1/08
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 # MA-COP-2008-107-AF (AR)

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Commercial Output Program Submission

[View Complete Filing Description](#)

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 #: 31664

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 #	MA-COP-2008-107-AF (AR)
-----------	--	-------------------------

2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a
-----------	--	-----

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	Commercial Output Policy Declarations	COPMADEC 11/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Commercial Output Policy Jacket	JACMADEC (11/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Policyholder Disclosure Notice of Terrorism Insurance Coverage	MXA100 (10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)	MXA101 (10/08)	<input checked="" 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



November 5, 2008

State Insurance Department

RE: Max America Insurance Company
NAIC#:21296
FEIN#: 35-0293730
Letter of Authorization
Filing of Forms, Rates and Rules

To Whom It May Concern:

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron and Westmont Associates, Inc. are hereby authorized to file form, rate and rule filings on behalf of the Max America Insurance Company.

Thank you for your attention to this matter.

Respectfully Submitted

Sincerely,

Stephen M. Loderick
SVP, CFO, Treasurer & Secretary



December 1, 2008

The Department of Insurance
Property and Casualty Division
Form Review Section

RE: Max America Insurance Company / NAIC #21296
Commercial Multi-Peril – Commercial Output Program
Form Filing
Company Filing #: MA-COP-2008-107-AF (AR)
Effective Date: January 1, 2009

To Whom It May Concern:

Enclosed please find the Company's Commercial Output Program Form filing. This filing represents a new filing for the Company and does not replace any currently filed forms. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing to adopt all Commercial Output Program AAIS forms, as well as any subsequent revisions to said forms. Enclosed is the Company's AAIS Filing Authorization Notification for your reference.

In addition, the Company is filing the attached independent declarations page and policy jacket for your review. Please note that the Company intends to use the ACORD application forms for this program.

Finally, the Company is submitting the attached terrorism selection/rejection forms.

Please note that the corresponding rates and rules are exempt from filing requirements in the state.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Respectfully Submitted,

Meghan Slenkamp

Meghan Slenkamp

Analyst

meghans@westmontlaw.com

Enclosures

cc: M. Crescenzo
C. Adiletto

FORMS INDEX

<u>Form Number</u>	<u>Form Name</u>
COPMADEC 11/08	Commercial Output Policy Declarations
JACMADEC (11/08)	Commercial Output Policy Jacket
MXA100 (10/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
MXA101 (10/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)



Filing Authorization Notification

Email: PatP@AAISonline.com

Line of Insurance: Commercial Output Program

Filing Authorization Effective Date: October 15, 2008

Company Name:	Max America Insurance Company
Company Address:	9020 Stony Point Parkway, Suite 325 Richmond, VA 23235
NAIC# :	21296

Type of Notification	
X	Initial Filing Authorization
	Revised Filing Authorization

The company identified above is an affiliate of the American Association of Insurance Services (AAIS) and elects to change AAIS filing authority for Loss Costs, Rules, and/or Forms as indicated in the chart below. For those items that indicate filing authorization has been granted, please consider all currently filed and approved AAIS materials and any materials filed by AAIS in the future as filed on behalf of this company.

Filing Authorization Legend		
C= Current Authorization	A=Add Authorization	D=Delete Authorization

State	Loss Costs	Rules	Forms
Alabama		A	A
Arizona*		Exempt	
Arkansas [∞]		Filing Authorization Not Available	A
California [∞]	Filing Authorization Not Available		
Colorado ^{∞*}		Filing Authorization Not Available	Exempt
Connecticut		A	A
Delaware		A	A
District of Columbia		A	A
Florida		A	A
Georgia		A	A
Idaho		A	A
Illinois ^(CG)		See Compliance Guide	A
Indiana		A	A
Iowa		A	A
Kansas*		Exempt	A
Kentucky		A	A
Louisiana		A	A
Maine	A	A	A
Maryland		A	A
Massachusetts		A	A
Michigan*		A	Exempt
Minnesota*		Exempt	
Mississippi		A	A
Missouri		A	A
Montana		A	A
Nebraska		A	A

State	Loss Costs	Rules	Forms
Nevada*		Exempt	A
New Hampshire		A	A
New Jersey		A	A
New Mexico*		Exempt	A
New York [∞]		Filing Authorization Not Available	A
North Carolina		A	A
North Dakota		A	A
Ohio		A	A
Oklahoma		A	A
Oregon		A	A
Pennsylvania*		A	Exempt
Rhode Island		A	A
South Carolina*		Exempt	A
South Dakota		A	A
Tennessee		A	A
Texas [∞]	Filing Authorization Not Available		
Utah		A	A
Vermont		A	A
Virginia	A	A	A
Washington	A	A	A
West Virginia		A	A
Wisconsin		A	A
Wyoming*		Exempt	A
Hawaii [∞]		Filing Authorization Not Available	A
Alaska		A	A
Puerto Rico			

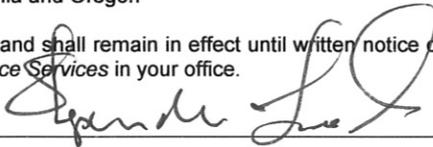
[∞] Loss Costs, Rules and/or Forms have been filed on an advisory basis. Affiliated companies must reference file to adopt.

* Loss Costs, Rules and/or Forms are not subject to state filing requirements

(CG) See Company Action in "State Notes" section of the Compliance Guide.

COP 2.01 is the most current program available for California and Oregon

This Authorization supersedes any previous Authorization and shall remain in effect until written notice of amendment or cancellation is filed by the undersigned or by the American Association of Insurance Services in your office.

Signed By: 
 Title: SVP, CFO, Treasurer & Secretary
 Date: October 28, 2008

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS
LISTING OF FORMS AND ENDORSEMENTS REV 11 11 08

The forms and endorsements approved for use under this program may vary from state to state. This listing identifies the editions of forms and endorsements that apply in this state. An "x", if shown below, identifies an item that does not apply in most other states. Check the state-specific listing to determine the forms and endorsements approved for use in another state.

FORMS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CO 1000	10 02	04/01/03	Commercial Output Program - Property Coverage Part		AAIS-2002-57F-1 None
CO 1001	04 02	04/01/03	Commercial Output Program - Income Coverage Part		AAIS-2002-57F None
CO 1003	04 02	04/01/03	Equipment Breakdown Coverage Part	AAIS-2002-57F	None
CO 1004	04 02	04/01/03	Spoilage Coverage Part - Scheduled Coverage	AAIS-2002-57F	None
CO 1005	04 02	04/01/03	Spoilage Coverage Part - Blanket Coverage	AAIS-2002-57F	None
CO 1006	04 02	04/01/03	Crime Coverage Part - Employee Fraud and Dishonesty - Money and Securities	AAIS-2002-57F	None
CO 1007	04 02	04/01/03	Crime Coverage Part - Loss Sustained	AAIS-2002-57F	None
CO 1008	04 02	04/01/03	Crime Coverage Part - Discovery Basis	AAIS-2002-57F	None

COMMON POLICY CONDITIONS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0100	03 99	04/01/03	Common Policy Conditions	AAIS-2002-57F	None
CL 0178	11 01	x 06/01/02	Amendatory Endorsement - Arkansas	AAIS-2001-79C	None

MANDATORY ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0700	10 06	04/01/07	Virus Or Bacteria Exclusion	AAIS-2006-67COM	AR-PC-06-022435
CO 0404	04 02	x 04/01/03	Amendatory Endorsement - Arkansas	AAIS-2002-57F	None

OTHER ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0600	01 08	02/04/08	Certified Terrorism Loss	AAIS-2008-4COPF	None
CL 0605	01 08	02/04/08	Certified Terrorism Loss Disclosure Of Premium And Federal Share Of Insured Losses	AAIS-2008-4COPF	None

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS
LISTING OF FORMS AND ENDORSEMENTS REV 11 11 08

OTHER ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0610	01 08	02/04/08	Certified Act Of Terrorism Exclusion	AAIS-2008-4COPF	None
CL 1605	06 06	09/01/06	Certified Terrorism Loss Disclosure Of Premium And Federal Share Of Insured Losses	AAIS-2006-23COM	AR-PC-06-019784
CL 1630	06 06	09/01/06	Conditional Terrorism Exclusion	AAIS-2006-23COM	AR-PC-06-019784
CL 1650	06 06	09/01/06	Conditional Nuclear, Biological, And Chemical Terrorism Exclusion	AAIS-2006-23COM	AR-PC-06-019784
CL 2630	06 04	01/01/05	Terrorism Exclusion	AAIS-2004-53F	None
CL 2650	06 04	01/01/05	Nuclear, Biological, and Chemical Terrorism Exclusion	AAIS-2004-53F	None
CO 1050 013616	03 05	06/01/05	Schedule of Coverages - Commercial Output Program		AAIS-2005-05F AR-PC-05-
CO 1051 013616	03 05	06/01/05	Schedule of Coverages - Commercial Output Program		AAIS-2005-05F AR-PC-05-
CO 1052	04 02	04/01/03	Location Schedule	AAIS-2002-57F	None
CO 1053	04 02	04/01/03	Protective Devices Schedule - Crime Coverage	AAIS-2002-57F	None
CO 1054	04 02	04/01/03	Crime Schedule - Blanket Limits	AAIS-2002-57F	None
CO 1055	04 02	04/01/03	Crime Schedule - Scheduled Limits and Locations	AAIS-2002-57F	None
CO 1056	04 02	04/01/03	Crime Schedule - Covered Locations	AAIS-2002-57F	None
CO 1057	04 02	04/01/03	Crime Schedule - Specific Limits	AAIS-2002-57F	None
CO 1058	04 02	04/01/03	Crime Schedule - Single Limit	AAIS-2002-57F	None
CO 1059	04 02	04/01/03	Crime Schedule - Covered Locations	AAIS-2002-57F	None
CO 1060	04 02	04/01/03	Loss Payable Schedule - Crime Coverage	AAIS-2002-57F	None
CO 1061	10 07	05/01/08	Excluded Locations Schedule	AAIS-2007-96F	None
CO 1062	04 02	04/01/03	Earthquake Schedule	AAIS-2002-57F	None
CO 1063	04 02	04/01/03	Flood Schedule	AAIS-2002-57F	None
CO 1064	04 02	04/01/03	Vehicle Schedule	AAIS-2002-57F	None
CO 1065	04 02	04/01/03	Protective Devices Schedule	AAIS-2002-57F	None
CO 1066	04 02	04/01/03	Ordinary Payroll Exclusion Schedule - Additional Exemptions	AAIS-2002-57F	None
CO 1067	04 02	04/01/03	Ordinary Payroll Limitation Schedule	AAIS-2002-57F	None
CO 1068	04 02	04/01/03	Seasonal Leases Schedule	AAIS-2002-57F	None
CO 1069	10 07	05/01/08	Reporting Schedule	AAIS-2007-96F	None
CO 1070	04 02	04/01/03	Off Premises Utility Service Interruption Schedule	AAIS-2002-57F	None

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS
LISTING OF FORMS AND ENDORSEMENTS REV 11 11 08

OTHER ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CO 1071	04 02	04/01/03	Off-Site Server Schedule	AAIS-2002-57F	None
CO 1072	04 02	04/01/03	Loss Payable Schedule	AAIS-2002-57F	None
CO 1073	03 05	06/01/05	Equipment Breakdown Schedule	AAIS-2005-05F	AR-PC-05-013616
CO 1074	04 02	04/01/03	Spoilage Schedule	AAIS-2002-57F	None
CO 1075	04 02	04/01/03	Scheduled Locations - Spoilage Coverage	AAIS-2002-57F	None
CO 1076	04 02	04/01/03	Schedule of Dependent Locations - Separate Limits	AAIS-2002-57F	None
CO 1077	04 02	04/01/03	Functional Replacement Cost Schedule	AAIS-2002-57F	None
CO 1078	04 02	04/01/03	Expanded Definition of Employee -- Schedule	AAIS-2002-57F	None
CO 1079	11 03	01/01/04	Limited Fungus and Related Perils Schedule - Location Limit	AAIS-2003-43F	None
CO 1080	11 03	01/01/04	Limited Fungus and Related Perils Schedule - Blanket Limit	AAIS-2003-43F	None
CO 1081	11 03	01/01/04	Limited Fungus and Related Perils Schedule Location Limit - Equipment Breakdown	AAIS-2003-43F	None
CO 1082	11 03	01/01/04	Limited Fungus and Related Perils Schedule Blanket Limit - Equipment Breakdown	AAIS-2003-43F	None
CO 1083	10 07	05/01/08	Schedule Of Dependent Domestic And Foreign Locations	AAIS-2007-96F	None
CO 1084	10 07	05/01/08	Windstorm Or Hail Schedule	AAIS-2007-96F	None
CO 1085	10 07	05/01/08	Multiple Deductible Schedule - Scheduled Perils And Locations	AAIS-2007-96F	None
CO 1101	04 02	04/01/03	Expanded Definition of Employee	AAIS-2002-57F	None
CO 1103	04 02	04/01/03	Excluded Employees or Classes of Employees	AAIS-2002-57F	None
CO 1104	04 02	04/01/03	Designated Agents As Employees	AAIS-2002-57F	None
CO 1105	04 02	04/01/03	Trading Coverage - Employee Fraud and Dishonesty	AAIS-2002-57F	AAIS-2002-57F None
CO 1106	04 02	04/01/03	Territorial Limits Amended	AAIS-2002-57F	None
CO 1107	04 02	04/01/03	Designated Property Exclusion	AAIS-2002-57F	None
CO 1108	04 02	04/01/03	Designated Location Exclusion	AAIS-2002-57F	None
CO 1109	04 02	04/01/03	Designated Armored Vehicle Company Exclusion	AAIS-2002-57F	None
CO 1110	04 02	04/01/03	Retroactive Date Applicable to Named Insured - Discovery Basis	AAIS-2002-57F	None
CO 1111	04 02	04/01/03	Retroactive Date Applies to Designated Multiple Named Insured - Discovery Basis	AAIS-2002-57F	None

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS
LISTING OF FORMS AND ENDORSEMENTS REV 11 11 08

OTHER ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CO 1112	04 02	04/01/03	Retroactive Date Applies to Acquired Entity - Discovery Basis	AAIS-2002-57F	None
CO 1113	04 02	04/01/03	Peak Season or Single Exposure Increase - Crime Coverage	AAIS-2002-57F	None
CO 1114	04 02	04/01/03	Loss Payable Options - Crime Coverage	AAIS-2002-57F	None
CO 1115	04 02	04/01/03	Protective Devices or Services Endorsement - Crime Coverage	AAIS-2002-57F	None
CO 1202	04 02	04/01/03	Expanded Restoration Period -- Extra Expense	AAIS-2002-57F	None
CO 1204	04 02	04/01/03	Income Coverage From Dependent Locations - Separate Limits	AAIS-2002-57F	None
CO 1220	10 07	05/01/08	Windstorm Or Hail Deductible	AAIS-2007-96F	None
CO 1221	04 02	04/01/03	Earthquake Endorsement	AAIS-2002-57F	None
CO 1223	04 02	04/01/03	Flood Endorsement	AAIS-2002-57F	None
CO 1225	04 02	04/01/03	Vehicle Coverage Endorsement	AAIS-2002-57F	None
CO 1227	05 02	04/01/03	Scheduled Locations Endorsement	AAIS-2002-57F-1	None
CO 1228	04 02	04/01/03	Property Excluded	AAIS-2002-57F	None
CO 1229	10 07	05/01/08	Named Storm Exclusion	AAIS-2007-96F	None
CO 1231	04 02	04/01/03	Reporting Conditions	AAIS-2002-57F	None
CO 1232	04 02	04/01/03	Loss Payable Options	AAIS-2002-57F	None
CO 1233	04 02	04/01/03	Premium Payments	AAIS-2002-57F	None
CO 1234	04 02	04/01/03	Multiple Deductible - Scheduled Perils	AAIS-2002-57F	None
CO 1235	04 02	04/01/03	Multiple Deductible - Scheduled Locations and Property	AAIS-2002-57F	None
CO 1236	04 02	04/01/03	Power, Heat, and Refrigeration Exclusion	AAIS-2002-57F	None
CO 1237	10 07	05/01/08	Multiple Deductible - Scheduled Perils And Locations	AAIS-2007-96F	None
CO 1238	04 02	04/01/03	Protective Devices Endorsement	AAIS-2002-57F	None
CO 1240	04 02	04/01/03	Ordinary Payroll Exclusion	AAIS-2002-57F	None
CO 1242	04 02	04/01/03	Ordinary Payroll Limitation	AAIS-2002-57F	None
CO 1247	04 02	04/01/03	Theft Exclusion	AAIS-2002-57F	None
CO 1248	04 02	04/01/03	Tuition Coverage	AAIS-2002-57F	None
CO 1250	04 02	04/01/03	Seasonal Leases	AAIS-2002-57F	None
CO 1254	04 02	04/01/03	Stated Value Endorsement	AAIS-2002-57F	None
CO 1264	04 02	04/01/03	Transit Backhaul	AAIS-2002-57F	None

AMERICAN ASSOCIATION OF INSURANCE SERVICES
COMMERCIAL OUTPUT PROGRAM

ARKANSAS
LISTING OF FORMS AND ENDORSEMENTS REV 11 11 08

OTHER ENDORSEMENTS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CO 1270	04 02	04/01/03	Resident Agent Countersignature	AAIS-2002-57F	None
CO 1271	04 02	04/01/03	Monthly Limitation -- Income Coverage	AAIS-2002-57F	None
CO 1277	04 02	04/01/03	Vacancy or Unoccupancy Coverage	AAIS-2002-57F	None
CO 1278	04 02	04/01/03	Earthquake Sprinkler Leakage	AAIS-2002-57F	None
CO 1279	04 02	04/01/03	Functional Replacement Cost Endorsement	AAIS-2002-57F	None
CO 1280	04 02	04/01/03	Property and Income Coverage Deductible	AAIS-2002-57F	None
CO 1281	04 02	04/01/03	Waiting Period -- Income Coverage	AAIS-2002-57F	None
CO 1282	04 02	04/01/03	Overseas Transit and Location	AAIS-2002-57F	None
CO 1283	04 02	04/01/03	Overseas Transit and Location - Property and Income Coverage	AAIS-2002-57F	None
CO 1284	04 02	04/01/03	Research and Development Projects -- Income Coverage	AAIS-2002-57F	None
CO 1286	04 02	04/01/03	Off Premises Utility Service Interruption - Coverage Limitation	AAIS-2002-57F	None
CO 1287	04 02	04/01/03	Installment Sales Coverage	AAIS-2002-57F	None
CO 1288	03 05	06/01/05	Peak Season Increase	AAIS-2005-05F	AR-PC-05-013616
CO 1289	04 02	04/01/03	Off-Site Server Coverage and Interruption of Web Site	AAIS-2002-57F	None
CO 1293	11 03	01/01/04	Limited Fungus and Related Perils Coverage	AAIS-2003-43F	None
CO 1294	11 03	01/01/04	Limited Fungus and Related Perils Coverage - Equipment Breakdown	AAIS-2003-43F	None
CO 1297	04 05	06/01/05	Joint Loss Agreement	AAIS-2005-05F-1	AR-PC-05-014181
CO 1298	10 07	05/01/08	Income Coverage From Dependent Domestic And Foreign Location	AAIS-2007-96F	None

The notice(s) referenced above must be distributed to policyholders and/or applicants. Other notices may be required. Check state insurance law.