

SERFF Tracking Number: MAXA-125953083 State: Arkansas  
Filing Company: Max America Insurance Company State Tracking Number: 31811 \$50  
Company Tracking Number: MA-FIM-2008-108-AF (AR)  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Filed Inland Marine  
Project Name/Number: Filed Inland Marine New Program Submission/MA-FIM-2008-108

## Filing at a Glance

Company: Max America Insurance Company

Product Name: Filed Inland Marine

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations

Filing Type: Form

SERFF Tr Num: MAXA-125953083 State: Arkansas

SERFF Status: Closed

State Tr Num: 31811 \$50

Co Tr Num: MA-FIM-2008-108-AF (AR)

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Jennifer Waldron

Disposition Date: 12/22/2008

Date Submitted: 12/19/2008

Disposition Status: Approved

Effective Date Requested (New): 01/20/2009

Effective Date (New): 01/20/2009

Effective Date Requested (Renewal): 01/20/2009

Effective Date (Renewal):

01/20/2009

State Filing Description:

## General Information

Project Name: Filed Inland Marine New Program Submission

Project Number: MA-FIM-2008-108

Reference Organization: AAIS

Reference Title: N/A

Filing Status Changed: 12/22/2008

State Status Changed: 12/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Submission of Filed Inland Marine New Program Filing

Status of Filing in Domicile: Pending

Domicile Status Comments: This filing is currently pending in Indiana.

Reference Number: See attached listing

Advisory Org. Circular: N/A

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: MAXA-125953083 State: Arkansas  
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Jennifer Waldron, Supervisor JenB@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033 (856) 216-0303[FAX]

**Filing Company Information**

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

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Standard Filing Fee for Forms.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Max America Insurance Company	\$0.00	12/19/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
31811	\$50.00	12/17/2008

SERFF Tracking Number: MAXA-125953083 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/22/2008	12/22/2008

*SERFF Tracking Number:*      *MAXA-125953083*                      *State:*                      *Arkansas*  
*Filing Company:*              *Max America Insurance Company*              *State Tracking Number:*      *31811 \$50*  
*Company Tracking Number:*      *MA-FIM-2008-108-AF (AR)*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0000 Inland Marine Sub-TOI Combinations*  
*Product Name:*              *Filed Inland Marine*  
*Project Name/Number:*      *Filed Inland Marine New Program Submission/MA-FIM-2008-108*

## **Disposition**

Disposition Date: 12/22/2008

Effective Date (New): 01/20/2009

Effective Date (Renewal): 01/20/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MAXA-125953083 State: Arkansas  
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 Project Name/Number: Filed Inland Marine New Program Submission/MA-FIM-2008-108

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Listing of AAIS Reference Filing Numbers	Approved	Yes
<b>Supporting Document</b>	AAIS Filing Authorization Notification	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Forms Listing	Approved	Yes
<b>Form</b>	Inland Marine Policy Declarations	Approved	Yes
<b>Form</b>	Inland Marine Policy Jacket	Approved	Yes
<b>Form</b>	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
<b>Form</b>	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)	Approved	Yes

SERFF Tracking Number: MAXA-125953083 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Inland Marine Policy Declarations	IMPMADE C	11/08	Declaration	New s/Schedule		0.00	IMP Policy Dec IMPMADEC 11-08 no sig.pdf
Approved	Inland Marine Policy Jacket	JACMADE C	11/08	Other	New		0.00	Max America Inland Jacket _2_.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	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)	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

## INLAND MARINE 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: \_\_\_\_\_

IM Policy Declarations

Page 1 of 1

IMPMADEC 11/08



# Max America Insurance Company

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

## Marine Division

### **INLAND MARINE 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.

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Corporate Secretary

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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-125953083*                      *State:*                      *Arkansas*  
*Filing Company:*              *Max America Insurance Company*              *State Tracking Number:*      *31811 \$50*  
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*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0000 Inland Marine Sub-TOI Combinations*  
*Product Name:*              *Filed Inland Marine*  
*Project Name/Number:*      *Filed Inland Marine New Program Submission/MA-FIM-2008-108*

## **Rate Information**

Rate data does NOT apply to filing.

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 Product Name: Filed Inland Marine  
 Project Name/Number: Filed Inland Marine New Program Submission/MA-FIM-2008-108

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/22/2008

**Comments:**

**Attachment:**

AR NAIC.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 12/22/2008

**Comments:**

Attached is the cover letter for this submission.

**Attachment:**

AR.pdf

**Satisfied -Name:** Listing of AAIS Reference Filing Numbers **Review Status:** Approved 12/22/2008

**Comments:**

Attached is a listing of AAIS Reference Filing Numbers that the Company wishes to adopt.

**Attachment:**

CIM AR listing.pdf

**Satisfied -Name:** AAIS Filing Authorization Notification **Review Status:** Approved 12/22/2008

**Comments:**

Attached is the AAIS Filing Authorization Notification for this submission.

**Attachment:**

AAIS Filing Authorization Notification (2).pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 12/22/2008

**Comments:**



SERFF Tracking Number: MAXA-125953083 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Filed Inland Marine  
Project Name/Number: Filed Inland Marine New Program Submission/MA-FIM-2008-108

**Review Status:**

**Satisfied -Name:** Forms Listing Approved 12/22/2008

**Comments:**

Attached is the forms listing for this submission

**Attachment:**

Forms Index.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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 type="text"/> Renewal: <input 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
------------	--	--	--	--	--	--	--

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

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
-----------	---	--

<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	



December 18, 2008

The Department of Insurance  
Property and Casualty Division  
Form Review Section

**RE: Max America Insurance Company / NAIC #21296**  
Filed Inland Marine Program  
Form Filing  
Company Filing #: MA-FIM-2008-108-AF (AR)  
Effective Date: 1/20/09

To Whom It May Concern:

Enclosed please find the Company's Filed Inland Marine 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 AAIS forms for the Filed Inland Marine classes, 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. The Company is also submitting the attached terrorism selection/rejection forms.

Please note that the corresponding rates are exempt from filing 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,

***Jennifer Waldron***

Jennifer Waldron  
Supervisor  
[jenb@westmontlaw.com](mailto:jenb@westmontlaw.com)

Enclosures

cc: M. Crescenzo  
C. Adiletto

AMERICAN ASSOCIATION OF INSURANCE SERVICES  
COMMERCIAL INLAND MARINE PROGRAM

ARKANSAS  
LISTING OF FORMS AND ENDORSEMENTS REV 11 06 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
IM 1000	01 05	02/01/06	Accounts Receivable Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1050	01 05	02/01/06	Camera and Musical Instrument Dealers Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1100	01 05	02/01/06	Floor Plan Merchandise Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1150	01 05	02/01/06	Mobile Equipment Dealers Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1200	01 05	02/01/06	Jewelry Dealers Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1201	01 05	02/01/06	Jewelry Dealers Named Perils Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1250	01 05	02/01/06	Musical Instruments Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1300	01 05	02/01/06	Negative Film Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1350	01 05	02/01/06	Photographic Equipment Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1400	01 05	02/01/06	Physicians and Dentists Equipment Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1450	01 05	02/01/06	Sign Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1500	09 05	02/01/06	Theatrical Property Coverage	AAIS-2005-64F-1	AR-PC-05-016527
IM 1550	01 05	02/01/06	Valuable Papers and Records Coverage	AAIS-2005-64F	AR-PC-05-015833

COMMON POLICY CONDITIONS

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
CL 0100	03 99	03/01/99	Common Policy Conditions	AAIS-98-23F	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
IM 2007	09 06	x 02/01/08	Amendatory Endorsement - Arkansas	AAIS-2007-72	AR-PC-07-026485

AMERICAN ASSOCIATION OF INSURANCE SERVICES  
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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-2008-4CIMF	None
CL 0605	01 08	02/04/08	Certified Terrorism Loss Disclosure Of Premium And Federal Share Of Insured Losses	AAIS-2008-4CIMF	None
CL 0610	01 08	02/04/08	Certified Act Of Terrorism Exclusion	AAIS-2008-4CIMF	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
IM 1005	01 05	02/01/06	Schedule of Coverages - Accounts Receivable	AAIS-2005-64F	AR-PC-05-015833
IM 1012	01 05	02/01/06	Duplicate Records	AAIS-2005-64F	AR-PC-05-015833
IM 1013	01 05	02/01/06	Accounts Receivable Reporting Conditions	AAIS-2005-64F	AR-PC-05-015833
IM 1015	01 05	02/01/06	Coinsurance Provisions - Accounts Receivable	AAIS-2005-64F	AR-PC-05-015833
IM 1055	01 05	02/01/06	Schedule of Coverages - Camera and Musical Instrument Dealers	AAIS-2005-64F	AR-PC-05-015833
IM 1105	01 05	02/01/06	Schedule of Coverages - Floor Plan Merchandise	AAIS-2005-64F	AR-PC-05-015833
IM 1111	01 05	02/01/06	Limit of Loss - Single Interest For Lending Institutions	AAIS-2005-64F	AR-PC-05-015833
IM 1112	01 05	02/01/06	Limit of Recovery - Single Interest For Lending Institutions	AAIS-2005-64F	AR-PC-05-015833
IM 1155	01 05	02/01/06	Schedule of Coverages - Mobile Equipment Dealers	AAIS-2005-64F	AR-PC-05-015833
IM 1205	01 05	02/01/06	Schedule of Coverages - Jewelry Dealers	AAIS-2005-64F	AR-PC-05-015833
IM 1211	01 05	02/01/06	Jewelry Dealers Proposal	AAIS-2005-64F	AR-PC-05-015833
IM 1212	01 05	02/01/06	Fire and Lightning Exclusion	AAIS-2005-64F	AR-PC-05-015833
IM 1213	01 05	02/01/06	Jewelers Security Alliance	AAIS-2005-64F	AR-PC-05-015833
IM 1215	01 05	02/01/06	Money in Safes	AAIS-2005-64F	AR-PC-05-015833
IM 1216	01 05	02/01/06	Money and Securities Robbery	AAIS-2005-64F	AR-PC-05-015833
IM 1219	01 05	02/01/06	Inflation Guard	AAIS-2005-64F	AR-PC-05-015833
IM 1220	01 05	02/01/06	Pledged Articles in a Safe or Vault Exclusion	AAIS-2005-64F	AR-PC-05-015833
IM 1223	01 05	02/01/06	Property Away From Premises Restriction	AAIS-2005-64F	AR-PC-05-015833

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Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
IM 1251	01 05	02/01/06	Named Perils Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1255	01 05	02/01/06	Schedule of Coverages - Musical Instruments	AAIS-2005-64F	AR-PC-05-015833
IM 1261	01 05	02/01/06	Coinsurance Waiver	AAIS-2005-64F	AR-PC-05-015833
IM 1263	01 05	02/01/06	Personal Property Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1264	01 05	02/01/06	Reporting Conditions	AAIS-2005-64F	AR-PC-05-015833
IM 1266	01 05	02/01/06	Restriction of Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1267	01 05	02/01/06	Increased Premium	AAIS-2005-64F	AR-PC-05-015833
IM 1273	01 05	02/01/06	Coinsurance Provisions	AAIS-2005-64F	AR-PC-05-015833
IM 1275	01 05	02/01/06	Calendar Date or Time Failure Exclusion	AAIS-2005-64F	AR-PC-05-015833
IM 1305	01 05	02/01/06	Schedule of Coverages - Negative Film	AAIS-2005-64F	AR-PC-05-015833
IM 1311	01 05	02/01/06	Premises Restriction	AAIS-2005-64F	AR-PC-05-015833
IM 1312	01 05	02/01/06	Vault Restriction	AAIS-2005-64F	AR-PC-05-015833
IM 1313	01 05	02/01/06	Non-Reporting Negative Film	AAIS-2005-64F	AR-PC-05-015833
IM 1355	01 05	02/01/06	Schedule of Coverages - Photographic Equipment	AAIS-2005-64F	AR-PC-05-015833
IM 1405	09 05	02/01/06	Schedule of Coverages - Physicians and Dentists Equipment	AAIS-2005-64F-1	AR-PC-05-016527
IM 1411	01 05	02/01/06	Additional Property Coverages	AAIS-2005-64F	AR-PC-05-015833
IM 1412	01 05	02/01/06	Property Normally Carried By You	AAIS-2005-64F	AR-PC-05-015833
IM 1413	01 05	02/01/06	Artificially Generated Electric Current Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 1455	01 05	02/01/06	Schedule of Coverages - Signs	AAIS-2005-64F	AR-PC-05-015833
IM 1456	01 05	02/01/06	Coinsurance Provisions - Signs	AAIS-2005-64F	AR-PC-05-015833
IM 1505	01 05	02/01/06	Schedule of Coverages - Theatrical Property	AAIS-2005-64F	AR-PC-05-015833
IM 1555	01 05	02/01/06	Schedule of Coverages - Valuable Papers and Records	AAIS-2005-64F	AR-PC-05-015833
IM 1561	01 05	02/01/06	Exclusions For Library Coverage	AAIS-2005-64F	AR-PC-05-015833
IM 7854	04 04	02/01/06	Loss Payable Options	AAIS-2005-64F	AR-PC-05-015833
IM 7902	04 04	02/01/06	Loss Payable Schedule	AAIS-2005-64F	AR-PC-05-015833

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ADVISORY DECLARATIONS (filed for informational purposes)

Number	Edition	Available Eff Date	Form Title	AAIS File Number	State File Number
IM 7901	04 04	02/01/06	Inland Marine -- Declarations Renewal Certificate	AAIS-2005-64F	AR-PC-05-015833

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



# Filing Authorization Notification

Email: PatP@AAISonline.com

Line of Insurance: Commercial Filed Inland Marine

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	A
Arizona*	Exempt		
Arkansas*	Exempt		
California <sup>∞</sup>	Filing Authorization Not Available		
Colorado <sup>∞</sup> *	Filing Authorization Not Available		Exempt
Connecticut	A	A	A
Delaware <sup>∞</sup>	Filing Authorization Not Available	A	A
District of Columbia	A	A	A
Florida*	Exempt		
Georgia	A	A	A
Idaho	A	A	A
Illinois <sup>(CG)</sup>	See Compliance Guide		
Indiana	A	A	A
Iowa	A	A	A
Kansas*	Exempt		
Kentucky	A	A	A
Louisiana <sup>∞</sup>	Filing Authorization Not Available	A	A
Maine	A	A	A
Maryland	A	A	A
Massachusetts <sup>∞</sup>	Filing Authorization Not Available	A	A
Michigan <sup>∞</sup> *	Filing Authorization Not Available	A	Exempt
Minnesota*	Exempt		
Mississippi*	Exempt		
Missouri	A	A	A
Montana	A	A	A
Nebraska	A	A	A

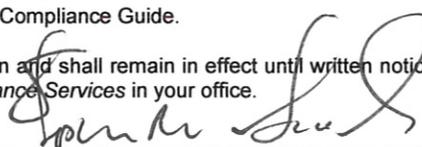
State	Loss Costs	Rules	Forms
Nevada*	Exempt		A
New Hampshire	A	A	A
New Jersey*	Exempt		
New Mexico*	Exempt		
New York <sup>∞</sup>	Filing Authorization Not Available		A
North Carolina	A	A	A
North Dakota	A	A	A
Ohio	A	A	A
Oklahoma*	Exempt		
Oregon	A	A	A
Pennsylvania*	A	A	Exempt
Rhode Island*	Exempt		
South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

<sup>∞</sup> 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

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

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



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

**FORMS INDEX**

<b>Form Number</b>	<b>Form Name</b>
IMPMADEC (11/08)	Inland Marine Policy Declarations
JACMADEC (11/08)	Inland Marine Policy Jacket
MXA100 (10/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
MXA101 (10/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)