

<i>SERFF Tracking Number:</i>	<i>PERR-125939056</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Plaza Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PLZ-CP-AR-08-01-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F</i>		

## Filing at a Glance

Company: Plaza Insurance Company

Product Name: Commercial Property

TOI: 01.0 Property

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: PERR-125939056 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: PLZ-CP-AR-08-01-F

State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Faviola Jimenez, Lois Pimentel, Addy Anggelico

Disposition Date: 12/29/2008

Date Submitted: 12/18/2008

Disposition Status: Approved

Effective Date Requested (New): 01/18/2009

Effective Date (New): 01/18/2009

Effective Date Requested (Renewal): 01/18/2009

Effective Date (Renewal): 01/18/2009

State Filing Description:

## General Information

Project Name: PLZ-CP-AR-08-01-F

Project Number: PLZ-CP-AR-08-01-F

Reference Organization: Insurance Services Offices, Inc

Reference Title:

Filing Status Changed: 12/29/2008

State Status Changed: 12/19/2008

Corresponding Filing Tracking Number: Exempt

Filing Description:

On behalf of Plaza Insurance Company (the "Company"), we are filing to introduce a new program. The Company is filing to adopt all currently approved ISO forms for the new Commercial Property program. The Company is a member of Insurance Services Office, Inc. ("ISO") and has given ISO the authority to file on their behalf where permitted. With this filing, the Company is adopting the current approved ISO forms in your state.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: All currently approved ISO forms

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>PERR-125939056</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Plaza Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PLZ-CP-AR-08-01-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F</i>		

Also included are the new independent Company forms for your review.

Please refer to the filing memorandum for further details of this filing.

We respectfully request this filing to be effective on January 18, 2009.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. The Company has prepared the forms contained within this filing. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lois Pimentel, State Filings Project Coordinator doi@perrknight.com

Perr&Knight (707) 546-6896 [Phone]

Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

Plaza Insurance Company

700 W. 47th St, Ste 350

Kansas City, MO 64112

(816) 412-2836 ext. [Phone]

CoCode: 30945

Group Code: 4463

Group Name: Rockhill Holding

Group

FEIN Number: 58-1140651

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State of Domicile: Missouri

Company Type:

State ID Number:

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

*SERFF Tracking Number:* PERR-125939056      *State:* Arkansas  
*Filing Company:* Plaza Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* PLZ-CP-AR-08-01-F  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
  
*Product Name:* Commercial Property  
*Project Name/Number:* PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F  
  
Retaliatory? No  
Fee Explanation: AR charges \$50 per form filing.  
Per Company: No

SERFF Tracking Number: PERR-125939056 State: Arkansas  
Filing Company: Plaza Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PLZ-CP-AR-08-01-F  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Property  
Project Name/Number: PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Plaza Insurance Company	\$50.00	12/18/2008	24618437

SERFF Tracking Number: PERR-125939056 State: Arkansas  
Filing Company: Plaza Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PLZ-CP-AR-08-01-F  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Property  
Project Name/Number: PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/29/2008	12/29/2008

*SERFF Tracking Number:* PERR-125939056      *State:* Arkansas  
*Filing Company:* Plaza Insurance Company      *State Tracking Number:* EFT \$50  
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*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Commercial Property  
*Project Name/Number:* PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

## **Disposition**

Disposition Date: 12/29/2008

Effective Date (New): 01/18/2009

Effective Date (Renewal): 01/18/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125939056 State: Arkansas  
 Filing Company: Plaza Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PLZ-CP-AR-08-01-F  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Property  
 Project Name/Number: PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Authorization letter	Approved	Yes
Form	COMMON POLICY DECLARATION	Approved	Yes
Form	SUPPLEMENTAL DECLARATIONS	Approved	Yes
Form	EXTENSION OF SUPPLEMENTAL DECLARATIONS	Approved	Yes
Form	SCHEDULE OF FORMS AND ENDORSEMENTS	Approved	Yes
Form	NAMED INSURED SCHEDULE	Approved	Yes
Form	SCHEDULE OF TAX, SURCHARGE AND FEES	Approved	Yes
Form	COMMON POLICY CHANGE ENDORSEMENT	Approved	Yes
Form	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US	Approved	Yes
Form	TRIA NOTICE	Approved	Yes
Form	TRIA REJECTION	Approved	Yes
Form	SIGNATURE PAGE	Approved	Yes
Form	INFLUENZA OR EPIDEMIC EXCLUSION	Approved	Yes
Form	INFLUENZA OR EPIDEMIC NOTICE TO POLICYHOLDERS	Approved	Yes
Form	SCHEDULE OF LOCATIONS	Approved	Yes
Form	SCHEDULE OF LOCATION CHANGES	Approved	Yes
Form	SCHEDULE OF LOSS PAYEE(S)	Approved	Yes
Form	SCHEDULE OF MORTGAGE HOLDERS	Approved	Yes
Form	SCHEDULE OF PROPERTY CHANGES	Approved	Yes
Form	FUNGUS LIMITATION - 5000	Approved	Yes

SERFF Tracking Number: PERR-125939056 State: Arkansas  
 Filing Company: Plaza Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PLZ-CP-AR-08-01-F  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Property  
 Project Name/Number: PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	COMMON POLICY DECLARATION	PIC 1000009	08	Declaration New s/Schedule		0.00	COMMON POLICY DEC.pdf
Approved	SUPPLEMENTAL DECLARATIONS	PIC 1010009	08	Declaration New s/Schedule		0.00	PROPERTY SUPPLEMENTAL DEC.pdf
Approved	EXTENSION OF SUPPLEMENTAL DECLARATIONS	PIC 1011109	08	Declaration New s/Schedule		0.00	PROPERTY EXT OF SUPPLEMENTAL DEC.pdf
Approved	SCHEDULE OF FORMS AND ENDORSEMENTS	PIC 1000509	08	Declaration New s/Schedule		0.00	FORM SCHEDULE.pdf
Approved	NAMED INSURED SCHEDULE	PIC 1001009	08	Declaration New s/Schedule		0.00	NAMED INS SCHED.pdf
Approved	SCHEDULE OF TAX, SURCHARGE AND FEES	PIC 1001509	08	Declaration New s/Schedule		0.00	SCHED OF TAX, SURCHARGE, FEE.pdf
Approved	COMMON POLICY CHANGE ENDORSEMENT	PIC 1002009	08	Endorsement New nt/Amendment/Conditions		0.00	COMMON POLICY CHANGE ENDT.pdf
Approved	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US	PIC 1003009	08	Endorsement New nt/Amendment/Conditions		0.00	Two or More Coverage Forms.pdf

SERFF Tracking Number: PERR-125939056 State: Arkansas  
 Filing Company: Plaza Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PLZ-CP-AR-08-01-F  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Property  
 Project Name/Number: PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

Approved	TRIA NOTICE	PIC 1007009 08	Endorsement/Amendment/Conditions	New	0.00	TRIA NOTICE.pdf
Approved	TRIA REJECTION	PIC 1007109 08	Endorsement/Amendment/Conditions	New	0.00	TRIA REJECTION.pdf
Approved	SIGNATURE PAGE	PIC 9252 05 08	Other	New	0.00	PIC Signature.pdf
Approved	INFLUENZA OR EPIDEMIC EXCLUSION	PIC 1025009 08	Endorsement/Amendment/Conditions	New	0.00	INFLUENZA OR EPIDEMIC EXCLUSION.pdf
Approved	INFLUENZA OR EPIDEMIC NOTICE TO POLICYHOLDERS	PIC 1025109 08	Endorsement/Amendment/Conditions	New	0.00	INFLUENZA NOTICE.pdf
Approved	SCHEDULE OF LOCATIONS	PIC 1011509 08	Declaration	News/Schedule	0.00	SCHED OF LOCATIONS.pdf
Approved	SCHEDULE OF LOCATION CHANGES	PIC 1011609 08	Declaration	News/Schedule	0.00	SCHED OF LOCATION CHANGES.pdf
Approved	SCHEDULE OF LOSS PAYEE(S)	PIC 1011709 08	Declaration	News/Schedule	0.00	PROPERTY-LOSS PAYEE.pdf
Approved	SCHEDULE OF MORTGAGE HOLDERS	PIC 1012509 08	Declaration	News/Schedule	0.00	SCHED OF MORTGAGE HOLDERS.pdf
Approved	SCHEDULE OF PROPERTY	PIC 1013009 08	Declaration	News/Schedule	0.00	SCHED OF PROPERTY

SERFF Tracking Number: PERR-125939056 State: Arkansas  
Filing Company: Plaza Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PLZ-CP-AR-08-01-F  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Property  
Project Name/Number: PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

CHANGES

CHANGES.p  
df

Approved FUNGUS PIC 1013609 08 Endorseme New  
LIMITATION - nt/Amendm  
5000 ent/Condi  
tions

FUNGUS 5K  
SUBLIMIT.p  
df



Policy Number

Renewal of Policy #

# Plaza Insurance Company COMMON POLICY DECLARATIONS

**Item 1.** Named Insured and Mailing Address

Agent Name and Address

Agent No.

**Item 2.** Policy Period:

From:

To

**At 12:01 A.M., Standard Time at your mailing address shown above.**

**Item 3.** Business Description:

Form of Business:

**Item 4.** In return for the 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 of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

**Coverage Part(s)**

**Premium**

Commercial Property Coverage Part

Commercial General Liability Coverage Part

Commercial Crime Coverage Part

Commercial Inland Marine Coverage Part

Commercial Auto (Business or Truckers) Coverage Part

Commercial Garage Coverage Part

**Total Policy Premium:**

**Item 5.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements**

**Plaza Insurance Company**  
Hereinafter Referred To As The Company



\_\_\_\_\_  
President

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.





Policy Number

## SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured:

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

**PIC 10005 (09/08)**





Policy Number

**SCHEDULE OF NAMED INSURED(S)**

Named Insured

Effective Date:  
12:01 A.M. Standard Time

Agent Name

Agent No.

Policy Number

**SCHEDULE OF TAXES, SURCHARGES OR FEES**

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

TAXES / SURCHARGES / FEES / DETAILED BREAKDOWN:

**TOTAL** \$ \_\_\_\_\_

Policy Number

Endorsement No.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**Plaza Insurance Company  
COMMON POLICY CHANGE ENDORSEMENT**

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

**COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.**

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- Commercial Auto or Garage

The following item(s):

Insured's Name

Insured's Mailing Address

Policy Number

Company

Effective/Expiration Date

Insured's Legal Status/Business of Insured

Payment Plan

Premium Determination

Additional Interested Parties

Coverage Forms and Endorsements

Limits/Exposures

Deductibles

Covered Property/Location Description

Classifications/Class Codes

Rates

Underlying Exposure/Insurance

is (are) changed to read **{See Additional Page(s)}**

The above amendments result in a change in premium as follows:

**This premium does not include taxes and surcharges.**

No Changes

To be Adjusted at Audit

Additional

Return

**Tax and Surcharge Changes**

Additional

Return

Countersigned By:

\_\_\_\_\_  
AUTHORIZED AGENT

Policy Number

Endorsement #:

**COMMON POLICY CHANGE ENDORSEMENT**

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

**POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)**

**REMOVAL PERMIT**

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:  
If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

**THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.**

**TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- PRODUCTS/COMPLETED OPERATION LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:  
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

The following CONDITION is added:

If this Coverage Form and any other Coverage Form or policy under which you are an insured, issued by us or any companies affiliated with us, apply to the same "accident" or "occurrence", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

**All Other Terms and Conditions Remain Unchanged.**

# PLAZA INSURANCE COMPANY

## TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007 ADVISORY NOTICE TO POLICYHOLDERS

THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT PART OF THE POLICY.

This Notice is designed to alert you to coverage changes that will affect your policy should you accept or reject terrorism coverage. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply. PLEASE READ YOUR POLICY CAREFULLY AND CONTACT THE COMPANY OR YOUR AGENT IF YOU HAVE ANY QUESTIONS.

The Terrorism Risk Insurance Act of 2002 established a program, the Terrorism Risk Insurance Program (the "Program"), under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. That Program, by extension in 2005, was scheduled to expire on December 31, 2007, but it has been extended once again until December 31, 2014 by the Terrorism Risk Insurance Program Reauthorization Act of 2007. Pursuant to the Program, every insurer is required to make coverage available for certain acts of terrorism, and an insured can either accept or reject that coverage.

At the time your policy was bound, issued or quoted, Congress had not yet acted to extend the Program, and the Program was scheduled to expire before your policy went into effect. Accordingly, coverage for certified acts of terrorism was not made available to you. With the extension of the Program, we must now make coverage available for you for certain acts of terrorism.

Please carefully review the attached DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE. The Disclosure Notice explains the coverage that is available for an additional premium. The Disclosure Notice also contains the additional premium amount that will be charged to you if you accept coverage for certain acts of terrorism. If, instead, you wish to reject the coverage, please sign and return the Disclosure Notice promptly.

**Please note: Your failure to return a signed Disclosure Notice rejecting the terrorism coverage that is offered will result in an automatic attachment of the coverage to your policy and the assessment of the applicable premium for such coverage.**

**PLAZA INSURANCE COMPANY  
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the United States Terrorism Risk Act of 2002 (Public Law 107-97), as modified and extended by the Terrorism Risk Insurance Extension Act of 2005 and the Terrorism Risk Insurance Program Reauthorization Act of 2007, you now have a right to purchase insurance coverage for losses arising out of an act of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the United States Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States: to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damages within the United States, or outside the United States in the case of an air carrier or vessel 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.

**IF YOU ARE ISSUED THE NEW OR RENEWAL POLICY FOR WHICH THIS QUOTE IS BEING PROVIDED, STONINGTON INSURANCE COMPANY WILL PROVIDE COVERAGE FOR AN ACT OF TERRORISM AS DEFINED IN THE ACT UNLESS YOU ADVISE US IN WRITING THAT YOU DO NOT WANT COVERAGE AGAINST AN ACT OF TERRORISM BY SIGNING AND RETURNING THIS NOTICE TO STONINGTON INSURANCE COMPANY BEFORE THE EFFECTIVE DATE OF THE POLICY.**

You should know that coverage provided by a policy for losses caused by a certified act of terrorism is partially reimbursed by the United States under a formula established by United States federal law. Under the formula, the United States federal government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. **YOU SHOULD ALSO KNOW THAT THE ACT CONTAINS A \$100 BILLION CAP THAT LIMITS THE UNITED STATES' AND STONINGTON'S LIABILITY FOR LOSSES RESULTING FROM A CERTIFIED "ACT OF TERRORISM" IN ANY GIVEN CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.** The premium charged by Stonington Insurance Company for coverage against an act of terrorism does not include any charges for the portion of loss covered by the United States federal government under the Act.

PREMIUM FOR COVERAGE AGAINST AN ACT OF TERRORISM: \$\_\_\_\_\_.

**Please note:** If you elect to reject this offer of terrorism coverage by signing below, your rejection will not be recognized to the limited extent that the law of your state makes it mandatory that the company provide coverage against terrorism. If the law of your state, separate from the Act, requires that your policy provide coverage against terrorism, your policy will provide such coverage in accordance with and as limited by the law of your state. The portion of the premium shown above attributable to any such required state mandated terrorism coverage is \$\_\_\_\_\_. The amount is part of the overall premium charges for your insurance policy and as a result of the mandatory coverage, will be charged to you as premium notwithstanding any request by you to reject coverage under the Act.

**I hereby reject the option to include coverage for an act of terrorism in the policy. I understand that the policy will not provide coverage for losses arising from an act of terrorism.**

\_\_\_\_\_  
Policyholder/Applicant's Signature

Plaza Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number/Quote Number

\_\_\_\_\_  
Name of Policyholder/Applicant

\_\_\_\_\_  
Date

## SIGNATURE ENDORSEMENT

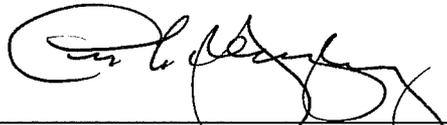
By signing and delivering the policy to you, we state that it is a valid contract when countersigned by our authorized representative.

**PLAZA INSURANCE COMPANY**  
Kansas City, Missouri



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Secretary



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President

**THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.**

**INFLUENZA OR EPIDEMIC EXCLUSION**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury", loss or damage, or cost or expense arising out of, caused by or resulting from, directly or indirectly:

A. The:

1. infection or feared or suspected infection with;
2. diagnosis of or treatment for, or failure to diagnose or treat;
3. quarantine for or attempted containment of, or failure to quarantine or contain;
4. presence or detection of, or failure to detect;
5. prevention of or vaccination against, or failure to prevent or vaccinate;
6. restrictions on travel due to, or failure to restrict travel due to; or
7. declaration of an epidemic or pandemic due to, or failure to declare an epidemic or pandemic due to:

any type of influenza virus, including but not limited to types A, B or C virus, any subtype or strain of the influenza A, B or C virus (including but not limited to the H5 and H7 subtypes), any similar or related influenza or virus, or any derivation from, reassortment, or mutation (occurring either naturally or through human intervention) of the influenza A, B or C virus, including but not limited to a human influenza virus.

B. Any epidemic, pandemic, pandemic alert or outbreak (or other term of similar meaning) that is declared, announced or otherwise notified by the U.S. Center for Disease Control and Prevention (as such is reported in the Morbidity and Mortality Weekly Report), World Health Organization, or any national, state or local public health organization (or organization acting in a similar capacity).

Exclusion of the epidemic or pandemic infectious disease shall begin as of the date of such announcement or notification and shall continue until the termination date of such epidemic or pandemic; provided, however, that this exclusion shall continue to apply to any individual case of epidemic or pandemic infectious disease contracted during the exclusionary period that continues beyond the termination date.

**All Other Terms and Conditions Remain Unchanged.**

## **INFLUENZA OR EPIDEMIC EXCLUSION NOTICE TO POLICYHOLDERS**

THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT PART OF THE POLICY.

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement, which applies to your new or renewal policy being issued by us:

### **Influenza or Epidemic Exclusion**

This endorsement makes an explicit statement regarding a risk that is not covered under your insurance. It points out that there is no coverage for "bodily injury", "property damage", "personal and advertising injury", loss or damage, or cost or expense arising out of, caused by or resulting from, directly or indirectly any type of influenza or other epidemic or pandemic alerts or outbreaks. The exclusion in this endorsement applies to all coverages provided by your insurance policy.

Policy Number

**SCHEDULE OF LOCATIONS**

Named Insured

Effective Date:  
12:01 A.M. Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
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Policy Number

Endorsement No.

**SCHEDULE OF LOCATION CHANGES**

Named Insured

Effective Date:  
12:01 A.M. Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
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Policy Number

**SCHEDULE OF LOSS PAYEE(S)**

Named Insured

Effective Date:  
12:01 A.M. Standard Time

Agent Name

Agent No.

Loc.  
No.

Bldg.  
No.

Loss Payee and Mailing Address

Policy Number

**SCHEDULE OF MORTGAGE HOLDER(S)**

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

Loc. Bldg.  
No. No.

Mortgage Holder Name and Mailing Address



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CHANGES – FUNGUS, WET ROT, DRY ROT AND BACTERIA**

This endorsement modifies insurance provided under the following:

CAUSES OF LOSS – BASIC FORM  
CAUSES OF LOSS – BROAD FORM  
CAUSES OF LOSS – SPECIAL FORM

In the **Additional Coverage – Limited Coverage For Fungus, Wet Rot, Dry Rot And Bacteria**, the amount of \$15,000 is deleted and replaced by \$5,000.

**All Other Terms and Conditions Remain Unchanged.**

*SERFF Tracking Number:*      *PERR-125939056*                      *State:*                      *Arkansas*  
*Filing Company:*              *Plaza Insurance Company*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *PLZ-CP-AR-08-01-F*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0001 Commercial Property (Fire and Allied Lines)*  
  
*Product Name:*              *Commercial Property*  
*Project Name/Number:*      *PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125939056 State: Arkansas  
Filing Company: Plaza Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PLZ-CP-AR-08-01-F  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Property  
Project Name/Number: PLZ-CP-AR-08-01-F/PLZ-CP-AR-08-01-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/29/2008

**Comments:**

**Attachment:**

2007 NAIC FFS + CP.pdf

**Satisfied -Name:** Authorization letter **Review Status:** Approved 12/29/2008

**Comments:**

**Attachment:**

LOA.pdf

**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>		PLZ-CP-AR-08-01-F		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		Exempt		
<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	COMMON POLICY DECLARATION	PIC 10000 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	SUPPLEMENTAL DECLARATIONS	PIC 10100 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	EXTENSION OF SUPPLEMENTAL DECLARATIONS	PIC 10111 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	SCHEDULE OF FORMS AND ENDORSEMENTS	PIC 10005 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	NAMED INSURED SCHEDULE	PIC 10010 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	SCHEDULE OF TAX, SURCHARGE AND FEES	PIC 10015 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	COMMON POLICY CHANGE ENDORSEMENT	PIC 10020 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US	PIC 10030 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	TRIA NOTICE	PIC 10070 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	TRIA REJECTION	PIC 10071 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	SIGNATURE PAGE	PIC 9252 05 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	INFLUENZA OR EPIDEMIC EXCLUSION	PIC 10250 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

### FORM FILING SCHEDULE *(Continued)*

(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>	PLZ-CP-AR-08-01-F			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	Exempt			
<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>
13	INFLUENZA OR EPIDEMIC NOTICE TO POLICYHOLDERS	PIC 10251 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
14	SCHEDULE OF LOCATIONS	PIC 10115 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
15	SCHEDULE OF LOCATION CHANGES	PIC 10116 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
16	SCHEDULE OF LOSS PAYEE(S)	PIC 10117 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
17	SCHEDULE OF MORTGAGE HOLDERS	PIC 10125 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
18	SCHEDULE OF PROPERTY CHANGES	PIC 10130 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
19	FUNGUS LIMITATION - 5000	PIC 10136 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		



PLAZA  
INSURANCE COMPANY

700 W. 47TH ST.  
SUITE 350  
KANSAS CITY, MO 64112  
816.412.2800  
816.412.7550 (FAX)

August 7, 2008

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Plaza Insurance Company.

This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339 x120  
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

Jerry W. Brumfield  
Secretary and General Counsel  
Phone: 816-412-2865  
E-mail: jbrumfield@rhkc.com

**OneBeacon Insurance Group** 44 Whippany Road, Morristown, NJ 07962  
t 973.630.6600 www.onebeacon.com

IN CALIFORNIA D/B/A PLAZA INDEMNITY COMPANY