

SERFF Tracking Number: PERR-125939186 State: Arkansas  
Filing Company: Berkley Regional Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-CGR-CR-FM-2008-01  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Crime General Risk  
Project Name/Number: AR-CGR-CR-FM-2008-01/AR-CGR-CR-FM-2008-01

## Filing at a Glance

Company: Berkley Regional Insurance Company

Product Name: Crime General Risk

SERFF Tr Num: PERR-125939186 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: AR-CGR-CR-FM-2008-01 State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Authors: Faviola Jimenez, Lance  
Julian, Addy Angelico

Disposition Date: 12/18/2008

Date Submitted: 12/17/2008

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: AR-CGR-CR-FM-2008-01

Status of Filing in Domicile: Pending

Project Number: AR-CGR-CR-FM-2008-01

Domicile Status Comments:

Reference Organization: Insurance Services Office

Reference Number: All currently approved forms

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/18/2008

State Status Changed: 12/18/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of Berkley Regional Insurance Company ("BRIC"), we are introducing a new Commercial Crime Program. This program is employing the Insurance Services Office ("ISO") forms, rating algorithms and advisory loss costs, subject to the filed company exceptions and Loss Cost Multiplier ("LCM"). Please find attached the independent forms proposed for use with this program. While this filing pertains to forms the corresponding rates and rules are exempt from filing requirements per Statute 23-67-206.



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*TOI:* 26.0 Burglary & Theft                      *Sub-TOI:* 26.0001 Commercial Burglary & Theft  
*Product Name:* Crime General Risk  
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Retaliatory? No  
Fee Explanation: \$50 per form filing  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkley Regional Insurance Company	\$50.00	12/17/2008	24598311

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/18/2008	12/18/2008

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Project Name/Number: AR-CGR-CR-FM-2008-01/AR-CGR-CR-FM-2008-01

## Disposition

Disposition Date: 12/18/2008

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-125939186 State: Arkansas  
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 Project Name/Number: AR-CGR-CR-FM-2008-01/AR-CGR-CR-FM-2008-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo & Letter of Authorization	Approved	Yes
Form	Commercial Crime Policy Declarations	Approved	Yes
Form	Government Crime Declarations	Approved	Yes

SERFF Tracking Number: PERR-125939186 State: Arkansas  
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 Product Name: Crime General Risk  
 Project Name/Number: AR-CGR-CR-FM-2008-01/AR-CGR-CR-FM-2008-01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Crime Policy Declarations	CR DEC 01	11 08	Declaration News/Schedule		0.00	06A CR DEC 01 11 08 Commercial Crime Policy Declarations Page Form (BRIC).pdf
Approved	Government Crime Declarations	CR DEC 02	11 08	Declaration News/Schedule		0.00	06B CR DEC 02 11 08 Government Crime Declarations Form (BRIC).pdf

**BERKLEY REGIONAL INSURANCE COMPANY**

A Berkley Company  
 475 Steamboat Road  
 Greenwich, CT 06830

**PRODUCER:**

**COMMERCIAL CRIME POLICY DECLARATIONS**

In Return for the Payment of the Premium, and Subject to all the Terms and Conditions of This Policy, We Agree With You to Provide the Insurance as Stated in this Policy.

Coverage Is Written:

- Primary       Excess       Coindemnity       Concurrent

**POLICY NUMBER:**  
**NAMED INSURED:**

**PRIOR POLICY NUMBER:**

(Also list any Employee Benefit Plan(s) included as Insureds)

**MAILING ADDRESS:**

**POLICY PERIOD:**                      to  
 (12:01 A.M. at your Mailing Address shown above)

**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE:**

Insuring Agreements		Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1.	Employee Theft		
2.	Forgery or Alteration		
3.	Inside the Premises – Theft of Money and Securities		
4.	Inside the Premises – Robbery or Safe Burglary of Other Property		
5.	Outside The Premises		
6.	Computer Fraud		
7.	Funds Transfer Fraud		
8.	Money Orders And Counterfeit Money		
Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.			

If Added by Endorsement:		
Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence

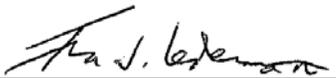
Forms and Endorsements Forming Part of this Policy When Issued:	
Form Number and Edition Date	Description of Form or Endorsement:

Cancellation of Prior Insurance Issued by Us:  
 By acceptance of this Policy you give us notice canceling prior policy Numbers:  
 the cancellation to be effective at the time this Policy becomes effective.

Countersignature of Authorized Representative (Where Required)

Name:  
 Title:  
 Signature:  
 Date:

IN WITNESS WHEREOF, Berkley Regional Insurance Company designated herein has executed and attested these presents.

  
 \_\_\_\_\_  
 Secretary

  
 \_\_\_\_\_  
 President

# BERKLEY REGIONAL INSURANCE COMPANY

A Berkley Company  
 475 Steamboat Road  
 Greenwich, CT 06830

**PRODUCER:**

## GOVERNMENT CRIME POLICY DECLARATIONS

In Return for the Payment of the Premium, and Subject to all the Terms and Conditions of This Policy, We Agree With You to Provide the Insurance as Stated in this Policy.

Coverage Is Written:

- Primary
  Excess
  Coindemnity
  Concurrent

**POLICY NUMBER:**  
**NAMED INSURED:**

**PRIOR POLICY NUMBER:**

(Also list any Employee Benefit Plan(s) included as Insureds)

**MAILING ADDRESS:**

**POLICY PERIOD:** to  
 (12:01 A.M. at your Mailing Address shown above)

### INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE:

	Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1.	Employee Theft – Per Loss Coverage		
2.	Employee Theft – Per Employee Coverage		
3.	Forgery or Alteration		
4.	Inside the Premises – Theft of Money and Securities		
5.	Inside the Premises – Robbery or Safe Burglary of Other Property		
6.	Outside The Premises		
7.	Computer Fraud		
8.	Funds Transfer Fraud		
9.	Money Orders And Counterfeit Money		
Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.			

If Added by Endorsement:			
	Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence

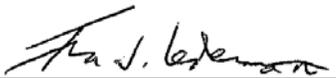
Forms and Endorsements Forming Part of this Policy When Issued:	
Form Number and Edition Date	Description of Form or Endorsement:

Cancellation of Prior Insurance Issued by Us:  
 By acceptance of this Policy you give us notice canceling prior policy Numbers:  
 the cancellation to be effective at the time this Policy becomes effective.

Countersignature of Authorized Representative (Where Required)

Name:  
 Title:  
 Signature:  
 Date:

IN WITNESS WHEREOF, Berkley Regional Insurance Company designated herein has executed and attested these presents.

  
 \_\_\_\_\_  
 Secretary

  
 \_\_\_\_\_  
 President

*SERFF Tracking Number:*      *PERR-125939186*                      *State:*                      *Arkansas*  
*Filing Company:*              *Berkley Regional Insurance Company*              *State Tracking Number:*      *EFT \$50*  
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*TOI:*                      *26.0 Burglary & Theft*                      *Sub-TOI:*                      *26.0001 Commercial Burglary & Theft*  
*Product Name:*              *Crime General Risk*  
*Project Name/Number:*      *AR-CGR-CR-FM-2008-01/AR-CGR-CR-FM-2008-01*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 12/18/2008

**Comments:**

**Attachments:**

NAIC PCTD.pdf

NAIC FFS.pdf

**Satisfied -Name:** Filing Memo & Letter of  
Authorization **Review Status:** Approved 12/18/2008

**Comments:**

**Attachments:**

02 Explanatory Memorandum - Crime - Forms Only.pdf

BRIC ISO Authorization letter.pdf



**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-CGR-CR-FM-2008-01
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of Berkley Regional Insurance Company ("BRIC"), we are introducing a new Commercial Crime Program. This program is employing the Insurance Services Office ("ISO") forms, rating algorithms and advisory loss costs, subject to the filed company exceptions and Loss Cost Multiplier ("LCM").

W.R. Berkley Group, the parent company of BRIC, recently filed and received approval to implement an identical countrywide Commercial Crime Program under StarNet Insurance Company ("StarNet") and Great Divide Insurance Company ("GDIC"). W.R. Berkley Group would like to refile the exact same Commercial Crime Program on BRIC's paper, as BRIC has a Treasury Listing.

The Company respectfully requests that the filing be implemented for all policies effective on January 18, 2009 or upon the earliest possible date of acknowledgment or approval.

<b>22. Filing Fees</b> (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]
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**Check #:** EFT  
**Amount:** \$50.00

\$50 per form filing

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-CGR-CR-FM-2008-01			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<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	Commercial Crime Policy Declarations	CR DEC 01 11 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Government Crime Policy Declarations	CR DEC 02 11 08	<input checked="" 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		

**BERKLEY REGIONAL INSURANCE COMPANY**  
**Commercial Crime Form Filing**

**Explanatory Memorandum**

With this filing, Berkley Regional Insurance Company (“BRIC”) is introducing a new Commercial Crime Program. This program is employing the Insurance Services Office (“ISO”) forms, rating algorithms and advisory loss costs, subject to the filed company exceptions and Loss Cost Multiplier (“LCM”). Please find attached the independent forms proposed for use with this program.

W.R. Berkley Group, the parent company of BRIC, recently filed and received approval to implement an identical countrywide Commercial Crime Program under StarNet Insurance Company. W.R. Berkley Group would like to refile the exact same Commercial Crime Program on BRIC’s paper, as BRIC has a Treasury Listing.

**BERKLEY REGIONAL INSURANCE COMPANY**  
**A Delaware Stock Corporation**

November 21, 2008

RE: Berkley Regional Insurance Company  
NAIC #0098-29580 FEIN #43-1432586  
"ISO Crime Filing"

To Whom It May Concern:

Perr & Knight is hereby authorized to submit rate, rule and form filings on behalf of Berkley Regional Insurance Company for the captioned program. This authorization includes providing additional information and responding to questions on our behalf as necessary regarding these filings.

This specific authorization shall remain in effect until rescinded in writing.

Please direct all correspondence and inquiries related to this filing to Perr & Knight at the following address:

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

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

Best Regards,



Sean C. Missal  
Vice President  
Berkley Asset Protection Underwriters  
500 Enterprise Drive, Suite 4C  
Rocky Hill, CT 06067

Phone: (860) 331-2399  
Cell: (860) 558-3859  
Fax: (866) 735-9077  
Email: [smissal@berkleyassetpro.com](mailto:smissal@berkleyassetpro.com)