

SERFF Tracking Number: ALSX-125455768 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BF1323
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Coml Customizer Program
Project Name/Number: Real Estate Property Manager Endowment/BF1323

Filing at a Glance

Company: Allstate Insurance Company
Product Name: Coml Customizer Program SERFF Tr Num: ALSX-125455768 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 05.0002 Businessowners Co Tr Num: BF1323 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI AllState Disposition Date: 02/11/2008
Date Submitted: 01/25/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: Real Estate Property Manager Endowment
Project Number: BF1323
Reference Organization:
Reference Title:
Filing Status Changed: 02/11/2008
State Status Changed: 02/11/2008
Corresponding Filing Tracking Number:
Filing Description:
Type of filing: BU5847 - Real Estate Property Management Endorsement

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Description of filing:

We are filing Real Estate Property Manager Endorsement, BU5847 (Ed. 05/04), for use with our Customizer Program in

SERFF Tracking Number: ALSX-125455768 State: Arkansas
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Allstate Insurance Company. BU5847 revises the "Persons Insured" provisions to our Board of Managers Liability Policy, BU5564A-1.

The following will be added to provision titled "Persons Insured":

The persons, their estates, guardians, or legal representatives who were not directors or officers of the board at the time of discovery of a wrongful act but were directors or officers of the board when the wrongful act was committed; or

Any person or organization acting as a real estate property manager for the "persons insured" while performing real estate management duties as prescribed under a written contractual agreement for the "persons insured", but only with respects to liability for "wrongful acts" committed by persons that qualify as a person insured under this provision."

Effective date:

New business and renewals effective: April 1, 2008

Company and Contact

Filing Contact Information

Kelly Urban, State Filings Analyst
2775 Sanders Road
Northbrook, IL 60062

kurban@allstate.com
(847) 402-0157 [Phone]
(847) 402-9757[FAX]

Filing Company Information

Allstate Insurance Company
2775 Sanders Road

CoCode: 19232
Group Code: 8

State of Domicile: Illinois
Company Type: Property and
Casualty

Suite A5
Northbrook, IL 60062
(847) 402-5000 ext. [Phone]

Group Name: Allstate
FEIN Number: 36-0719665

State ID Number:

Filing Fees

SERFF Tracking Number: ALSX-125455768 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	01/25/2008	17667892

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/11/2008	02/11/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change in effective date - Our File #BF1323	Note To Reviewer	SPI AllState	02/07/2008	02/07/2008

SERFF Tracking Number: *ALSX-125455768* *State:* *Arkansas*
Filing Company: *Allstate Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *BF1323*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0002 Businessowners*
Liability
Product Name: *Coml Customizer Program*
Project Name/Number: *Real Estate Property Manager Endowment/BF1323*

Disposition

Disposition Date: 02/11/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125455768 State: Arkansas
 Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Real Estate Property Manager	Approved	Yes

SERFF Tracking Number: *ALSX-125455768* *State:* *Arkansas*
Filing Company: *Allstate Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *BF1323*
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Liability
Product Name: *Coml Customizer Program*
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Note To Reviewer

Created By:

SPI AllState on 02/07/2008 11:00 AM

Subject:

Change in effective date - Our File #BF1323

Comments:

Dear Becky:

We are requesting to change our effective date on this filing from April 1, 2008 to August 1, 2008.

I apolgoize for any inconvenience. Thank you for your time.

Kelly Urban
Allstate Insurance Company

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Real Estate Property Manager	BU5847	05 04	Endorsement/Amendment/Conditions		0.00	BU5847.PDF

Real Estate Property Manager
Amendatory Endorsement

This endorsement modifies insurance provided under the following:

Coverage B – Business Liability
Part Six – Board of Managers Liability (Condominiums and Cooperatives)

The Persons Insured provision is replaced as follows:

Each of the following is a person insured under this part:

- a. Your Board of Managers collectively and each member of such board individually while acting solely in his or her capacity as a member of the board;
- b. You with respect to your liability because of wrongful acts of the Board of Managers;
- c. You with respect to claims for which you may be obligated to indemnify your directors or officers;
- d. The persons, their estates, guardians, or legal representatives who were not directors or officers of the board at the time of discovery of a wrongful act but were directors or officers of the board when the wrongful act was committed; or
- e. Any person or organization acting as a real estate property manager for the “persons insured” while performing real estate management duties as prescribed under a written contractual agreement for the “persons insured”, but only with respects to liability for “wrongful acts” committed by persons that qualify as a person insured under this provision.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/11/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Insurance Company	IL	19232	36-0719665	

5. Company Tracking Number	BF1323
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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
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kelly Urban

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

9.	Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Customizer 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: 4-1-2008 Renewal: 4-1-2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	
18.	Company's Date of Filing	1-25-2008
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 #	BF1323
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Type of filing: BU5847 - Real Estate Property Management Endorsement

Description of filing:

We are filing Real Estate Property Manager Endorsement, BU5847 (Ed. 05/04), for use with our Customizer Program in Allstate Insurance Company. BU5847 revises the "Persons Insured" provisions to our Board of Managers Liability Policy, BU5564A-1.

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Effective date:

New business and renewals effective: April 1, 2008

22.	<p>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]</p> <p>Check #: EFT Amount: \$50</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to 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 #	BF1323
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Real Estate Property Manager	BU5847 05 04	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		