

SERFF Tracking Number: ALSX-125461052 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BF1322
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Coml Business Package Policy Program
Project Name/Number: Three Endorsements /BF1322

Filing at a Glance

Company: Allstate Insurance Company
Product Name: Coml Business Package Policy SERFF Tr Num: ALSX-125461052 State: Arkansas
Program
TOI: 05.0 Commercial Multi-Peril - Liability & SERFF Status: Closed State Tr Num: EFT \$50
Non-Liability
Sub-TOI: 05.0003 Commercial Package Co Tr Num: BF1322 State Status: Fees verified and
received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: SPI AllState Disposition Date: 02/08/2008
Date Submitted: 01/28/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal):
04/01/2008

State Filing Description:

General Information

Project Name: Three Endorsements Status of Filing in Domicile:
Project Number: BF1322 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/08/2008
State Status Changed: 02/08/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Type of filing: Endorsements

Description of filing:

We are filing the following endorsements:

SERFF Tracking Number: ALSX-125461052 State: Arkansas
 Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: BF1322
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Coml Business Package Policy Program
 Project Name/Number: Three Endorsements /BF1322

Company and Contact

Filing Contact Information

Kelly Urban, State Filings Analyst kurban@allstate.com
 2775 Sanders Road (847) 402-0157 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Insurance Company CoCode: 19232 State of Domicile: Illinois
 2775 Sanders Road Group Code: 8 Company Type: Property and
 Casualty

Suite A5
 Northbrook, IL 60062 Group Name: Allstate State ID Number:
 (847) 402-5000 ext. [Phone] FEIN Number: 36-0719665

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	01/28/2008	17698948

SERFF Tracking Number: ALSX-125461052 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BF1322
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Coml Business Package Policy Program
Project Name/Number: Three Endorsements /BF1322

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/08/2008	02/08/2008

SERFF Tracking Number: *ALSX-125461052* *State:* *Arkansas*
Filing Company: *Allstate Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *BF1322*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0003 Commercial Package*
Liability
Product Name: *Coml Business Package Policy Program*
Project Name/Number: *Three Endorsements /BF1322*

Disposition

Disposition Date: 02/08/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ALSX-125461052* State: *Arkansas*
 Filing Company: *Allstate Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *BF1322*
 TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability*
 Product Name: *Coml Business Package Policy Program*
 Project Name/Number: *Three Endorsements /BF1322*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Water Damage Endorsement	Approved	Yes
Form	Ice Damming Deductible	Approved	Yes
Form	Real Estate Property Manager	Approved	Yes

SERFF Tracking Number: ALSX-125461052 State: Arkansas
 Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: BF1322
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Coml Business Package Policy Program
 Project Name/Number: Three Endorsements /BF1322

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Water Damage Endorsement	BU9418A-1	08 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BU9418A Previous Filing #:		BU9418A-1.PDF
Approved	Ice Damming Deductible	BU9896-1	08 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BU9896 Previous Filing #:		BU9896-1.PDF
Approved	Real Estate Property Manager	BU9920	05/04	Endorsement/Amendment/Conditions		0.00	BU9920.PDF

Commercial Property Coverage Part

WATER DAMAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

CAUSES OF LOSS FORM

This endorsement extends coverage for loss caused by:

1. Surface water (not including flood);
2. Rain or snow entering the building(s) through openings in the roof or walls;
3. Water that backs up or overflows from a sewer, drain or sump; or
4. Water under the ground surface pressing on or flowing or seeping through:
 - a. Foundations, walls, floors or paved surfaces;
 - b. Basements, whether paved or not; or
 - c. Doors, windows or other openings.

ALL OTHER CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Commercial Property Coverage Part

ICE DAMMING DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM**

The following is added to the Deductible Section:

In the event of loss or damage caused by ice damming, the deductible shall apply as follows:

- a. If the loss or damage occurs to the common areas of a condominium, cooperative, townhouse or apartment building, the deductible amount shown in the Schedule applies.
- b. If the loss or damage occurs to an individual unit within the building, the deductible amount indicated below shall apply to each damaged unit. When loss or damage to more than one unit occurs, the combined amount deductible will be deducted from the total adjusted loss. In no event shall the total amount deductible be less than the policy deductible shown in the Schedule.
- c. If loss or damage occurs to both the common areas and to an individual unit(s) within the building, the deductible applies as follows:
 - (1) The policy deductible, or
 - (2) The deductible as determined in b. above, whichever is greater.
- d. Unit means: Individual unit within:
 - (1) apartment
 - (2) condominium
 - (3) cooperative; or
 - (4) townhouse

Deductible per individual unit \$ _____

The application of this deductible does not change the limit of insurance shown in the Schedule.

- e. Definition:

Ice Damming as used in this endorsement means water that enters into the interior of the building as a result of the thawing and/or re-freezing of snow, ice or sleet.

Real Estate Property Manager
Amendatory Endorsement

This endorsement modifies insurance provided under the following:

Board of Managers Liability Coverage Form (Condominiums and Cooperatives)

The Who Is An Insured provision is replaced as follows:

Each of the following is an Insured:

- 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, because of your liability for wrongful acts of the Board of Managers;
- c. You, for claims for which you may be obligated to indemnify your directors and officers;
- d. Persons, and their legal representatives, who are no longer directors or officers of the board, but who were at the time when the covered wrongful act upon which a claim is based was committed; or
- e. Any person or organization acting as a real estate property manager for the named insured while performing real estate management duties as prescribed under a written contractual agreement for the named insured, but only with respects to liability for "wrongful acts" committed by persons that qualify as a person insured under this provision.

SERFF Tracking Number: ALSX-125461052 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BF1322
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Coml Business Package Policy Program
Project Name/Number: Three Endorsements /BF1322

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/08/2008

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: 50%; 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	BF1322
-----------------------------------	--------

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)	05.0003 Commercial Package
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Business Package Policy 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	1-28-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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 #	BF1322
-----------	--	--------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
-----------	---	-----

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Water Damage Endorsement	BU9418A-1 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU9418A	
02	Ice Damming Deductible	BU9896-1 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU9896	
03	Real Estate Property Manager	BU9920 05/04	<input checked="" 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		