

SERFF Tracking Number: ASPX-125483200 State: Arkansas
Filing Company: Standard Guaranty Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: CA AR02868SGF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Lenders Collateral Protection Insurance
Project Name/Number: Lenders Collateral Protection Insurance/CA AR02868SGF01

Filing at a Glance

Company: Standard Guaranty Insurance Company

Product Name: Lenders Collateral Protection Insurance SERFF Tr Num: ASPX-125483200 State: Arkansas

Insurance

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$20

Sub-TOI: 20.0003 Other

Co Tr Num: CA AR02868SGF01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: SPI AssurantPC

Disposition Date: 02/22/2008

Date Submitted: 02/12/2008

Disposition Status: Approved

Effective Date Requested (New): 03/15/2008

Effective Date (New): 03/15/2008

Effective Date Requested (Renewal): 03/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Lenders Collateral Protection Insurance

Status of Filing in Domicile:

Project Number: CA AR02868SGF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Waiver of Repossession Endorsement SG8243EQQ-0606 is currently approved. However, the endorsement has a "typo" on the bottom left hand corner, which read SG8243QEQ-0606. We have corrected the form number to SG8243EQQ-0606. Attached is a copy for your records. There are no further changes to the forms.

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Company and Contact

Filing Contact Information

Lori Roberge, Contract Development Analyst Lori.Roberge@assurant.com
 11222 Quail Roost Drive (305) 253-2244 [Phone]
 Miami, FL 33157 (561) 333-5746[FAX]

Filing Company Information

Standard Guaranty Insurance Company CoCode: 42986 State of Domicile: Delaware
 11222 Quail Roost Drive Group Code: 19 Company Type:
 Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:
 (305) 253-2244 ext. [Phone] FEIN Number: 58-1529579

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Correcting a typo on a previously approved form. \$20 filing fee is required.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Guaranty Insurance Company	\$20.00	02/12/2008	17931683

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/22/2008	02/22/2008

SERFF Tracking Number: ASPX-125483200 *State:* Arkansas
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Product Name: Lenders Collateral Protection Insurance
Project Name/Number: Lenders Collateral Protection Insurance/CA AR02868SGF01

Disposition

Disposition Date: 02/22/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125483200 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Comparison	Approved	Yes
Form	Waiver of Repossession Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Waiver of Repossession Endorsement	SG8243E QQ-	0606	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 SG8243EQQ- Previous Filing #:		SG8243EQ Q-.PDF

STANDARD GUARANTY INSURANCE COMPANY

Administrative Office: [11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]

Home Office: [Atlanta, GA]

LENDERS COLLATERAL PROTECTION INSURANCE WAIVER OF REPOSSESSION REQUIREMENT ENDORSEMENT

THIS ENDORSEMENT CHANGES THE NOTICE OF INSURANCE AND THE MASTER POLICY. PLEASE READ IT CAREFULLY.

In return for payment of premium, **we** agree to waive repossession as a condition precedent to liability under **Section V. B. CONDITIONS PRECEDENT TO LIABILITY**, when loss is the result of a peril covered under **SECTION II - COVERAGES**.

It is hereby agreed as follows:

SECTION V - GENERAL POLICY CONDITIONS, Item **B. CONDITIONS PRECEDENT TO LIABILITY**, is deleted and replaced by the following:

Our liability under this Policy shall not attach unless and until the following conditions exist or have been performed by **you** or the **borrower**.

1. After a loss, if the **collateral** has not been repossessed, the duties listed below will be the responsibility of the **borrower**. If the **collateral** has been repossessed, these duties will be the responsibility of the lender, person or company shown as the NAMED INSURED in Item 1. of the Master Policy Declarations.
 - (a) Protect the covered **collateral** from further loss;
 - (b) Promptly notify **us** of the loss;
 - (c) Promptly notify the police in the event of theft or vandalism;
 - (d) Submit a Sworn Statement in a Proof of Loss;
 - (e) Submit to an Examination Under Oath when required by **us** and subscribe to same;
 - (f) Permit **us** to inspect and appraise the damaged **collateral** before its repair or disposal; and
 - (g) Cooperate with **us** in the investigation, settlement or defense of any claim or suit.
2. **You** or the **borrower** must provide a police report if the collateral is stolen from the **borrower** and unrecovered.
3. **Your** interest is impaired because of a covered loss.
4. **You** have followed a procedure approved by us to verify that **acceptable insurance** does not exist.
5. **You** have submitted the title to **us** prior to **our** payment for a total loss or in the event that the **collateral** has been stolen and unrecovered.

Losses will be settled with and payable only to **you**.

All other terms and conditions of the Notice of Insurance and Master Policy remain the same.

COMPLETE ONLY WHEN THIS ENDORSEMENT IS NOT ISSUED WITH THE NOTICE OF INSURANCE OR MASTER POLICY

NOTICE OF INSURANCE OR MASTER POLICY NO.:	NAMED INSURED OR BORROWER:	EFFECTIVE DATE:
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TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Lenders Collateral Protection Insurance
Project Name/Number: Lenders Collateral Protection Insurance/CA AR02868SGF01

Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/22/2008

Comments:

Attachment:

PC Transmittal.PDF

Satisfied -Name: Cover Letter **Review Status:** Approved 02/22/2008

Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name: Comparison **Review Status:** Approved 02/22/2008

Comments:

Attachment:

Comparison.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Assurant, Inc. Group				Group NAIC #	0019
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Standard Guaranty Insurance Company	DE	42986	58-1529579			

5. Company Tracking Number	CA AR02868SGF01
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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
Lori L. Roberge 11222 Quail Roost Drive Miami FL 33157	Sr. Contract Compliance Analyst	800-852-2244 Ext. 33131	305-256-7108	Lori.Roberge@assurant.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Lori L. Roberge			

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

9. Type of Insurance (TOI)	20.0 Commercial Auto			
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other (Physical Auto)			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A			
12. Company Program Title (Marketing Title)	Lenders Collateral Protection Insurance 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:	03/15/2008	Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	February 12, 2008			
19. Status of filing in domicile	<input checked="" 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 #	CA AR02868SGF01
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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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The Waiver of Repossession Endorsement SG8243EQQ-0606 is currently approved. However, the endorsement has a "typo" on the bottom left hand corner, which read SG8243QEQ-0606. We have corrected the form number to SG8243EQQ-0606. Attached is a copy for your records. There are no further changes to the forms.

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]			
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>N/A</td> </tr> <tr> <td>Amount:</td> <td>N/A</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	Check #:	N/A	Amount:	N/A
Check #:	N/A			
Amount:	N/A			

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



ASSURANT

Standard Guaranty
Insurance Company
11222 Quail Roost Drive
Miami, FL 33157-6596
T 305.253.2244 F 305.252.6987

February 12, 2008

www.assurant.com

Ms. Julie Benafield Bowman, Commissioner
Arkansas Department of Insurance
Property and Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904

Re: **STANDARD GUARANTY INSURANCE COMPANY**
NAIC: 019-42986 FEIN# 58-1529579
LOB: Commercial Auto Physical Damage
Lenders Collateral Protection Insurance Program
Company Filing Number: CA AR028688SGF1

FORM FILING (Informational)

Waiver of Repossession Endorsement: SG8243EQQ-0606

Dear Examiner:

The above captioned endorsement was approved by your department effective August 25, 2006. However, the endorsement has a typo on the bottom left hand corner, which reads SG8243QEQ-0606. We have corrected the form number to SG8243EQQ-0606. Attached is a copy for your records.

The requested effective date of this filing is March 15, 2008. There have been no other changes to the forms.

Thank you for your time and attention to this submission. If you have any questions you may contact me at 1-800-852-2244, extension 33131.

Sincerely,

Lori Roberge
Sr. Contract Compliance Analyst
State Filings Department
Standard Guaranty Insurance Company

cc: LCM ARSG_F1

STANDARD GUARANTY INSURANCE COMPANY

Administrative Office: [11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244]
Home Office: [Atlanta, GA]

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 - (c) Promptly notify the police in the event of theft or vandalism;
 - (d) Submit a Sworn Statement in a Proof of Loss;
 - (e) Submit to an Examination Under Oath when required by **us** and subscribe to same;
 - (f) Permit **us** to inspect and appraise the damaged **collateral** before its repair or disposal; and
 - (g) Cooperate with **us** in the investigation, settlement or defense of any claim or suit.
2. **You** or the **borrower** must provide a police report if the collateral is stolen from the **borrower** and unrecovered.
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All other terms and conditions of the Notice of Insurance and Master Policy remain the same.

COMPLETE ONLY WHEN THIS ENDORSEMENT IS NOT ISSUED WITH THE NOTICE OF INSURANCE OR MASTER POLICY

NOTICE OF INSURANCE OR MASTER POLICY NO.:	NAMED INSURED OR BORROWER:	EFFECTIVE DATE:
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