

<i>SERFF Tracking Number:</i>	<i>LBRM-125489028</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-00483</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Commercial inland Marine</i>		
<i>Project Name/Number:</i>	<i>School Products 7-1-08 both/CQ 69838</i>		

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: Commercial inland Marine	SERFF Tr Num: LBRM-125489028	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: 2008-00483	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Sarah Lawrence	Disposition Date: 02/29/2008
	Date Submitted: 02/15/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal): 07/01/2008

State Filing Description:

General Information

Project Name: School Products 7-1-08 both	Status of Filing in Domicile: Not Filed
Project Number: CQ 69838	Domicile Status Comments: n/a
Reference Organization: n/a	Reference Number: n/a
Reference Title: n/a	Advisory Org. Circular: n/a
Filing Status Changed: 02/29/2008	
State Status Changed: 02/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Effective July 1, 2007 for all policies, we wish to file our independant form 24-61 Edition 01-2008, Miscellaneous Scholl Property Floater Coverage Form, to replace the 05-1998 edtion, currently on file.	

Company and Contact

SERFF Tracking Number: LBRM-125489028 State: Arkansas
 First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-00483
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Commercial inland Marine
 Project Name/Number: School Products 7-1-08 both/CQ 69838

Filing Contact Information

Sarah Lawrence, State Filings Technician sarah.lawrence@LibertyMutual.com
 62 Maple Ave (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

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

SERFF Tracking Number: LBRM-125489028 *State:* Arkansas
First Filing Company: America First Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-00483
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Commercial inland Marine
Project Name/Number: School Products 7-1-08 both/CQ 69838
Per Company: No

SERFF Tracking Number: *LBRM-125489028* *State:* *Arkansas*
First Filing Company: *America First Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-00483*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0000 Inland Marine Sub-TOI Combinations*
Product Name: *Commercial inland Marine*
Project Name/Number: *School Products 7-1-08 both/CQ 69838*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	02/15/2008	17998336
Peerless Indemnity Insurance Company	\$0.00	02/15/2008	
Peerless Insurance Company	\$0.00	02/15/2008	
The Netherlands Insurance Company	\$0.00	02/15/2008	

SERFF Tracking Number: LBRM-125489028 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-00483
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Commercial inland Marine
Project Name/Number: School Products 7-1-08 both/CQ 69838

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/29/2008	02/29/2008

SERFF Tracking Number: LBRM-125489028 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-00483
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Commercial inland Marine
Project Name/Number: School Products 7-1-08 both/CQ 69838

Disposition

Disposition Date: 02/29/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: LBRM-125489028 *State:* Arkansas
First Filing Company: America First Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-00483
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Commercial inland Marine
Project Name/Number: School Products 7-1-08 both/CQ 69838

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Miscellaneous School Property Floater Coverage Form	Approved	Yes

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 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Miscellaneous School Property Floater Coverage Form	24-61	01-2008	Policy/Coverage Replaced Form	Replaced Form #:0.00 05-1998 edition Previous Filing #:		24-61.pdf

MISCELLANEOUS SCHOOL PROPERTY FLOATER COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words you and your refer to the Named Insured shown in the Declarations. The words we, us, and our refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section G-DEFINITIONS:

SCHEDULE

Limits of Insurance	Covered Property	Valuation Basis
\$	For School Band Uniforms, Choir Robes, And Similar And Related Equipment	
\$	For School Athletic Equipment, Uniforms, And Similar And Related Equipment	
\$	For School Musical Instruments And Similar And Related Equipment	
\$	For School Cameras, Projection Machines, Films, And Similar And Related Equipment	
\$	For Fine Arts	
\$	For Signs That Are Attached And Not Attached To Buildings	
\$	For "Dwellings Under Construction" By Vocational Shop Classes	

A. COVERAGE

We will pay for "loss" to Covered Property from any of the Covered Causes of Loss.

1. COVERED PROPERTY, as used in this Coverage Form, means:

The property described under schedule above or in the Declarations.

This may be either property you own or property of others which is in your care, custody and control.

2. PROPERTY NOT COVERED

Covered Property does not include:

a. Contraband, or property in the course of illegal transportation or trade; or

b. Land and water

3. COVERED CAUSES OF LOSS

Covered Causes of Loss means RISKS OF DIRECT PHYSICAL "LOSS" to Covered Property except those causes of "loss" listed in the Exclusions.

4. ADDITIONAL COVERAGE - COLLAPSE

We will pay for direct "loss" caused by or resulting from risks of direct physical "loss" involving collapse of all or part of a building or structure caused by one or more of the following:

- a. Fire; lightning; windstorm; hail; explosion; smoke; aircraft; vehicles; riot; civil commotion; vandalism; breakage of glass; falling objects; weight of snow, ice or sleet; water damage; all only as covered in this Coverage Form;
- b. Hidden decay;
- c. Hidden insect or vermin damage;
- d. Weight of people or personal property;
- e. Weight of rain that collects on a roof;
- f. Use of defective materials or methods in construction, remodeling or renovation if the collapse occurs during the course of the construction, remodeling or renovation.

This Additional Coverage does not increase the Limits of Insurance provided in this Coverage Form.

5. COVERAGE EXTENSION

a. DEBRIS REMOVAL

- (1) We will pay your expense to remove debris of Covered Property caused by or resulting from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date of direct physical "loss" or damage;
- (2) The most we will pay under this Coverage Extension is the lesser of:
 - (a) 25% of the amount we pay for the direct physical "loss" of or damage to Covered Property; or
 - (b) \$5,000.00
- (3) This Coverage Extension does not apply to costs to:
 - (a) Extract "pollutants" from land or water; or
 - (b) Remove, restore or replace polluted land or water.

b. PRESERVATION OF PROPERTY

If it is necessary to move Covered Property from a described premises to preserve it from "loss" or damage by a Covered Cause of Loss, we will pay for any direct physical "loss" or damage to that property:

- (1) While it is being moved or while temporarily stored at another location; and
- (2) Only if the "loss" or damage occurs within 30 days after the property is first moved.

c. FIRE DEPARTMENT SERVICE CHARGE

When the fire department is called to save or protect Covered Property from a Covered Cause of Loss, we will pay up to \$5,000 for your liability for fire department service charges;

- (1) Assumed by contract or agreement prior to "loss"; or
- (2) Required by local ordinance.

No Deductible applies to this Coverage Extension.

d. POLLUTANT CLEANUP AND REMOVAL

We will pay your necessary expense to extract "pollutants" from land or water of covered property if the discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused by or results from "Specified Causes of Loss" that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days or the date on which the Covered Cause of Loss Occurs.

This Coverage Extension does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants." But we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.

The most we will pay under this Coverage Extension is \$10,000. for the sum of all covered expenses arising out of Covered Cause of Loss occurring during each separate 12-month period of this policy.

B. EXCLUSIONS

1. We will not pay for a "loss" caused directly or indirectly by any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. GOVERNMENTAL ACTION

Seizure or destruction of property by order of government authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Form.

b. NUCLEAR HAZARD

- (1) Any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination from any other cause. But we will pay for direct "loss" caused by resulting fire if the fire would be covered under this Coverage Form.

c. WAR AND MILITARY ACTION

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

2. We will not pay for a "loss" caused by or resulting from any of the following:

a. Delay, loss of use, loss of market or any other consequential loss.

b. Dishonest acts by:

- (1) You, your employees or authorized representatives;
- (2) Anyone else with an interest in the property, or their employees or authorized representatives; or
- (3) Anyone else to whom the property is entrusted.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons, or such

acts occur during the hours of employment.

But this exclusion does not apply to Covered Property that is entrusted to others who are carriers for hire.

- c. Voluntary parting with any property by you or anyone entrusted with the property if induced to do so by any fraudulent scheme, trick, device or false pretense.
 - d. Mysterious disappearance.
 - e. Discharge, dispersal, seepage, migration, release or escape of "pollutants."
3. We will not pay for a "loss" caused by or resulting from any of the following. But if "loss" by a Covered Cause of Loss results, we will pay for that resulting "loss."
- a. **Weather conditions.** But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in paragraph 1, above to produce the "loss."
 - b. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
 - c. Faulty, inadequate or defective:
 - (1) Planning, zoning, development, surveying, siting;
 - (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
 - (3) Materials used in repair, construction, renovation or remodeling; or
 - (4) Maintenance;of part or all of any property wherever located.
 - d. Collapse except as provided in the Additional Coverage - Collapse section of the Coverage Form.
 - e. Shortage found upon taking inventory.
 - f. Wear and tear, any quality in the property that causes it to damage or destroy itself, hidden or latent defect, gradual deterioration, depreciation; mechanical breakdown; insects, vermin, rodents; corrosion, rust, dampness, cold or heat.
 - g. Breakage of glass. WE DO COVER breakage if it is caused by fire; lighting; windstorm or hail; earthquake; flood; smoke; explosion, aircraft, spacecraft, self-propelled missiles, and other objects that fall from these items; vehicles, including an accident to a transporting vehicle; strike; riot or civil commotion; vandalism; theft or attempted theft; sprinkler leakage or collapse of buildings.
 - h. Processing or work upon the property.

But we will pay for direct "loss" caused by resulting fire or explosion, if these causes of "loss" would be covered under this Coverage Form.

This exclusion does not apply to ADwellings Under Construction.≡

- i. Artificially generated current creating a short circuit or other electric disturbance within an article covered under this Coverage Form.

But we will pay for direct "loss" caused by resulting fire or explosion, if these causes of "loss" would be covered under this Coverage Form.

This exclusion only applies to "loss" to that article in which the disturbance occurs.

C. LIMITS OF INSURANCE

The most we will pay for "loss" in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

D. DEDUCTIBLE

We will not pay for "loss" in any one occurrence until the amount of the adjusted "loss", before applying the applicable Limits of Insurance, exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted "loss" in excess of the Deductible, up to the applicable Limit of Insurance.

E. ADDITIONAL CONDITIONS

The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

1. COVERAGE TERRITORY

Coverage applies to covered property located anywhere in the world.

2. COINSURANCE

All covered property must be insured for at least 90% of its total value as of the time of "loss" or you will incur a penalty.

The penalty is that we will pay only the proportion of any "loss" that the Limit of Insurance shown in the Declarations for all covered property at all locations bears to 90% of the total value of all property.

F. VALUATION

General Condition E. Valuation in the Commercial Inland Marine Conditions is deleted and replaced by the following: We will pay for "loss" on the basis you have chosen, Actual Cash Value, Replacement Cost or Agreed Value. The Valuation Basis you have chosen appears under the Schedule.

1. Actual Cash Value

If a "loss" occurs and the Valuation Basis shown under the Schedule is Actual Cash Value we will pay the least of the following amounts:

- a. The actual cash value of that property;
- b. The cost of reasonably restoring that property to its condition immediately before a "loss"; or
- c. The cost of replacing that property with substantially identical property.

In the event of "loss", the value of property will be determined as of the time of "loss."

2. Replacement Cost

- a. If a "loss" occurs and the Valuation Basis shown under the Schedule is Replacement Cost we will pay (without deduction for depreciation) the least of the following:
 - (1) The amount necessary to repair the property;
 - (2) The amount necessary to replace the property with similar property; or
 - (3) The applicable Limit of Insurance.

- b. We will not pay on a replacement cost basis for any "loss":
 - (1) Until the lost or damaged property is actually repaired or replaced; and
 - (2) Unless the repairs or replacement are made as soon as reasonably possible after the "loss."

In the event of "loss", the value of property will be determined as of the time of "loss."

3. Agreed Value

If a "loss" occurs and the Valuation Basis shown under the Schedule is Agreed Value, we will determine the value of the lost or damaged property at the Agreed Value.

The Agreed Value of each item of property that is individually listed and described in a schedule on file with us is the applicable Limit of Insurance for that item.

Additional Condition 2. Coinsurance does not apply to property shown under the Schedule to which the Agreed Value basis of valuation applies.

The following is added to **Additional Conditions**:

3. Pair Or Sets

Loss Condition G. Pair, Sets or Parts in the Commercial Inland Marine Conditions is replaced by the following:

In case of "loss" of any items that are part of a pair or set that is individually listed and described in the Schedule we may:

- a. Pay the full Limit of Insurance shown in the Schedule for the pair or set. You will surrender to us the remaining items of the pair or set, or
- b. Repair or replace any part to restore the pair or set to its value before the "loss," or
- c. Pay the difference between the value of the pair or set before and after the "loss."

G. DEFINITIONS

- 1. "Loss" means accidental loss or damage.
- 2. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- 3. "Specified Causes of Loss" means the following: Fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice or sleet; water damage; theft or attempted theft; collision derailment, upset or overturn of land vehicles; collapse of bridges, culverts or buildings; flood; earthquake.
 - a. Sinkhole collapse means the sudden sinking or collapse of land into underground empty spaces created by the action of water or limestone or similar rock formations. It does not include the cost of filling sinkholes.
 - b. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking or cracking of any part of a system or appliance containing water or steam.
- 4. "Dwellings under Construction" means:
 - a. Building materials and supplies which will or has become a permanent part of a dwelling construction project.
 - b. Temporary structures, meaning scaffolding, construction forms and other temporary structures used for the

construction project.

SERFF Tracking Number: LBRM-125489028 *State:* Arkansas
First Filing Company: America First Insurance Company, ... *State Tracking Number:* EFT \$50
Company Tracking Number: 2008-00483
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Commercial inland Marine
Project Name/Number: School Products 7-1-08 both/CQ 69838

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125489028 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-00483
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Commercial inland Marine
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

02/29/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

Check #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	