

SERFF Tracking Number: ALSX-125567110 State: Arkansas
First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: F8593
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Landlords Package Policy
Project Name/Number: Form Filing - TRIA/F8593

Filing at a Glance

Companies: Allstate Insurance Company, Allstate Indemnity Company

Product Name: Landlords Package Policy SERFF Tr Num: ALSX-125567110 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0003 Commercial Package Co Tr Num: F8593 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI AllState Disposition Date: 03/31/2008
Date Submitted: 03/21/2008 Disposition Status: Approved

Effective Date Requested (New): 03/31/2008 Effective Date (New): 03/31/2008
Effective Date Requested (Renewal): 03/31/2008 Effective Date (Renewal): 03/31/2008

State Filing Description:

General Information

Project Name: Form Filing - TRIA
Project Number: F8593
Reference Organization:
Reference Title:
Filing Status Changed: 03/31/2008
State Status Changed: 03/31/2008
Corresponding Filing Tracking Number:
Filing Description:

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

Form AP3337-2 is being revised to include domestic acts of terrorism. We have also had to provide clear and conspicuous information regarding \$100 billion cap on damages. AP3337-2 replaces current form AP3337-1 and will be utilized with all Landlord Package Policies.

SERFF Tracking Number: ALSX-125567110 State: Arkansas
 First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: F8593
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Landlords Package Policy
 Project Name/Number: Form Filing - TRIA/F8593

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
 2775 Sanders Road (847) 402-2774 [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

Allstate Indemnity Company CoCode: 19240 State of Domicile: Illinois
 2775 Sanders Road Group Code: 8 Company Type:

Suite A5
 Northbrook, IL 60062 Group Name: Allstate State ID Number:
 (847) 402-5000 ext. [Phone] FEIN Number: 36-6115679

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	03/21/2008	18857985

SERFF Tracking Number: ALSX-125567110 State: Arkansas
First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: F8593
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Landlords Package Policy
Project Name/Number: Form Filing - TRIA/F8593

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/31/2008	03/31/2008

SERFF Tracking Number: ALSX-125567110 State: Arkansas
First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: F8593
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Landlords Package Policy
Project Name/Number: Form Filing - TRIA/F8593

Disposition

Disposition Date: 03/31/2008
Effective Date (New): 03/31/2008
Effective Date (Renewal): 03/31/2008
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: ALSX-125567110 State: Arkansas
 First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: F8593
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Landlords Package Policy
 Project Name/Number: Form Filing - TRIA/F8593

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Notice of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number: ALSX-125567110 State: Arkansas
 First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: F8593
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Landlords Package Policy
 Project Name/Number: Form Filing - TRIA/F8593

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Terrorism Insurance Coverage	AP3337-2		Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 AP3337-1 Previous Filing #: AR-PC-06-020996		AP3337-2.PDF

Policy Endorsement

The following endorsement changes your policy. Please read this document carefully and keep it with your policy.

Policyholder Disclosure

Notice of Terrorism Insurance Coverage – AP3337-2

The federal Terrorism Risk Insurance Act, as amended, (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from “acts of terrorism,” as defined in the federal Act.

The federal Act defines an “act of terrorism” as an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Your insurance coverage includes coverage for losses caused by “acts of terrorism” to which the federal Program applies. This coverage is subject to all other terms, conditions, limitations and exclusions of your policy.

Disclosure of Federal Share of Compensation for Insured Losses

Insured losses caused by “acts of terrorism” to which the federal Program applies would be partially reimbursed by the United States Government under a formula established by the federal Act. Under that formula, the United States Government pays 85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

You should also know that the federal Act contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from “acts of terrorism” to which the federal Program applies when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceeds \$100 billion, your coverage may be reduced to the extent permitted by the federal Act or any regulations promulgated thereunder.

Disclosure of Premium

The portion of your annual premium that is attributable to coverage for losses caused by “acts of terrorism” to which the federal Program applies is \$0.00.

SERFF Tracking Number: ALSX-125567110 State: Arkansas
First Filing Company: Allstate Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: F8593
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Landlords Package Policy
Project Name/Number: Form Filing - TRIA/F8593

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/31/2008

Comments:

Attachments:

AR - EXPD FILING TRANS FOR TER RISK.PDF
AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF
AR - FORM FILING ABSTRACT F-1.PDF

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Allstate Insurance Company	IL	008-19232	36-0719665
Allstate Indemnity Company	IL	008-19240	36-6115679

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	847-402-2774 Ext. 22774	847-402-9757	cdepp@allstate.com

Filing information

Line of Insurance (see attachment)	Landlords Package Policy (Commercial Multi-Peril)
Company Program Title (Marketing title) (if applicable)	Personal Product
Filing Type ** see note below	Endorsement
This application is used with:	Landlords Package Policy
Effective Date Requested	03/31/2008
Filing date	3/21/08
Company Tracking Number	F8593
Date filing approved in domiciliary state, if applicable	3/15/2008

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Notice of Terrorism Insurance Coverage	AP3337-2	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	AP3337-1	AR-PC-06-020996
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Carrie M. Deppe

Print Name:

Assistant State Filings
Manager

Title:

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Felix Mantilla, Asst. Vice President, Asst. General Counsel of
(Name) (Title of Authorized Officer)

Allstate Insurance Company (See Attached)
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • F8593	
Signature of Authorized Officer •	
Name of Authorized Officer •	Felix Mantilla
Title of Authorized Officer •	Asst. Vice President, Asst. General Counsel
Email address of Authorized Officer •	fmantill@allstate.com
Telephone # of Authorized Officer •	847-402-5000 Ext: 28374
Date •	3/21/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

Arkansas Certificate of Compliance – Additional Companies List

Insuring Company
Allstate Indemnity Company

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 3/21/08

2. Company Name(s) Allstate Insurance Company, Allstate Indemnity Company

Group Name Allstate NAIC No. 19240 Group No. 008

3. (a) Annual Statement Line of Business Number (Page 14) 5.1, 5.2 Commercial Multi-peril

(b) Class of Business Landlords Package Policy

© Coverages Affected _____

4. (a) Name of Advisory Organization, if any Not applicable

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) _____

(b) Date of Filing _____

© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Yes

8. Is the form filed in response to or due to legislation? If so, specify legislation.

Yes - TRIA

9. Is the form in response to or due to recent court decisions? If so, give citation.

No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Carrie M. Deppe

Title

847-402-2774

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
AP3337-1		AP3337-2	Notice of Terrorism Insurance Coverage