

SERFF Tracking Number: CMPX-125503647 State: Arkansas  
Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$50  
Company  
Company Tracking Number: P#08022  
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1003 Commercial Package  
Portion Only  
Product Name: Commercial Package Policy  
Project Name/Number: MU CP BUSINESS INCOME - ACTUAL LOSS SUSTAINED/P#08022

## Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Commercial Package Policy SERFF Tr Num: CMPX-125503647 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1003 Commercial Package Co Tr Num: P#08022 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: SPI CompanionPCGroup Disposition Date: 03/03/2008

Date Submitted: 02/22/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008

Effective Date Requested (Renewal): Effective Date (Renewal): 04/01/2008

State Filing Description:

## General Information

Project Name: MU CP BUSINESS INCOME - ACTUAL LOSS SUSTAINED

Project Number: P#08022

Reference Organization:

Reference Title:

Filing Status Changed: 03/03/2008

State Status Changed: 03/03/2008

Corresponding Filing Tracking Number:

Filing Description:

Companion Property & Casualty wishes to withdraw form CPP 108 ed. 09/07. We wish to replace this form with CPP 115 ed. 01/08 and file new form CPP 117 ed. 01/08. Rule 51, Business Income Coverage Options, which governs these two forms, is being revised to support changes in our Actual Loss Sustained coverage.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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These forms and rule are for use with our commercial package policy. A copy of each new form is attached for your review.

## Company and Contact

### Filing Contact Information

Susan Caton, Product Development Analyst  
 P.O. Box 100165 (803) 264-4483 [Phone]  
 Columbia, SC 29202 (803) 865-3155[FAX]

### Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina  
 Company  
 P.O. Box 100165 Group Code: 661 Company Type:  
 Columbia, SC 29202 Group Name: State ID Number:  
 (800) 845-2724 ext. [Phone] FEIN Number: 57-0768836  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$50.00	02/22/2008	18117526

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## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 03/03/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Business Income and Extra Expense - Actual Loss Sustained Endorsement	Approved	Yes
Form	Business Income (Without Extra Expense) - Actual Loss Sustained 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	Business Income and Extra Expense - Actual Loss Sustained Endorsement	CPP 115	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CPP 108 Previous Filing #:		CPP 115.PDF
Approved	Business Income (Without Extra Expense) - Actual Loss Sustained Endorsement	CPP 117	01 08	Endorsement/Amendment/Conditions		0.00	CPP 117.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **BUSINESS INCOME AND EXTRA EXPENSE – ACTUAL LOSS SUSTAINED ENDORSEMENT**

This endorsement modifies insurance provided under:

BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FORM CP 00 30

1. **A. Coverage, 1. Business Income** is deleted in its entirety and replaced with:

Business Income means the:

- a. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred; and
- b. Continuing normal operating expenses incurred, including payroll.

For manufacturing risks, Net Income includes the net sales value of production.

We will pay for the actual loss of Business Income you sustain due to the necessary "suspension" of your "operations" during the "period of restoration" and that occurs within 12 consecutive months after the date of direct physical loss or damage. The "suspension" must be caused by direct physical loss of or damage to property at premises which are described in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss. With respect to loss of or damage to personal property in the open or personal property in a vehicle, the described premises include the area within 100 feet of the site at which the described premises are located.

With respect to the requirements set forth in the preceding paragraph, if you occupy only part of the site at which the described premises are located, your premises means:

- a. The portion of the building which you rent, lease or occupy; and
- b. Any area within the building or on the site at which the described premises are located, if that area services, or is used to gain access to, the described premises.

2. **A. Coverage, 5. Additional Coverages, b. Alterations and New Buildings** is deleted in its entirety.

3. **A. Coverage, 6. Coverage Extension** is deleted in its entirety and replaced with:

You may extend the insurance provided by this Coverage Part as follows:

### **Newly Acquired Locations**

- a. You may extend your Business Income and Extra Expense Coverages to apply to property at any location you acquire other than fairs or exhibitions.
- b. The most we will pay under this Extension, for the sum of Business Income loss and Extra Expense incurred, is \$100,000 at each location.
- c. Insurance under this Extension for each newly acquired location will end when any of the following first occurs:
  - (1) This policy expires;
  - (2) 30 days expire after you acquire or begin to construct the property; or
  - (3) You report values to us.

Companion Property & Casualty Group 2008

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We will charge you additional premium for values reported from the date you acquire the property.

This Extension is additional insurance. The Additional Condition, Coinsurance, does not apply to this Extension.

4. **B. Limits Of Insurance** is deleted in its entirety and replaced with:

We will pay for the actual loss of Business Income you sustain due to the necessary "suspension" of your "operations" during the "period of restoration" and that occurs within 12 consecutive months after the date of direct physical loss or damage.

5. **D. Additional Condition** is deleted in its entirety.
6. **E. Optional Coverages, 1. Maximum Period Of Indemnity** is deleted in its entirety.
7. **E. Optional Coverages, 2. Monthly Limit Of Indemnity** is deleted in its entirety.
8. **E. Optional Coverages, 3. Business Income Agreed Value** is deleted in its entirety.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **BUSINESS INCOME (WITHOUT EXTRA EXPENSE) – ACTUAL LOSS SUSTAINED ENDORSEMENT**

This endorsement modifies insurance provided under:

BUSINESS INCOME (WITHOUT EXTRA EXPENSE) COVERAGE FORM CP 00 32

1. **A. Coverage, 1. Business Income** is deleted in its entirety and replaced with:

Business Income means the:

- a. Net Income (Net Profit or Loss before income taxes) that would have been earned or incurred; and
- b. Continuing normal operating expenses incurred, including payroll.

For manufacturing risks, Net Income includes the net sales value of production.

We will pay for the actual loss of Business Income you sustain due to the necessary "suspension" of your "operations" during the "period of restoration" and that occurs within 12 consecutive months after the date of direct physical loss or damage. The "suspension" must be caused by direct physical loss of or damage to property at premises which are described in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss. With respect to loss of or damage to personal property in the open or personal property in a vehicle, the described premises include the area within 100 feet of the site at which the described premises are located.

With respect to the requirements set forth in the preceding paragraph, if you occupy only part of the site at which the described premises are located, your premises means:

- a. The portion of the building which you rent, lease or occupy; and
- b. Any area within the building or on the site at which the described premises are located, if that area services, or is used to gain access to, the described premises.

2. **A. Coverage, 4. Additional Coverages, c. Alterations and New Buildings** is deleted in its entirety.

3. **A. Coverage, 5. Coverage Extension** is deleted in its entirety and replaced with:

You may extend the insurance provided by this Coverage Part as follows:

### **Newly Acquired Locations**

- a. You may extend your Business Income Coverage to apply to property at any location you acquire other than fairs or exhibitions.
- b. The most we will pay under this Extension, for the sum of Business Income loss incurred, is \$100,000 at each location.
- c. Insurance under this Extension for each newly acquired location will end when any of the following first occurs:
  - (1) This policy expires;
  - (2) 30 days expire after you acquire or begin to construct the property; or
  - (3) You report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

This Extension is additional insurance. The Additional Condition, Coinsurance, does not apply to this Extension.

4. **B. Limits Of Insurance** is deleted in its entirety and replaced with:

We will pay for the actual loss of Business Income you sustain due to the necessary "suspension" of your "operations" during the "period of restoration" and that occurs within 12 consecutive months after the date of direct physical loss or damage.

5. **D. Additional Condition** is deleted in its entirety.
6. **E. Optional Coverages, 1. Maximum Period Of Indemnity** is deleted in its entirety.
7. **E. Optional Coverages, 2. Monthly Limit Of Indemnity** is deleted in its entirety.
8. **E. Optional Coverages, 3. Business Income Agreed Value** is deleted in its entirety.



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Portion Only  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 03/03/2008

**Comments:**

**Attachments:**

Cover Letter.PDF  
AR - FORM FILING ABSTRACT F-1.PDF  
AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).PDF  
AR - NAIC FORM FILING SCHEDULE.PDF  
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF



Companion Property & Casualty Group

Companion Property & Casualty  
Insurance Company

Companion Commercial  
Insurance Company

February 22, 2008

Commissioner Julie Benafield Bowman  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836  
Commercial Fire - Form Filing - MU CP BUSINESS INCOME - ACTUAL LOSS SUSTAINED  
Company Filing#: P#08022  
Proposed Effective Date: New and Renewal policies effective on and after April 1, 2008

Dear Commissioner Benafield Bowman:

Companion Property & Casualty wishes to withdraw form CPP 108 ed. 09/07. We wish to replace this form with CPP 115 ed. 01/08 and file new form CPP 117 ed. 01/08. Rule 51, Business Income Coverage Options, which governs these two forms, is being revised to support changes in our Actual Loss Sustained coverage.

These forms and rule are for use with our commercial package policy. A copy of each new form is attached for your review.

Please do not hesitate to contact me if I may be of further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Susan R. Caton".

Susan R. Caton, CISR, AIS  
Product Development Analyst

Phone: 803-264-4483  
Fax: 803-865-3155  
Email : [susan.caton@companiongroup.com](mailto:susan.caton@companiongroup.com)

# 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 02/22/2008
2. Company Name(s) Companion Property & Casualty Insurance Company  
Group Name \_\_\_\_\_ NAIC No. 12157 Group No. 661
3. (a) Annual Statement Line of Business Number (Page 14) 5.1  
(b) Class of Business Commercial Property  
© Coverages Affected Commercial Property
4. (a) Name of Advisory Organization, if any \_\_\_\_\_  
(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?  
Still pending in domiciliary state. Approved in North Carolina.
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
No.
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.

*Susan R. Caton*

\_\_\_\_\_  
**Signature**

Susan Caton

\_\_\_\_\_  
**Title**

803-264-4483

\_\_\_\_\_  
**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
CPP 108 09 07	04/01/08	CPP 115 01 08	Business Income and Extra Expense - Actual Loss Sustained Endorsement To allow for Business Income and Extra Expense coverage on a Actual Loss Sustained basis.
	04/01/08	CPP 117 01 08	Business Income (Without Extra Expense) - Actual Loss Sustained Endorsement To allow for Business Income (without Extra Expense) coverage on a Actual Loss Sustained basis.
			Business Income (With Extra Expense) Twelve Month Actual Loss Sustained Coverage

## ARKANSAS CERTIFICATE OF COMPLIANCE

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



I, Susan Caton, Product Development Analyst of  
 (Name) (Title of Authorized Officer)

Companion Property & Casualty Insurance Company  
 (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? (Yes or No) •	Yes
--	-----

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

Company Name(s)	NAIC #

Company Tracking Number • P#08022	
Signature of Authorized Officer •	<i>Susan R. Caton</i>
Name of Authorized Officer •	Susan Caton
Title of Authorized Officer •	Product Development Analyst
Email address of Authorized Officer •	<a href="mailto:susan.caton@companiongroup.com">susan.caton@companiongroup.com</a>
Telephone # of Authorized Officer •	(800) 845-2724 ext. 44483
Date •	02/22/2008

*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 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	P#08022
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	P#08022
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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	Business Income and Extra Expense - Actual Loss Sustained Endorsement	CPP 115 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CPP 108 09 07	
02	Business Income (Without Extra Expense) - Actual Loss Sustained Endorsement	CPP 117 01 08	<input checked="" 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		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

<b>5. Company Tracking Number</b>	P#08022
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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
	Susan Caton P.O. Box 100165 Columbia SC 29202	Product Development Analyst	800-845-2724	803 865-3155	

<b>7.</b>	Signature of authorized filer	<i>Susan R. Caton</i>
<b>8.</b>	Please print name of authorized filer	Susan Caton

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

<b>9.</b>	Type of Insurance (TOI)	05.1 Commercial Multi-Peril - Non-Liability Portion Only
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	05.1003 Commercial Package
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Commercial Package Policy
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 04/01/2008      Renewal: 04/01/2008
<b>15.</b>	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	
<b>17.</b>	Reference Organization # & Title	
<b>18.</b>	Company's Date of Filing	02/22/2008
<b>19.</b>	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

