Filing at a Glance

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

Product Name: Commercial General Liability	SERFF Tr Num: LBRM-125506153	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT $50
Sub-TOI: 17.0001 Commercial General Liability	Co Tr Num: 2008-00387	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Kelly Joslyn	Disposition Date: 03/11/2008
	Date Submitted: 02/25/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: GL Custom Protector Changes - Form	Status of Filing in Domicile: Pending
Project Number: 2008-00387	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/11/2008	
State Status Changed: 03/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Effective July 1, 2008 for New Business and September 1, 2008 for Renewal Business, we wish to file our independent form, 22-111 0107, Amendment of Other Insurance Condition. Please find enclosed all required filing forms.

Company and Contact

Filing Contact Information

Kelly Joslyn, State Filings Technician
62 Maple Avenue
Keene, NH 03431

kelly.joslyn@LibertyMutual.com
(800) 826-6189 [Phone]
(603) 352-9252[FAX]

Filing Company Information

America First Insurance Company 62 Maple Ave. Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 12696 Group Code: 111 Group Name: FEIN Number: 58-0953149 ---	State of Domicile: New Hampshire Company Type: P & C State ID Number:
Peerless Indemnity Insurance Company 62 Maple Ave. Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 18333 Group Code: 111 Group Name: FEIN Number: 13-2919779 ---	State of Domicile: Illinois Company Type: Property & Casualty State ID Number:
Peerless Insurance Company 62 Maple Avenue Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 24198 Group Code: 111 Group Name: FEIN Number: 02-0177030 ---	State of Domicile: New Hampshire Company Type: Property & Casualty State ID Number:
The Netherlands Insurance Company 62 Maple Avenue Keene, NH 03431 (800) 826-6189 ext. [Phone]	CoCode: 24171 Group Code: 111 Group Name: FEIN Number: 02-0342937 ---	State of Domicile: New Hampshire Company Type: Property & Casualty State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	50.00 per Form

SERFF Tracking Number:	*LBRM-125506153*	*State:*	*Arkansas*
First Filing Company:	*America First Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*2008-00387*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0001 Commercial General Liability*
Product Name:	*Commercial General Liability*		
Project Name/Number:	*GL Custom Protector Changes - Form/2008-00387*		

Per Company: No

SERFF Tracking Number:	*LBRM-125506153*	*State:*	*Arkansas*
First Filing Company:	*America First Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*2008-00387*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0001 Commercial General Liability*
Product Name:	*Commercial General Liability*		
Project Name/Number:	*GL Custom Protector Changes - Form/2008-00387*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	$50.00	02/25/2008	18136090
Peerless Indemnity Insurance Company	$0.00	02/25/2008	
Peerless Insurance Company	$0.00	02/25/2008	
The Netherlands Insurance Company	$0.00	02/25/2008	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/11/2008	03/11/2008

Disposition

Disposition Date: 03/11/2008
Effective Date (New):
Effective Date (Renewal):
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-125506153*	*State:*	*Arkansas*
First Filing Company:	*America First Insurance Company, ...*	*State Tracking Number:*	*EFT $50*
Company Tracking Number:	*2008-00387*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0001 Commercial General Liability*
Product Name:	*Commercial General Liability*		
Project Name/Number:	*GL Custom Protector Changes - Form/2008-00387*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Amendment of Other Insurance Conditions	Approved	Yes
Form	Form Filing Schedule	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Other Insurance Conditions	22-111	0107	Endorsement/Amendment/Conditions	New		0.00	22-111 0107.pdf
Approved	Form Filing Schedule			Other	New		0.00	Form Filing Schedulef.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following is added to provision **a. Primary Insurance** of paragraph **4. Other Insurance** under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

However, when an additional insured has been added to this Coverage Part by attachment of an endorsement, we will not seek contribution from the "additional insured's own insurance" provided that:

(1) You and the additional insured have agreed in a written contract that this insurance is primary and non-contributory; and

(2) The "bodily injury" or "property damage" occurs, or the "personal and advertising injury" is committed, subsequent to the execution of such contract.

B. For the purposes of this endorsement the following is added to **SECTION V – DEFINITIONS**:

"Additional insured's own insurance" means other insurance for which the additional insured is designated as a Named Insured.

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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.)

1.	**This filing transmittal is part of Company Tracking #**	**2008-00387**
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	**NA**

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	Amendment of Other Insurance Conditions	22-111 0107	☐ Replacement ☐ Withdrawn ☒ Neither		
02			☐ Replacement ☐ Withdrawn ☐ Neither		
03			☐ Replacement ☐ Withdrawn ☐ Neither		
04			☐ Replacement ☐ Withdrawn ☐ Neither		
05			☐ Replacement ☐ Withdrawn ☐ Neither		
06			☐ Replacement ☐ Withdrawn ☐ Neither		
07			☐ Replacement ☐ Withdrawn ☐ Neither		
08			☐ Replacement ☐ Withdrawn ☐ Neither		
09			☐ Replacement ☐ Withdrawn ☐ Neither		
10			☐ Replacement ☐ Withdrawn ☐ Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 03/11/2008

Comments:
Attached

Attachment:
Transmittal.pdf

Satisfied -Name: Cover Letter

Review Status: Approved 03/11/2008

Comments:
Attached

Attachment:
2008-00387 klj.pdf

Property & Casualty Transmittal Document (Revised 1/1/05)

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:
f. State Filing #:
g. SERFF Filing #:

3.	Group Name	Group NAIC #
	Liberty Regional Agency Market	111

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	America First Insurance Company	NH	12696	58-0953149
	Peerless Insurance Company	NH	24198	02-0177030
	The Netherlands Insurance Company	NH	24171	02-0342937
	Peerless Indemnity Insurance Company	IL	18333	13-291779

5.	Company Tracking Number	2008-00387

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kelly Joslyn	State Filings Technician	800-826-6189	603-352-9252	kelly.joslyn@liberty mutual.com
	62 Maple Ave, Keene, NH 03431				

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

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

9.	**Type of Insurance (TOI)**	Commercial General Liability
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)	Commercial General Liability
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other
14.	**Effective Date(s) Requested**	New: 07-01-08 Renewal: 09-01-08
15.	**Reference Filing?**	☐ Yes ☒ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	
19.	**Status of filing in domicile**	☐ Not Filed ☒ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	2008-00387

21.	**Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

Effective July 1, 2008 for New Business and September 1, 2008 for Renewal Business, we wish to file our independent form, **22-111 0107, Amendment of Other Insurance Condition**.

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 #: EFT
Amount: 50.00

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.)**

62 Maple Avenue
Keene, NH 03431
603-352-3221

February 22, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Division Six - General Liability
Form Filing
America First Insurance Company
NAIC# 111-12696
Peerless Insurance Company
NAIC# 111-24198
Peerless Indemnity Insurance Company
NAIC# 111-18333
The Netherlands Insurance Company
NAIC# 111-24171
Company Filing# 2008-00387

Dear Mr. Lacy:

Effective July 1, 2008 for New Business and September 1, 2008 for Renewal Business, we wish to file our independent form, **22-111 0107, Amendment of Other Insurance Condition**.

Please find enclosed all required filing forms.

Questions regarding the enclosed filing should be directed to me at 603-357-9589 or 800-826-6189 ext. 79589.

Acknowledgement, evidenced by Department Stamp on a copy of this letter would be appreciated. A self addressed stamped envelope is enclosed for your convenience.

Sincerely,

Kelly L. Joslyn
State Filings Technician
Email: kelly.joslyn@libertymutual.com
Fax: (603)-352-9252

Encl.