

SERFF Tracking Number: PERR-125536513 State: Arkansas
Filing Company: AXIS Insurance Company State Tracking Number: #102088 \$50
Company Tracking Number: AXIS-CP-AR-08-01-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Capital Assets (Output Policy)
Project Name/Number: AXIS-CP-AR-08-01-F/AXIS-CP-AR-08-01-F

Filing at a Glance

Company: AXIS Insurance Company

Product Name: Capital Assets (Output Policy) SERFF Tr Num: PERR-125536513 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #102088 \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AXIS-CP-AR-08-01-F State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Laura Jennette Disposition Date: 03/18/2008
Date Submitted: 03/11/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AXIS-CP-AR-08-01-F Status of Filing in Domicile: Authorized
Project Number: AXIS-CP-AR-08-01-F Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/18/2008 Deemer Date:
State Status Changed: 03/13/2008
Corresponding Filing Tracking Number: N/A
Filing Description:
With this filing, AXIS Insurance Company ("the Company") is introducing several independent and ACORD declarations for your review.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request

<i>SERFF Tracking Number:</i>	<i>PERR-125536513</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXIS Insurance Company</i>	<i>State Tracking Number:</i>	<i>#102088 \$50</i>
<i>Company Tracking Number:</i>	<i>AXIS-CP-AR-08-01-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Capital Assets (Output Policy)</i>		
<i>Project Name/Number:</i>	<i>AXIS-CP-AR-08-01-F/AXIS-CP-AR-08-01-F</i>		

immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

We respectfully request that this filing be implemented on April 1, 2008.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Laura Jennette, State Filings Analyst doi@perrknight.com
 881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]
 Pacific Palisades, CA 90272

Filing Company Information

AXIS Insurance Company	CoCode: 37273	State of Domicile: Illinois
11680 Great Oaks Way	Group Code: 3416	Company Type:
Ste. 500		
Alpharetta, GA 30022	Group Name: AXIS Specialty	State ID Number:
	Limited	
(678) 746-9423 ext. [Phone]	FEIN Number: 39-1338397	

Filing Fees

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

SERFF Tracking Number: *PERR-125536513* *State:* *Arkansas*
Filing Company: *AXIS Insurance Company* *State Tracking Number:* *#102088 \$50*
Company Tracking Number: *AXIS-CP-AR-08-01-F*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Capital Assets (Output Policy)*
Project Name/Number: *AXIS-CP-AR-08-01-F/AXIS-CP-AR-08-01-F*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXIS Insurance Company	\$0.00	03/11/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102088	\$50.00	03/07/2008

SERFF Tracking Number: PERR-125536513 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/18/2008	03/18/2008

SERFF Tracking Number: PERR-125536513 *State:* Arkansas
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TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
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Disposition

Disposition Date: 03/18/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125536513 State: Arkansas
 Filing Company: AXIS Insurance Company State Tracking Number: #102088 \$50
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Capital Assets Program (Output Policy) Declarations	Approved	Yes
Form	Supplemental Declarations	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Business Income/Extra Expense/Rental Value Supplement to Property Section	Approved	Yes
Form	Schedule of Property Limits	Approved	Yes
Form	Statement of Values	Approved	Yes
Form	Supplemental Property Application	Approved	Yes

SERFF Tracking Number: PERR-125536513 State: Arkansas
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 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
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 Project Name/Number: AXIS-CP-AR-08-01-F/AXIS-CP-AR-08-01-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Capital Assets Program (Output Policy) Declarations	OP DS 01	07/02	Declaration News/Schedule		0.00	Capital Assets Declarations.pdf
Approved	Supplemental Declarations	OP DS 02	07/02	Declaration News/Schedule		0.00	Capital Assets Supplemental Declarations.pdf
Approved	Common Policy Declarations	CO DEC0001	02/08	Declaration News/Schedule		0.00	Common Policy Dec Page.pdf
Approved	Business Income/Extra Expense/Rental Value Supplement to Property Section	ACORD 810	2007/07	Declaration News/Schedule		0.00	ACORD Business Income.pdf
Approved	Schedule of Property Limits	ACORD 159	2004/03	Declaration News/Schedule		0.00	ACORD Schedule of Property Limits.pdf
Approved	Statement of Values	ACORD 139	2004/03	Declaration News/Schedule		0.00	ACORD Statement of Values.pdf
Approved	Supplemental Property Application	ACORD 190	2007/05	Declaration News/Schedule		0.00	ACORD Supplemental Property.pdf



CAPITAL ASSETS PROGRAM (OUTPUT POLICY) DECLARATIONS

POLICY NO.

COMPANY NAME AREA	PRODUCER NAME AREA
NAMED INSURED: _____	
MAILING ADDRESS: _____	
POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. STANDARD TIME AT INSURED'S MAILING ADDRESS SHOWN ABOVE.	
BUSINESS DESCRIPTION: _____	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

PROPERTY LIMITS OF INSURANCE	
<input type="checkbox"/> Blanket Building And Business Personal Property Limit Of Insurance	\$ _____
<input type="checkbox"/> Scheduled Location/Coverage Method (Refer to Form OP 14 01)	

PROPERTY COVERAGE OPTIONS	
<input type="checkbox"/> Actual Cash Value	
<input type="checkbox"/> Functional Replacement Cost – Building	
<input type="checkbox"/> Automatic Increase Coverage Percentage	_____ %

BUSINESS INCOME AND EXTRA EXPENSE LIMITS OF INSURANCE	
<input type="checkbox"/> Blanket Business Income And Extra Expense Limit	\$ _____
<input type="checkbox"/> Scheduled Location/Coverage Method (Refer to Form OP 14 01)	

BUSINESS INCOME COVERAGE OPTIONS/EXTENSION	
<input type="checkbox"/> Business Income And Extra Expense Including Rental Value	
<input type="checkbox"/> Business Income And Extra Expense Other Than Rental Value	
<input type="checkbox"/> Rental Value And Extra Expense	
<input type="checkbox"/> Number of Days for Extended Business Income Coverage	_____ days
<input type="checkbox"/> Coinsurance Percentage	_____ %



BUSINESS INCOME AND EXTRA EXPENSE VALUATION OPTIONS

Maximum Period Of Indemnity

Monthly Limit Of Indemnity

Agreed Value

1/3

1/4

1/6

\$ _____

DEDUCTIBLE

\$ _____

ENDORSEMENTS EFFECTIVE AS OF POLICY PERIOD INCEPTION DATE

DESCRIPTION OF FINE ARTS IN TRANSIT

DESCRIPTION OF VALUABLE PAPERS AND RECORDS

MORTGAGEE AND LOSS PAYEE NAME AND MAILING ADDRESS

OTHER

TOTAL PREMIUM AT POLICY INCEPTION

\$ _____



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SUPPLEMENTAL DECLARATIONS

POLICY NO.

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM COVERAGE FORM (OUTPUT POLICY)

Coverage			Limit Of Insurance		
1.	<input type="checkbox"/>	Accounts Receivable	1.	\$	Per Occurrence
2.	<input type="checkbox"/>	Below Ground Water And Backup Of Sewer And Drain	2.	\$	Per Occurrence
3.	<input type="checkbox"/>	Business Personal Property Off Covered Location	3.	\$	Per Occurrence
4.	<input type="checkbox"/>	Consequential Loss	4.	\$	Per Occurrence
5.	<input type="checkbox"/>	Debris Removal, Additional Limit Of Insurance	5.	\$	Per Occurrence
6.	<input type="checkbox"/>	Employee Theft	6.	\$	Per Occurrence
7.	<input type="checkbox"/>	Fine Arts	7.	\$	Per Occurrence
8.	<input type="checkbox"/>	Fire Department Service Charge	8.	\$	Per Occurrence
9.	<input type="checkbox"/>	Fire Extinguisher Systems Expense	9.	\$	Per Occurrence
10.	<input type="checkbox"/>	Forgery Or Alteration	10.	\$	Per Occurrence
11.	<input type="checkbox"/>	Inventory And Appraisal Expense	11.	\$	Per Occurrence
12.	<input type="checkbox"/>	Money And Securities	12.	\$	Per Occurrence
13.	<input type="checkbox"/>	Ordinance Or Law – Demolition Cost	13.	\$	Per Occurrence
14.	<input type="checkbox"/>	Ordinance Or Law – Increased Cost Of Construction	14.	\$	Per Occurrence
15.	<input type="checkbox"/>	Personal Effects	15.	\$	Per Occurrence
16.	<input type="checkbox"/>	Pollution Cleanup And Removal	16.	\$	Per 12 Month Period
17.	<input type="checkbox"/>	Property In Transit	17.	\$	Per Occurrence
18.	<input type="checkbox"/>	Reward Payment	18.	\$	Per Occurrence
19.	<input type="checkbox"/>	Stamps, Tickets, Letters Of Credit	19.	\$	Per Occurrence
20.	<input type="checkbox"/>	Valuable Papers And Records	20.	\$	Per Occurrence



SCHEDULE OF PROPERTY LIMITS

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY	NAIC CODE:	PAGE
		INSURED / APPLICANT	POLICY NUMBER	OF
		HEADQUARTERS ADDRESS		
CODE:	SUBCODE:	COINS % <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/>	APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> SPECIAL <input type="checkbox"/> BROAD <input type="checkbox"/>	<input type="checkbox"/> EARTHQUAKE COVERAGE <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL
AGENCY CUSTOMER ID				

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	SUBJECT ¹	LIMITS OF INSURANCE
			DESC: ADDRESS:		
TOTAL					\$

INSTRUCTIONS - If a blanket rate is desired, use ACORD 139.

1. SUBJECT: B = Building F = Furniture & Fixtures BPP = Your Business Personal Property Other - specify
 S = Stock M = Machinery PPO = Personal Property of Others



STATEMENT OF VALUES

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY	NAIC CODE:	PAGE																			
		INSURED / APPLICANT	POLICY NUMBER	OF																			
		HEADQUARTERS ADDRESS																					
CODE: AGENCY CUSTOMER ID	SUBCODE:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">COINS %</th> <th style="width:40%;">APPLICABLE CAUSES OF LOSS</th> <th style="width:10%;"></th> <th style="width:30%;"></th> </tr> <tr> <td><input type="checkbox"/> 80%</td> <td><input type="checkbox"/> BASIC</td> <td><input type="checkbox"/></td> <td>EARTHQUAKE COV</td> </tr> <tr> <td><input type="checkbox"/> 90%</td> <td><input type="checkbox"/> BROAD</td> <td><input type="checkbox"/></td> <td>FLOOD</td> </tr> <tr> <td><input type="checkbox"/> 100%</td> <td><input type="checkbox"/> SPECIAL</td> <td><input type="checkbox"/></td> <td>SPRINKLER LEAKAGE EXCL</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>VANDALISM EXCL</td> </tr> </table>	COINS %	APPLICABLE CAUSES OF LOSS			<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/>	FLOOD	<input type="checkbox"/> 100%	<input type="checkbox"/> SPECIAL	<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL			<input type="checkbox"/>	VANDALISM EXCL	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED
COINS %	APPLICABLE CAUSES OF LOSS																						
<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>	EARTHQUAKE COV																				
<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/>	FLOOD																				
<input type="checkbox"/> 100%	<input type="checkbox"/> SPECIAL	<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL																				
		<input type="checkbox"/>	VANDALISM EXCL																				

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/ RC ₁	SUBJECT ₂	100% VALUES	RATE OR LOSS COST ₃	PREMIUM
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
TOTAL						\$	N/A	\$

INSTRUCTIONS

1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
2. SUBJECT:
 B = Building S = Stock F = Furniture & Fixtures M = Machinery
 BPP = Your Business Personal Property PPO = Personal Property of Others
 BI = Business Income R = Rental Income Other - specify
3. RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____



SUPPLEMENTAL PROPERTY APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C. No. Ext):	INSURED/APPLICANT'S NAME AND MAILING ADDRESS (Inc county & ZIP)	
	FAX (A/C. No.):		
E-MAIL ADDRESS:		POLICY NUMBER	LOCATION OF PROPERTY IF DIFF THAN ABOVE (Inc county & ZIP)
CODE:	SUB CODE:	(A) IS THE APPLICANT OTHER THAN AN INDIVIDUAL OR A SOLE PROPRIETORSHIP?	
AGENCY CUSTOMER ID:		IF THE ANSWER IS YES, PLEASE COMPLETE THE OWNERSHIP INFORMATION, "SECTION (A)", ON PAGE 2.	

UNDERWRITING INFORMATION

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, COMPLETE <u>ONLY</u> THE APPROPRIATE SECTIONS ON PAGE 2.			Y/N
(B)	MORTGAGE PAYMENTS/ TAX LIENS	ARE MORTGAGE PAYMENTS OVERDUE BY THREE MONTHS OR MORE?	<input type="checkbox"/>
		ARE TAX LIENS AGAINST THIS PROPERTY OR BUSINESS TAXES UNPAID OR OVERDUE FOR ONE YEAR OR MORE?	<input type="checkbox"/>
(C)	VIOLATIONS	ARE THERE ANY CURRENT VIOLATIONS OF FIRE, SAFETY, HEALTH, BUILDING OR CONSTRUCTION CODES AT ANY LISTED LOCATIONS?	<input type="checkbox"/>
(D)	CONVICTIONS/ LOSSES	DURING THE LAST TEN YEARS, HAS ANYONE WITH A FINANCIAL INTEREST IN THIS PROPERTY INCLUDING THE MORTGAGEE (IF OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION):	<input type="checkbox"/>
		- BEEN CONVICTED OF ANY DEGREE OF ARSON, FRAUD, OR OTHER CRIME RELATED TO LOSS ON THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	
		- HAD ANY FIRE OR EXPLOSION LOSSES EXCEEDING \$1,000 ON THIS OR ANY OTHER PROPERTY?	
(E)	LENDER	IS THE LENDER OTHER THAN A FEDERALLY OR STATE CHARTERED LENDING INSTITUTION?	<input type="checkbox"/>
(F)	VACANCY/ UNOCCUPANCY	IS ANY PORTION OF THE BUILDING VACANT, UNOCCUPIED OR SEASONAL? (IF AN APARTMENT, ARE MORE THAN 10% OF THE RENTAL UNITS UNOCCUPIED?)	<input type="checkbox"/>
(G)	OTHER INSURANCE	IS THERE ANY OTHER INSURANCE IN FORCE OR TO BE SECURED ON THIS PROPERTY?	<input type="checkbox"/>

BUILDING INFORMATION

THIS INFORMATION HELPS TO EXPLAIN THE AMOUNT OF INSURANCE SELECTED AT THE TIME OF APPLICATION, BUT DOES <u>NOT</u> DETERMINE THE VALUE AT THE TIME OF LOSS.				
(H)	PURCHASE DATE:	IF WITHIN LAST 3 YRS. COMPLETE REAL ESTATE TRANSACTION "SECTION (H)", ON PAGE 2	PURCHASE PRICE \$	FOR RENTAL PROPERTIES, INDICATE THE ANNUAL RENTAL INCOME \$
	APPROXIMATE COST OF SUBSEQUENT IMPROVEMENTS \$		APPROXIMATE REPLACEMENT COST \$	APPROXIMATE FAIR MARKET VALUE \$ (Exclusive of Land)
INDICATE THE VALUE USED TO DETERMINE THE AMOUNT OF INSURANCE:		HOW WAS THE INSURANCE VALUE DETERMINED? (Check as Many as Appropriate)		
<input type="checkbox"/>	PURCHASE PRICE	<input type="checkbox"/>	PROFESSIONAL APPRAISER (Attach Copy of Appraisal)	<input type="checkbox"/>
<input type="checkbox"/>	REPLACE COST	<input type="checkbox"/>	BY APPLICANT/INSURED	<input type="checkbox"/>
<input type="checkbox"/>	FAIR MKT VALUE	<input type="checkbox"/>	BY AGENT/BROKER	<input type="checkbox"/>
		OTHER: COMPANY APPRAISAL GUIDE; GIVE NAME OF COMPANY:		

STATEMENT/SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

SIGNATURE OF AGENT/BROKER (Not required in NYS)	SIGNATURE OF INSURED/APPLICANT
COMPANY USE	TITLE OF INSURED/APPLICANT

(A) OWNERSHIP INFORMATION

LIST THE NAMES OF: SHAREHOLDERS OF A CORPORATION, TRUSTEES AND BENEFICIARIES, PARTNERS (INCLUDING LIMITED PARTNERS), AND ALL OTHER OWNERS. ATTACH A SEPARATE SHEET IF NECESSARY.

NAME	ADDRESS	POSITION	INTEREST %

(B) MORTGAGE PAYMENTS	MORTGAGEE		DATE DUE	AMOUNT DUE	OTHER ENCUMBRANCES	
TAX LIENS / OVERDUE TAXES	TAX LIEN	DATE DUE	AMOUNT DUE	TAX LIEN	DATE DUE	AMOUNT DUE
	OVERDUE TAX			OVERDUE TAX		

(C) CODE VIOLATIONS	DATE	DESCRIPTION	DATE	DESCRIPTION
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(D) CONVICTIONS	DATE	DESCRIPTION	INDIVIDUAL
	DATE	DESCRIPTION	INDIVIDUAL

LOSSES	DATE	AMOUNT	LOCATION	DESCRIPTION

(E) LENDER	NAME/EXPLANATION
---------------	------------------

(F) VACANCY/UNOCCUPANCY

SEASON WHEN UNUSED (MM/DD/YY)-(MM/DD/YY)	TOTAL # OF APARTMENT UNITS:	# OF UNOCCUPIED APARTMENT UNITS:			
OTHER BUILDINGS, % VACANT (Unoccupied and No Furniture):	OTHER BUILDINGS, % UNOCCUPIED (Furnished but No Residents):	ANTICIPATED DATE OF OCCUPANCY:			
REASON FOR VACANCY/UNOCCUPANCY					
HOW IS BUILDING PROTECTED FROM ENTRY?					
IS THERE A GOVERNMENT ORDER TO VACATE OR DESTROY THE BUILDING, OR HAS THE BUILDING BEEN CLASSIFIED AS UNINHABITABLE OR STRUCTURALLY UNSAFE?		Y/N <input type="checkbox"/>			
ARE ANY UTILITIES OUT OF SERVICE?	Y/N <input type="checkbox"/>	IS THERE UNREPAIRED DAMAGE OR HAVE ITEMS BEEN STRIPPED FROM BUILDING?	Y/N <input type="checkbox"/>	IS THE BUILDING UP FOR SALE?	Y/N <input type="checkbox"/>
EXPLAIN	DESCRIBE			IF YES, DATE LISTED FOR SALE	

(G) OTHER INSURANCE

STATUS	DATE	AMOUNT OF INSURANCE	CARRIER	POLICY NUMBER

(H) REAL ESTATE TRANSACTIONS (Last 3 Years) (INCLUDE NAME OF SELLER, SELLING PRICE, AMOUNT OF MORTGAGE, AND MORTGAGEE)

DATE	TRANSACTION	DATE	TRANSACTION
------	-------------	------	-------------

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/18/2008

Comments:

Attachments:

2007 NAIC PCTD-F.pdf

2007 NAIC FFS +.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 03/18/2008

Comments:

Attachment:

AIC P&K Filing Authorization Letter.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	AXIS-CP-AR-08-01-F
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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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With this filing, AXIS Insurance Company (“the Company”) is introducing several independent and ACORD declarations for your review.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company’s response will be submitted to your attention as soon as we receive it.

We respectfully request that this filing be implemented on April 1, 2008.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

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 #: 102088

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.)**

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 #		AXIS-CP-AR-08-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
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	Capital Assets Program (Output Policy) Declarations	OP DS 01 (07/02)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Supplemental Declarations	OP DS 02 (07/02)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Common Policy Declarations	CO DEC0001 (02/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Business Income/Extra Expense/Rental Value Supplement to Property Section	ACORD 810 (2007/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Schedule of Property Limits	ACORD 159 (2004/03)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Statement of Values	ACORD 139 (2004/03)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Supplemental Property Application	ACORD 190 (2007/05)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		



January 18, 2008

Re: AXIS Insurance Company
NAIC Number 3416-37273, FEIN 39-1338397

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, form filings on behalf of **AXIS Insurance Company**. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department
Perr&Knight
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-8529

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dave Clark".

Dave Clark, CPCU, ARe
Vice President
Underwriting Compliance
Telephone: (678) 746-9423
Fax: (678) 746-9317
Email: Dave.Clark@axiscapital.com