

SERFF Tracking Number: RLSC-125503773 State: Arkansas
Filing Company: RLI Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: @HOME-0208-DEC
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: @Home Business Program
Project Name/Number: Dec Page Correction/@HOME-0208-DEC

Filing at a Glance

Company: RLI Insurance Company

Product Name: @Home Business Program

TOI: 05.0 Commercial Multi-Peril - Liability &
Non-Liability

Sub-TOI: 05.0002 Businessowners

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: RLSC-125503773 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$20

Co Tr Num: @HOME-0208-DEC

State Status: Fees verified and
received

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Tom Hokanson

Disposition Date: 03/04/2008

Date Submitted: 02/25/2008

Disposition Status: Approved

Effective Date (New): 03/04/2008

Effective Date (Renewal):
03/04/2008

General Information

Project Name: Dec Page Correction

Project Number: @HOME-0208-DEC

Reference Organization: Not Applicable

Reference Title:

Filing Status Changed: 03/04/2008

State Status Changed: 03/04/2008

Corresponding Filing Tracking Number:

Filing Description:

RLI Insurance Company submits for your review and approval a corrected Declarations Page, form BOP 0001 (01/08), for use with our @Home Business Program. This revised Dec Page will replace the corresponding form which carries an (11/07) edition date.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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The only difference between this (01/08) edition and the edition that it replaces is the Automatic Increase item under the Property section of the Dec Page. Under the recently approved (11/07) edition of the Dec Page, this item reads "Automatic Increase – Building Limit (Percentage)". As reflected in this new edition of the Dec Page, it now correctly reads "Automatic Increase – Business Personal Property Limit (%)". This inflation guard wording was inadvertently not modified when preparing the Dec Page for use with our @Home Business Program. The change is necessary because our Automatic Increase coverage applies to business personal property, not buildings and other structures. Our @Home Business Program is intended for businesses run out of the insured's home and therefore does not provide coverage for real property.

Company and Contact

Filing Contact Information

Tom Hokanson, Administrator tom_hokanson@rlicorp.com
 9025 N. Lindbergh Dr. (800) 331-4929 [Phone]
 Peoria, IL 61615

Filing Company Information

RLI Insurance Company CoCode: 13056 State of Domicile: Illinois
 9025 N LINDBERGH DR Group Code: 783 Company Type:
 PEORIA, IL 61615 Group Name: State ID Number:
 (800) 331-4929 ext. 5276[Phone] FEIN Number: 37-0915434

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Flat Fee For Corrections To Previously Filed Forms, Per Arkansas Requirements
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RLI Insurance Company	\$20.00	02/25/2008	18140884

SERFF Tracking Number: RLSC-125503773 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/04/2008	03/04/2008

SERFF Tracking Number: RLSC-125503773 State: Arkansas
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Disposition

Disposition Date: 03/04/2008
Effective Date (New): 03/04/2008
Effective Date (Renewal): 03/04/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RLSC-125503773 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Comparison Document	Approved	Yes
Form	Businessowner Policy Declarations	Approved	Yes

SERFF Tracking Number: RLSC-125503773 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Businessowner Policy Declarations	BOP 0001	(01/08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 BOP 0001 (11/07) Previous Filing #: AR-PC-07-025346		BOP0001 01-08.pdf

FORMS AND ENDORSEMENTS (continued) Forms and Endorsements made part of this policy at time of issue:

SERFF Tracking Number: RLSC-125503773 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/04/2008

Comments:

Attachments:

AR pctd1.pdf

AR pcffs1.pdf

Satisfied -Name: Comparison Document **Review Status:** Approved 03/04/2008

Comments:

Attachment:

cmprsn bop0001.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
RLI Insurance Group	783

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
RLI Insurance Company	Illinois	13056	37-0915434	

5. Company Tracking Number	@HOME-0208-DEC
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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
	Tom Hokanson 9025 N. Lindbergh Dr. Peoria, IL 61615	Administrator - Ins.Dept.Affairs	(800) 331-4929	(309) 6924634	tom_hokanson@rlicorp.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Tom Hokanson		

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

9. Type of Insurance (TOI)	Commercial Multi-Peril
10. Sub-Type of Insurance (Sub-TOI)	Businessowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	@Home Business Program
13. 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)
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	02/25/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	@HOME-0208-DEC
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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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RLI Insurance Company submits for your Information and files a corrected Declarations Page, form BOP 0001 (01/08), for use with our @Home Business Program. This revised Dec Page will replace the corresponding form which carries an (11/07) edition date.

The only difference between this (01/08) edition and the edition that it replaces is the Automatic Increase item under the Property section of the Dec Page. Under the recently approved (11/07) edition of the Dec Page, this item reads "Automatic Increase – Building Limit (Percentage)". As reflected in this new edition of the Dec Page, it now correctly reads "Automatic Increase – Business Personal Property Limit (%)". This inflation guard wording was inadvertently not modified when preparing the Dec Page for use with our @Home Business Program. The change is necessary because our Automatic Increase coverage applies to business personal property, not buildings and other structures. Our @Home Business Program is intended for businesses run out of the insured's home and therefore does not provide coverage for real property. Buildings and other structures should already be more appropriately covered under the insured's homeowners policy.

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]
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Check #: Filing Fee Submitted Via EFT

Amount: \$ 20.00 -- correction to previous filed and approved form

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 #	@HOME-0208-DEC			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Not Applicable			
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	Businessowners Policy Declarations	BOP 0001 (01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BOP 0001 (11/07)	AR-PC-07-025346
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		

RLI Insurance Company

9025 North Lindbergh Drive Peoria, IL 61615

Renewal of Number

**~~BUSINESSOWNERS POLICY
DECLARATIONS~~**

Form Applicable
 Standard Special

Policy No.

Named Insured and Mailing Address:

Administrator Name and Mailing Address:

Policy Period: From 10 at 12:01 A.M.* Standard Time at your mailing address shown above.

* Exceptions: 12:00 noon in Maine, Michigan, North Carolina, and Puerto Rico.

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.

~~BUSINESS DESCRIPTION~~

Form of Business: Individual Joint Venture/Partnership Organization (Any Other)

Business description:

~~DESCRIBED PREMISES~~

~~ADDITIONAL INTEREST~~

PROPERTY

	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
Limits of Insurance for Buildings						
* Actual Cash Value - Buildings Option (Y/N)	\$	N/A	\$		\$	
* Automatic Increase - Building Limit (Percent)		%		%		%
Business Personal Property	\$		\$		\$	

~~Deductible \$ 250~~ Minimum Earned Premium \$ _____

Optional Coverages -- Applicable only if an "X" is shown in the boxes below:

Limits of Insurance

- 1. Money and Securities (Special Form only) \$ Inside the Premises
- \$ Outside the Premises
- 2. Other (specify)

LIABILITY AND MEDICAL PAYMENTS

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.

Liability and Medical Expenses	\$	Limits of Insurance
Medical Expenses	\$ 5,000	per person
Damage to Premises Rented to You	\$ 50,000	any one fire or explosion

FORMS AND ENDORSEMENTS Forms and Endorsements made part of this policy at time of issue:

~~Please see reverse side.~~

~~PREMIUM Total Annual Premium \$~~

Countersigned:

By _____

Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THERE OF, COMPLETE THE ABOVE NUMBERED POLICY.

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RLI Insurance Company

9025 North Lindbergh Drive Peoria, IL 61615

Renewal of Number

Policy No.

BUSINESSOWNERS POLICY
DECLARATIONS

Form Applicable
 Standard Special

Named Insured and Mailing Address:

Administrator Name and Mailing Address:

Policy Period:

From _____ to _____ at 12:01 A.M.*
Standard Time at your mailing address shown above.

Insured's Brokering Agent:

***Exceptions:**

12:00 noon in Maine, Michigan, North Carolina, and Puerto Rico.

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.

BUSINESS DESCRIPTION						
Form of Business:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture/Partnership	<input type="checkbox"/> Organization (Any Other)			
Business description:						
DESCRIBED PREMISES				ADDITIONAL INTEREST		
PROPERTY						
Limits of Insurance for Buildings Actual Cash Value - Buildings Option (Y/N) *Automatic Increase - <u>Business Personal Property Limit (%)</u> Business Personal Property	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
	\$ N/A		\$		\$	
	4 %		%		%	
	\$		\$		\$	
Deductible \$ 250			Minimum Earned Premium \$			
Optional Coverages -- Applicable only if an "X" is shown in the boxes below:				Limits of Insurance		
1. <input type="checkbox"/> Money and Securities (Special Form only)				\$	Inside the Premises	
2. <input type="checkbox"/> Other (specify)				\$	Outside the Premises	
LIABILITY AND MEDICAL PAYMENTS						
Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.						
Liability and Medical Expenses		Limits of Insurance				
Medical Expenses		\$ 5,000	per person			
Damage to Premises Rented to You		\$ 50,000	any one fire or explosion			
FORMS AND ENDORSEMENTS Forms and Endorsements made part of this policy at time of issue:						
Please see reverse side.						
PREMIUM Total Annual Premium \$						

Countersigned:

By _____
Authorized Representative

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