

SERFF Tracking Number: ZURC-125499591 State: Arkansas  
 First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$25  
 Company Tracking Number: CW-ML-27056  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
 Liability  
 Product Name: CW-ML-27056 - Precision American/Premier Program Coverage Rules Filing  
 Project Name/Number: CW-ML-27056/CW-ML-27056

## Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company  
 Product Name: CW-ML-27056 - Precision American/Premier Program Coverage Rules Filing  
 SERFF Tr Num: ZURC-125499591 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$25  
 Sub-TOI: 05.0002 Businessowners Co Tr Num: CW-ML-27056 State Status: Fees verified and received  
 Filing Type: Rule Co Status: Not Applicable Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
 Author: Deborah Freeman Disposition Date: 03/05/2008  
 Date Submitted: 02/26/2008 Disposition Status: Approved  
 Effective Date Requested (New): 06/01/2008 Effective Date (New): 06/01/2008  
 Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal): 08/01/2008

State Filing Description:

## General Information

Project Name: CW-ML-27056 Status of Filing in Domicile: Pending  
 Project Number: CW-ML-27056 Domicile Status Comments:  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 03/05/2008  
 State Status Changed: 03/05/2008 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 Precision American/Premier Program Coverage Rules Filing

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## Company and Contact

### Filing Contact Information

Jackie Kowalski, Product Analyst jackie.kowalski@zurichna.com  
 1400 American Lane (847) 762-7321 [Phone]  
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

### Filing Company Information

Assurance Company of America	CoCode: 19305	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-6081895	

Northern Insurance Company of New York	CoCode: 19372	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-5283360	

Maryland Casualty Company	CoCode: 19356	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 52-0403120	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: State Filing Fees Apply.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurance Company of America	\$25.00	02/26/2008	18164016
Northern Insurance Company of New York	\$0.00	02/26/2008	

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Maryland Casualty Company \$0.00 02/26/2008



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/05/2008	03/05/2008

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## Disposition

Disposition Date: 03/05/2008  
Effective Date (New): 06/01/2008  
Effective Date (Renewal): 08/01/2008  
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	NAIC PC TD-1	Approved	Yes
Rate	Precision America Food Contamination Coverage Rule	Approved	Yes
Rate	Precision Premier Food Contamination Coverage Rule	Approved	Yes



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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Precision America Food Contamination Coverage Rule	7	New	Rule 7. Precision America - Food Contamination.pdf
Approved	Precision Premier Food Contamination Coverage Rule	7	New	Rule 7. Precision Premier - Food Contamination.pdf

**COVERAGE RULES – PRECISION AMERICA**

The following is added to

**7. PROPERTY POLICY LEVEL OPTIONS AND EXCLUSIONS:**

Food Contamination

**1. Description of Coverage**

Coverage applies if the described premises is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination.

**2. Rules**

- a.** This is an optional use endorsement.
- b.** This coverage is provided for a specified limit and is subject to a specific deductible.

**3. Form**

Attach **9S1106**.

**COVERAGE RULES – PRECISION PREMIER**

The following is added to

**7. PROPERTY POLICY LEVEL OPTIONS AND EXCLUSIONS:**

Food Contamination

**1. Description of Coverage**

Coverage applies if the described premises is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination.

**2. Rules**

- a.** This is an optional use endorsement.
- b.** This coverage is provided for a specified limit and is subject to a specific deductible.

**3. Form**

Attach **9S1106**.

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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Approved 03/05/2008  
**Comments:**  
**Attachment:**  
Cover Letter - Rules - SERFF.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 03/05/2008  
**Comments:**  
**Attachment:**  
Explanatory Memorandum.pdf

**Satisfied -Name:** NAIC PC TD-1 **Review Status:** Approved 03/05/2008  
**Comments:**  
**Attachment:**  
NAIC PC TD-1.pdf



February 26, 2008

VIA SERFF FILING

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
Property and Casualty Division  
1200 West Third Street  
Little Rock, AR 72201-1904

**Reference: Commercial Multi-Peril Filing  
Precision American/Premier Program Coverage Rules Filing  
Maryland Casualty Company NAIC #212-19356  
Assurance Company of America NAIC #212-19305  
Northern Insurance Company of New York NAIC #212-19372  
Company File # CW-ML-27056**

**Zurich North America**

1400 American Lane  
Schaumburg, Illinois  
60196-1056

**Telephone:** (847) 605-4238

**Facsimile:** (847) 605-7768

**Internet :**

[www.deborah.freeman@zurichna.com](mailto:www.deborah.freeman@zurichna.com)

Dear Honorable Bowman:

In accordance with the filing requirements of your state, we hereby submit for your review and approval the following coverage rules on behalf of the above referenced companies:

- Coverage Rules – Precision America
- Coverage Rules – Precision Premier

For your reference, the Explanatory Memorandum which has been included with this submission provides further clarification of the filing. The corresponding form has been filed under a separate cover.

We request that this filing becomes effective on June 1, 2008 for new business and August 1, 2008 for renewal business.

This filing is being submitted electronically through SERFF. If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Deborah A. Freeman  
Product Analyst  
Regulatory Services  
(847) 605-4238  
(847) 605-7768 (FAX)  
[www.deborah.freeman@zurichna.com](mailto:www.deborah.freeman@zurichna.com)

**EXPLANATORY MEMORANDUM  
PRECISION PREMIER  
PRECISION AMERICA**

**Food Contamination – 9S1106**

**Purpose of this filing:**

This filing is intended to introduce a new commercial property endorsement with corresponding usage rules that applies to the Precision Premier and America policies. This optional endorsement is based upon ISO's Food Contamination Endorsement BP 0431.

The Food Contamination endorsement provides coverage for the following if the described premises is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination:

1. Your expense to clean your equipment as required by the Board of Health or any other governmental authority;
2. Your cost to replace the food, which is, or is suspected to be, contaminated;
3. Your expense to provide necessary medical tests or vaccinations for your infected employees not covered under a Workers' Compensation Policy;
4. Additional advertising expenses you incur to restore your reputation; and
5. The actual loss of business income you sustain due to the necessary suspension of your operations. The coverage for business income will begin 24 hours after you receive notice of closing from the Board of Health or any other governmental authority.

Food contamination means an incidence of food poisoning to one or more of your customers due to tainted food you purchased; food which has been improperly stored, handled or prepared; or a communicable disease transmitted through one or more of your employees. No coverage is provided for associated fines or penalties levied against you.

Coverage is provided in the amount of \$10,000 for the sum of all such loss or damage occurring during each separate 12-month period of this policy. This limit applies regardless of the number of described premises involved. A \$250 deductible applies to this coverage.

## 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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Assurance Company of America	NY	19305	13-6081895	
Maryland Casualty Company	MD	19356	52-0403120	
Northern Insurance Company of New York	NY	19372	13-5283360	

<b>5. Company Tracking Number</b>	CW-ML-27056
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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
	Deborah A. Freeman 1400 American Lane Schaumburg, IL 60196	Product Analyst	(847) 605-4238	(847) 605-7768	deborah.freeman@zurichna.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Deborah A. Freeman

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

9.	Type of Insurance (TOI)	5.0000
10.	Sub-Type of Insurance (Sub-TOI)	5.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Precision America/Premier Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 06/01/2008      Renewal: 08/01/2008
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	02/26/08
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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW-ML-27056
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This filing is intended to introduce a new commercial property endorsement with corresponding usage rules that applies to the Precision Premier and America policies. This optional endorsement is based upon ISO's Food Contamination Endorsement BP 0431.

The Food Contamination endorsement provides coverage for the following if the described premises is ordered closed by the Board of Health or any other governmental authority as a result of the discovery or suspicion of food contamination:

1. Your expense to clean your equipment as required by the Board of Health or any other governmental authority;
2. Your cost to replace the food, which is, or is suspected to be, contaminated;
3. Your expense to provide necessary medical tests or vaccinations for your infected employees not covered under a Workers' Compensation Policy;
4. Additional advertising expenses you incur to restore your reputation; and
5. The actual loss of business income you sustain due to the necessary suspension of your operations. The coverage for business income will begin 24 hours after you receive notice of closing from the Board of Health or any other governmental authority.

Food contamination means an incidence of food poisoning to one or more of your customers due to tainted food you purchased; food which has been improperly stored, handled or prepared; or a communicable disease transmitted through one or more of your employees. No coverage is provided for associated fines or penalties levied against you.

Coverage is provided in the amount of \$10,000 for the sum of all such loss or damage occurring during each separate 12-month period of this policy. This limit applies regardless of the number of described premises involved. A \$250 deductible applies to this coverage.

<b>22.</b>	<b>Filing Fees</b> (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 #:**  
**Amount:**

**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.)**

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW-ML-27056
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	CW-ML-27056
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Coverage Rule 7. – Precision America (Ed. 02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Coverage Rule 7. – Precision Premier (Ed. 02/08)	<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	