

SERFF Tracking Number: ZURC-125508770 State: Arkansas
 First Filing Company: American Guarantee and Liability Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CW CF 27072
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: CW-CF-27072 - Zurich Edge Program Forms Filing
 Project Name/Number: /

Filing at a Glance

Companies: American Guarantee and Liability Insurance Company, Zurich American Insurance Company
 Product Name: CW-CF-27072 - Zurich Edge Program Forms Filing SERFF Tr Num: ZURC-125508770 State: Arkansas
 TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50
 Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: CW CF 27072 State Status: Fees verified and received
 Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
 Author: Dannielle Curry Disposition Date: 03/05/2008
 Date Submitted: 02/26/2008 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: Status of Filing in Domicile:
 Project Number: 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:

We are submitting for your review and approval the following forms as new forms for our Large Property Accounts.

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 have any rate impact.

Company and Contact

Filing Contact Information

Dannielle Curry, Filing Analyst dannielle.curry@zurichna.com
 1400 American Lane (847) 706-2411 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

American Guarantee and Liability Insurance CoCode: 26247 State of Domicile: New York
 Company

1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-6071400

Zurich American Insurance Company CoCode: 16535 State of Domicile: New York

1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60102 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas fee \$50 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Guarantee and Liability Insurance Company	\$50.00	02/26/2008	18161681
Zurich American Insurance 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

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Filing Memo	Supporting Document	Dannielle Curry	02/26/2008	02/26/2008

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Disposition

Disposition Date: 03/05/2008
Effective Date (New): 04/01/2008
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document (revised)	Filing Memo	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	The Zurich Edge	Approved	Yes
Form	The Zurich Edge - Global	Approved	Yes
Form	Preamble	Approved	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 02/26/2008

Comments:

Filing memo amended to show correct information.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Filing Memo

Comment:

Auto Explanatory Memo v3.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	The Zurich Edge	EDGE-400-A	04/08	Application/ New Binder/Enrollment		0.00	EDGE400A.pdf
Approved	The Zurich Edge - Global	EDGE-401-A	04/08	Application/ New Binder/Enrollment		0.00	EDGE401A.pdf
Approved	Preamble	EDGE-402-A	04/08	Application/ New Binder/Enrollment		0.00	EDGE402A.pdf

The Zurich Edge



ZURICH

The Zurich Edge - Global



ZURICH



Preamble

THE STOCK INSURANCE COMPANY indicated in the Declarations, having its principal office at Zurich Towers, 1400 American Lane, Schaumburg, Illinois, 60196-1056, (hereinafter referred to as the Company) in return for the premium charged and subject to all the terms of this Policy, agrees with our Named Insured as indicated in the Declarations, to provide the insurance stated in this policy. This policy shall not be valid unless countersigned by the duly Authorized Representative of the Company.

In Witness Whereof, this Company has executed and attested these presents, and where required by law, has caused this Policy to be countersigned by its duly authorized Representative.

President

Secretary

QUESTIONS ABOUT YOUR INSURANCE? Your agent or broker is best equipped to provide information about your insurance. Should you require additional information or assistance in resolving a complaint, call or write to the following (please have your policy or claim number ready):

Zurich North America
Customer Inquiry Center
1400 American Lane
Schaumburg, Illinois 60196-1056
1-800-382-2150 (Business Hours: 8am~4pm {CT})

Authorized Representative

Date

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/05/2008

Comments:

Attachment:

PCTD 0307 Co Info.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 03/05/2008

Comments:

Attachment:

Auto Explanatory Memo v3.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%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zurich American Insurance Company	NY	16535	36-4233459	
American Guarantee & Liability Ins. Co.	NY	26247	36-6071400	

5. Company Tracking Number	CW CF 27072
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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
	Dannielle Curry 1400 American Lane Schaumburg, IL 60196	Filing Analyst	847-706-2411	847-605-7768	dannielle.curry@zurichna.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Dannielle Curry

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

9. Type of Insurance (TOI)	1.0000
10. Sub-Type of Insurance (Sub-TOI)	1.0001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	The Zurich Edge
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: 04/01/2008 Renewal:

Property & Casualty Transmittal Document---

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	02/26/2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	CW CA 27039
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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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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]
<p>Check #: EFT Amount: 875.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

Explanatory Memorandum
The Zurich Edge (New Property Form)

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EDGE-400-A (04/08)
EDGE-401-A (04/08)

The Zurich Edge
The Zurich Edge-Global

Cover Page for EDGE 100-A
Cover Page for EDGE 101-A

EDGE-402-A (04/08)

Signature page

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EDGE-401-A (04/08)

The Zurich Edge
The Zurich Edge-Global

Cover Page for EDGE 100-A
Cover Page for EDGE 101-A

EDGE-402-A (04/08)
EDGE-403-A (04/08)

Signature page
Signature page for AZ, VA, WI