

SERFF Tracking Number: ASPX-125597703 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$100
Company Tracking Number: SC68 FM AR03037AIF01
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - AG Output
Project Name/Number: SCO - AG Output/FM AR03037AIF01

Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: SCO - AG Output	SERFF Tr Num: ASPX-125597703	State: Arkansas
TOI: 03.0 Personal Farmowners	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 03.0000 Personal Farmowners	Co Tr Num: SC68 FM AR03037AIF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: SPI AssurantPC	Disposition Date: 04/09/2008
	Date Submitted: 04/07/2008	Disposition Status: Approved
Effective Date Requested (New): 05/01/2008		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal): 05/01/2008

State Filing Description:

General Information

Project Name: SCO - AG Output	Status of Filing in Domicile:
Project Number: FM AR03037AIF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/09/2008	Deemer Date:
State Status Changed: 04/09/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
American Bankers Insurance Company of Florida is proposing the following change to our currently filed and approved Agri-Business Commercial Program in your state. We are adding a rule, rate and forms for our optional coverage of the Terrorism Losses.	

SERFF Tracking Number: ASPX-125597703 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$100
Company Tracking Number: SC68 FM AR03037AIF01
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - AG Output
Project Name/Number: SCO - AG Output/FM AR03037AIF01

Line of Business: Agricultural Output

AAIS Filing number: AAIS-2008-4CGR

Terrorism Losses

Ø Rule - Updated Rule pages are included from the American Association of Insurance Services Multi-Line Supplement to State Manual Terrorism Losses Rules these optional coverage would change the policy as well as the form that will attach to the policy when this coverage is purchased.

Ø Rate - The rate for this coverage is \$ 25.00 flat Charge

Ø Adding Forms:

CL 0600 01 08 Certified Terrorism Loss

CL 0605 01 08 Certified Terrorism Loss Disclosure or Premium & Federal Share of Insured Losses

CL 0610 01 08 Certified Act of Terrorism Exclusion

CL 2630 06 04 Terrorism Exclusion

CL 2650 06 04 Nuclear, Biological & Chemical Terrorism Exclusion

Policyholder Notice:

CL 1045 0108 Policyholder Disclosure Notice of Terrorism Insurance Coverage

Company and Contact

Filing Contact Information

Qun Shaw, Regulatory Analyst

8655 East Via De Ventura

(800) 535-1333 [Phone]

Scottsdale, AZ 85258

Filing Company Information

American Bankers Insurance Company of

CoCode: 10111

State of Domicile: Florida

SERFF Tracking Number: ASPX-125597703 State: Arkansas
Filing Company: American Bankers Insurance Company of State Tracking Number: EFT \$100
Florida
Company Tracking Number: SC68 FM AR03037AIF01
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - AG Output
Project Name/Number: SCO - AG Output/FM AR03037AIF01

Florida

11222 Quail Roost Dr
Miami, FL 33157
(305) 253-2244 ext. [Phone]

Group Code: 19 Company Type:
Group Name: Assurant, Inc. Group State ID Number:
FEIN Number: 59-0593886

SERFF Tracking Number: ASPX-125597703 State: Arkansas
Filing Company: American Bankers Insurance Company of State Tracking Number: EFT \$100
Florida
Company Tracking Number: SC68 FM AR03037AIF01
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - AG Output
Project Name/Number: SCO - AG Output/FM AR03037AIF01

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Bankers Insurance Company of Florida	\$100.00	04/07/2008	19344157

SERFF Tracking Number: ASPX-125597703 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$100
Company Tracking Number: SC68 FM AR03037AIF01
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - AG Output
Project Name/Number: SCO - AG Output/FM AR03037AIF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	04/09/2008	04/09/2008

SERFF Tracking Number: ASPX-125597703 *State:* Arkansas
Filing Company: American Bankers Insurance Company of *State Tracking Number:* EFT \$100
Florida
Company Tracking Number: SC68 FM AR03037AIF01
TOI: 03.0 Personal Farmowners *Sub-TOI:* 03.0000 Personal Farmowners
Product Name: SCO - AG Output
Project Name/Number: SCO - AG Output/FM AR03037AIF01

Disposition

Disposition Date: 04/09/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125597703 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$100
 Company Tracking Number: SC68 FM AR03037AIF01
 TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
 Product Name: SCO - AG Output
 Project Name/Number: SCO - AG Output/FM AR03037AIF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo,AR Cover Letter,AR - FORM FILING ABSTRACT F-1,AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form	Certified Terrorism Loss	Approved	Yes
Form	Certified Terrorism Loss Disclosure or Premium & Federal Share of Insured Losses	Approved	Yes
Form	Certified Act of Terrorism Exclusion	Approved	Yes
Form	Terrorism Exclusion	Approved	Yes
Form	Nuclear, Biological & Chemical Terrorism Exclusion	Approved	Yes

SERFF Tracking Number: ASPX-125597703 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$100
 Company Tracking Number: SC68 FM AR03037AIF01
 TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
 Product Name: SCO - AG Output
 Project Name/Number: SCO - AG Output/FM AR03037AIF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Certified Terrorism Loss	CL 0600	01 08	Endorsement/Amendment/Conditions		0.00	CL 0600.PDF
Approved	Certified Terrorism Loss Disclosure or Premium & Federal Share of Insured Losses	CL 0605	01 08	Endorsement/Amendment/Conditions		0.00	CL 0605.PDF
Approved	Certified Act of Terrorism Exclusion	CL 0610	01 08	Endorsement/Amendment/Conditions		0.00	CL 0610.PDF
Approved	Terrorism Exclusion	CL 2630	06 04	Endorsement/Amendment/Conditions		0.00	CL 2630 .PDF
Approved	Nuclear, Biological & Chemical Terrorism Exclusion	CL 2650	06 04	Endorsement/Amendment/Conditions		0.00	CL 2650 .PDF

CERTIFIED TERRORISM LOSS

1. The following definitions are added.
 - a. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States:
 - 1) to be an act of terrorism;
 - 2) to be a violent act or an act that is dangerous to human life, property, or infrastructure;
 - 3) to have resulted in damage:
 - a) within the United States; or
 - b) to an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission;
 - 4) to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and
 - 5) to have resulted in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act, as amended.
 - b. "Certified terrorism loss" means loss that results from a "certified act of terrorism".
2. The "terms" of any terrorism exclusion that is part of or that is attached to this Coverage Part are amended by the following provision:

This exclusion does not apply to "certified terrorism loss".
3. The following provision is added.

If the Secretary of the Treasury determines that the aggregate amount of "certified terrorism loss" has exceeded one hundred billion dollars in a Program Year (January 1 through December 31), and "we" have met "our" insurer deductible under the Terrorism Risk Insurance Act, as amended, "we" will not pay for any portion of "certified terrorism loss" that exceeds one hundred billion dollars. If the "certified terrorism loss" exceeds one hundred billion dollars in a Program Year (January 1 through December 31), losses up to one hundred billion dollars are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury under the Terrorism Risk Insurance Act, as amended.
4. The following provisions are added.
 - a. Neither the "terms" of this endorsement nor the "terms" of any other terrorism endorsement attached to this Coverage Part provide coverage for any loss that would otherwise be excluded by this Coverage Part under:
 - 1) exclusions that address war, military action, or nuclear hazard; or
 - 2) any other exclusion; and
 - b. the absence of any other terrorism endorsement does not imply coverage for any loss that would otherwise be excluded by this Coverage Part under:
 - 1) exclusions that address war, military action, or nuclear hazard; or
 - 2) any other exclusion.

CERTIFIED TERRORISM LOSS DISCLOSURE OF PREMIUM AND FEDERAL SHARE OF INSURED LOSSES

(The entries required to complete this endorsement will be shown below, on the "declarations", or on the "schedule of coverages".)

SCHEDULE

Certified Terrorism Loss Premium \$ _____

Additional information, if any, concerning terrorism premium:

1. The portion of "your" premium that is attributed to coverage for "certified terrorism loss" is shown in the Schedule above.
2. Coverage for "certified terrorism loss", to the extent that such coverage is provided by this policy or Coverage Part, will be partially reimbursed by the United States Government, Department of Treasury under a federal program. Under that program, the United States pays 85% of insured losses for "certified terrorism loss" that exceeds the statutorily established deductible that "we" retain. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed one hundred billion dollars in a Program Year (January 1 through December 31), the Treasury will not make payment for any portion of the amount of such losses that exceeds one hundred billion dollars.

If the Secretary of the Treasury determines that the aggregate amount of "certified terrorism loss" has exceeded one hundred billion dollars in a Program Year (January 1 through December 31), and "we" have met "our" insurer deductible under the Terrorism Risk Insurance Act, as amended, "we" will not pay for any portion of "certified terrorism loss" that exceeds one hundred billion dollars. If the "certified terrorism loss" exceeds one hundred billion dollars in a Program Year (January 1 through December 31), losses up to one hundred billion dollars are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury under the Terrorism Risk Insurance Act, as amended.

CERTIFIED ACT OF TERRORISM EXCLUSION

1. The following definition is added.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States:

- a. to be an act of terrorism;
- b. to be a violent act or an act that is dangerous to human life, property, or infrastructure;
- c. to have resulted in damage:
 - 1) within the United States; or
 - 2) to an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission;
- d. to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and
- e. to have resulted in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act, as amended.

2. The following exclusion is added.

CERTIFIED ACT OF TERRORISM EXCLUSION

"We" will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

3. The following provisions are added.

- a. Neither the "terms" of this endorsement nor the "terms" of any other terrorism endorsement attached to this Coverage Part provide coverage for any loss that would otherwise be excluded by this Coverage Part under:
 - 1) exclusions that address war, military action, or nuclear hazard; or
 - 2) any other exclusion; and
- b. the absence of any other terrorism endorsement does not imply coverage for any loss that would otherwise be excluded by this Coverage Part under:
 - 1) exclusions that address war, military action, or nuclear hazard; or
 - 2) any other exclusion.

CL 0610 01 08

TERRORISM EXCLUSION

1. The word terrorism, when shown in this endorsement in quotation marks, has the following meaning:

"Terrorism" means activities against persons, organizations, or property of any nature:

- a. that involve the following or preparation for the following:
 - 1) use or threat of force or violence; or
 - 2) commission or threat of a dangerous act; or
 - 3) commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
- b. when one or both of the following applies:
 - 1) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - 2) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social, or economic objectives, or to express (or express opposition to) a philosophy or ideology.

2. The following exclusion is added:

TERRORISM EXCLUSION

"We" will not pay for loss or damage caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

This exclusion applies only when one or more of the following are attributed to an incident of "terrorism":

- a. the "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation, or radioactive contamination; or
- b. radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
- c. the "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
- d. pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials; or
- e. the total of insured damage to all types of property in the United States, its territories and possessions, Puerto Rico, and Canada exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, "we" will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions. Multiple incidents of "terrorism" which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or

common leadership will be deemed to be one incident, for the purpose of determining whether the threshold is exceeded.

Item 2.e. above describes the threshold used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply, for the purpose of determining whether this Terrorism Exclusion will apply to that incident. When this Terrorism Exclusion applies to an incident of "terrorism", there is no coverage under the Coverage Part to which this endorsement applies.

3. When the Terrorism Exclusion set forth by this endorsement applies due to an incident of "terrorism" described above under items 2.a. or 2.b., that Terrorism Exclusion supersedes the Nuclear Hazard Exclusion in the Coverage Part to which this endorsement applies.

4. The following provisions are added.

- a. Neither the "terms" of this endorsement nor the "terms" of any other terrorism endorsement attached to the Coverage Part to which this endorsement applies provide coverage for any loss or damage that would otherwise be excluded by that Coverage Part under:

- 1) exclusions that address war, military action, or nuclear hazard; or
- 2) any other exclusion.

- b. The absence of any other terrorism endorsement does not imply coverage for any loss or damage that would otherwise be excluded by the Coverage Part to which this endorsement applies under:

- 1) exclusions that address war, military action, or nuclear hazard; or
- 2) any other exclusion.

NUCLEAR, BIOLOGICAL, AND CHEMICAL TERRORISM EXCLUSION

1. The word terrorism, when shown in this endorsement in quotation marks, has the following meaning:

"Terrorism" means activities against persons, organizations, or property of any nature:

- a. that involve the following or preparation for the following:
 - 1) use or threat of force or violence; or
 - 2) commission or threat of a dangerous act; or
 - 3) commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
- b. when one or both of the following applies:
 - 1) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - 2) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social, or economic objectives, or to express (or express opposition to) a philosophy or ideology.

2. The following exclusion is added:

TERRORISM EXCLUSION

"We" will not pay for loss or damage caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

This exclusion applies only when one or more of the following are attributed to an incident of "terrorism":

- a. the "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation, or radioactive contamination; or
 - b. radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
 - c. the "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
 - d. pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials.
3. When the Terrorism Exclusion set forth by this endorsement applies due to an incident of "terrorism" described above under items 2.a. or 2.b., that Terrorism Exclusion supersedes the Nuclear Hazard Exclusion in the Coverage Part to which this endorsement applies.
4. The following provisions are added.
- a. Neither the "terms" of this endorsement nor the "terms" of any other terrorism endorsement attached to the Coverage Part to which this endorsement applies provide coverage for any loss or damage that would otherwise be excluded by that Coverage Part under:
 - 1) exclusions that address war, military action, or nuclear hazard; or
 - 2) any other exclusion.

- b. The absence of any other terrorism endorsement does not imply coverage for any loss or damage that would otherwise be excluded by the Coverage Part to which this endorsement applies under:
 - 1) exclusions that address war, military action, or nuclear hazard; or
 - 2) any other exclusion.

SERFF Tracking Number: ASPX-125597703 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$100
Company Tracking Number: SC68 FM AR03037AIF01
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: SCO - AG Output
Project Name/Number: SCO - AG Output/FM AR03037AIF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/09/2008

Comments:

Attachments:

AR - NAIC FORM FILING SCHEDULE.PDF
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Filing Memo,AR Cover Letter,AR - FORM FILING ABSTRACT F-1,AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 04/09/2008

Comments:

Attachments:

Filing Memo.PDF
AR Cover Letter.PDF
AR - FORM FILING ABSTRACT F-1.PDF
AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

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 #	SC68 FM AR03037AIF01
-----------	--	----------------------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	SC68 FM AR03037AIR01
-----------	---	----------------------

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	Certified Terrorism Loss	CL 0600 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Certified Terrorism Loss Disclosure or Premium & Federal Share of Insured Losses	CL 0605 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Certified Act of Terrorism Exclusion	CL 0610 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Terrorism Exclusion	CL 2630 06 04	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Nuclear, Biological & Chemical Terrorism Exclusion	CL 2650 06 04	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #			
Assurant, Inc. Group	0019			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Bankers Insurance Company of Florida	FL	10111	59-0593886	

5. Company Tracking Number	SC68 FM AR03037AIF01
-----------------------------------	----------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Qun H. Shaw 8655 East Via De Ventura Scottsdale AZ 85258	Regulatory Analyst	800-535-1333 Ext. 7386		
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Qun H. Shaw		

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

9.	Type of Insurance (TOI)	03.0 Personal Farmowners
10.	Sub-Type of Insurance (Sub-TOI)	03.0000 Personal Farmowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Agribusiness-Commercial
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: 05/1/2008 Renewal: 05/1/2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	AAIS
17.	Reference Organization # & Title	
18.	Company's Date of Filing	04/7/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
EXPLANATORY MEMORANDUM**

American Bankers Insurance Company of Florida is proposing the following change to our currently filed and approved Agri-Business Commercial Program in your state. We are adding a rule, rate and forms for our optional coverage of the Terrorism Losses.

Line of Business: Agricultural Output
AAIS Filing number: AAIS-2008-4CGR

Terrorism Losses

- **Rule** – Updated Rule pages are included from the American Association of Insurance Services Multi-Line Supplement to State Manual Terrorism Losses Rules these optional coverage would change the policy as well as the form that will attach to the policy when this coverage is purchased.
- **Rate** - The rate for this coverage is \$ 25.00 flat Charge
- **Adding Forms**

CL 0600 01 08 Certified Terrorism Loss

CL 0605 01 08 Certified Terrorism Loss Disclosure or Premium & Federal Share of Insured Losses

CL 0610 01 08 Certified Act of Terrorism Exclusion

CL 2630 06 04 Terrorism Exclusion

CL 2650 06 04 Nuclear, Biological & Chemical Terrorism Exclusion

Policyholder Notice:

CL 1045 0108 Policyholder Disclosure Notice of Terrorism Insurance Coverage



ASSURANT
Specialty
Property

SERFF
Arkansas Department of Insurance
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904

American Bankers Insurance
Company of Florida
8655 E. Via De Ventura, Suite E200
Scottsdale, AZ 85258
T 480.483.8666 F 480.483.1675

www.assurant.com

April 4, 2008

**Re: American Bankers Insurance Company of Florida
FEIN – 59- 0593886 - Group # 0019 - NAIC # 10111
Revision – Forms
Terrorism Filing
Agribusiness Commercial Program
Company Filing No.: SC68 FM AR03037AIF01
Companion Rate/Rule No: SC68 FM AL03037AIR01
Proposed Effective Dates: 05/01/2008 New & Renewal Business**

American Bankers Insurance Company of Florida respectfully submits the attached forms, rate&rule filing for our new Agribusiness Commercial Program in your state. Our proposed effective dates are May 1, 2008 for new and renewal business.

Enclosed for your review and consideration are:

- Ø Cover Letter
- Ø Filing Memo
- Ø Applicable forms
- Ø Form Filing Abstract F-1
- Ø Certificate of Compliance
- Ø NAIC P&C Transmittal Document
- Ø NAIC P&C Form Filing Schedule
- Ø EFT of \$100.00

We request the option of moving boxes, reformatting text and changing page size to accommodate system programming and client needs. The content will remain as approved by your Department.

Please feel free to contact me at the email address or telephone number listed below if you should have any questions. We look forward to receiving your Department's approval.

Sincerely,

Regulatory Analyst
Phone: 1-800-535-1333, Ext. 561
Fax: 1-480-443-3785
E-Mail: Qun.hui.shaw@assurant.com

Enclosures

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 04/7/08

2. Company Name(s) American Bankers Insurance Company of Florida

Group Name Assurant, Inc. Group NAIC No. 10111 Group No. 0019

3. (a) Annual Statement Line of Business Number (Page 14) 3.0

(b) Class of Business _____

© Coverages Affected _____

4. (a) Name of Advisory Organization, if any AAIS

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

AAIS

(b) Date of Filing _____

© Filing Designation Number or Description AAIS-2008-4CGR

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

NA

8. Is the form filed in response to or due to legislation? If so, specify legislation.

TRIA 2007

9. Is the form in response to or due to recent court decisions? If so, give citation.

NA

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Qun H. Shaw

Title

800-535-1333

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	05/01/2008	CL 0600 01 08	Certified Terrorism Loss
	05/1/2008	CL 0605 01 08	Certified Terrorism Loss Disclosure or Premium & Federal Share of Insured Losses
	05/1/2008	CL 0610 01 08	Certified Act of Terrorism Exclusion
	05/1/2008	CL 2630 06 04	Terrorism Exclusion
	05/1/2008	CL 2650 06 04	Nuclear, Biological & Chemical Terrorism Exclusion

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Valley Owens, _____ of
 (Name) (Title of Authorized Officer)

American Bankers Insurance Company of Florida

(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	yes
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • SC68 FM AR03037AIF01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Valley Owens
Title of Authorized Officer •	A.V.P.
Email address of Authorized Officer •	Valley.Owens@assurant.com
Telephone # of Authorized Officer •	800-535-1333
Date •	04/7/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us