

SERFF Tracking Number: REGU-125601117 State: Arkansas
Filing Company: Discover Property & Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DPC-BOP-FORM DB5214-08
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Liability Sub-TOI: 05.0002 Businessowners
Product Name: DPC-BOP-FORM DB5214-08
Project Name/Number: DPC-BOP-FORM DB5214-08/DPC-BOP-FORM DB5214-08

Filing at a Glance

Company: Discover Property & Casualty Insurance Company

Product Name: DPC-BOP-FORM DB5214-08 SERFF Tr Num: REGU-125601117 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Non-Liability

Sub-TOI: 05.0002 Businessowners

Co Tr Num: DPC-BOP-FORM
DB5214-08

State Status: Fees verified and
received

Filing Type: Form

Co Status:

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

Author: Rose Battles

Disposition Date: 04/16/2008

Date Submitted: 04/09/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 04/16/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: DPC-BOP-FORM DB5214-08

Status of Filing in Domicile: Pending

Project Number: DPC-BOP-FORM DB5214-08

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Discover Property & Casualty Insurance Company is filing one independent Businessowners form. The new form is optional and has no rate impact.

Enclosed for your review are the following:

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- Explanatory Memo
- Independent Form – DB5214

We are requesting this filing become effective upon approval

Company and Contact

Filing Contact Information

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

Rose Battles, rosebattles@ircllc.com
 50 Broad Street (941) 926-0144 [Phone]
 New York, NY 10004

Filing Company Information

Discover Property & Casualty Insurance CoCode: 36463 State of Domicile: Illinois
 Company
 5 Batterson Park Group Code: 164 Company Type:
 Farmington, CT 06032 Group Name: State ID Number:
 (860) 674-2660 ext. [Phone] FEIN Number: 36-2999370

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: IL is the state of domicile. IL charges \$50 per form - one form is filed.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Discover Property & Casualty Insurance Company	\$50.00	04/09/2008	19391220

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/16/2008	04/16/2008

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Disposition

Disposition Date: 04/16/2008
Effective Date (New): 04/16/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exp Memo	Approved	Yes
Supporting Document	Filing Auth Letter	Approved	Yes
Form	VALUATION OF BOOKS - AMENDMENT OF COVERAGE	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	VALUATION OF BOOKS - AMENDMENT OF COVERAGE	DB5214	0408	Endorseme New nt/Amendm ent/Condit ions		0.00	BOP Form DB5214 0408.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VALUATION OF BOOKS - AMENDMENT OF COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

1. The **Businessowners Coverage Form, BP 00 03, SECTION I – PROPERTY, E. Property Loss Conditions**, Paragraph 6. **Loss Payment**, Subparagraph d. **(3) (a)** is replaced by the following:

(3) The following property at actual cash value:

- (a)** Used or second-hand merchandise held in storage or for sale except books;

2. The following Subparagraph **(9)**, is added to the **Businessowners Coverage Form, BP 00 03, SECTION I – PROPERTY, E. Property Loss Conditions**, Paragraph 6. **Loss Payment**:

(9) Applicable only to books held in storage or for sale:

- (a)** New books will be valued at Replacement Cost as addressed in Paragraph 6. **Loss Payment**, Subparagraph d.

(b) We will determine the value of used or second-hand books at:

- (i)** The amount you actually spent to purchase the merchandise; or
- (ii)** The cost to replace the merchandise with like kind and quality; whichever is less.

(c) We will determine the value of books signed by the authors at:

- (i)** The market price the signed books could have been sold for as of the time and place of loss or damage; or
- (ii)** The market price of replaceable signed books of like kind and quality as of the time of loss or damage; whichever is less, and less any discounts and expenses you would otherwise have had.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/16/2008

Comments:

Attachment:
AR NAIC.pdf

Satisfied -Name: Exp Memo **Review Status:** Approved 04/16/2008

Comments:

Attachment:
Exp Memo.pdf

Satisfied -Name: Filing Auth Letter **Review Status:** Approved 04/16/2008

Comments:

Attachment:
FA Letter.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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 (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 #:
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.)

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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

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

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

**EXPLANATORY MEMORANDUM
DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY**

Businessowners Form Filing

Discover Property & Casualty Insurance Company is filing one independent businessowners form. The form is optional and has no rate impact. The form provides coverage that is somewhat unique to retail bookstores and is not currently available through ISO endorsements.

FORMS AND ENDORSEMENTS

The form is being submitted for approval on a country-wide basis. This form has not been previously submitted by Discover Property & Casualty Insurance Company.

DB5124 0408- VALUATION OF BOOKS AMENDMENT OF COVERAGE

The purpose of this endorsement is to allow for a more correct valuation of used books and signed books when sold by a book store.

DISCOVER 

March 1, 2008

RE: Authority for Insurance Regulatory Consultants, LLC to Process Filings on behalf of Discover Property & Casualty Insurance Company

Dear Regulatory Official:

Please accept this letter as the authorization for representatives of Insurance Regulatory Consultants, LLC, to prepare and submit, on behalf of Discover Property & Casualty Insurance Company filings in your state. This authorization includes our permission for representatives of Insurance Regulatory Consultants, LLC, to receive and respond to any inquiries that you may raise on these filings.

This authority will continue in place until you receive, from Discover Property & Casualty Insurance Company, a written statement that the authority has been removed.

If you have any questions on this or need any additional information, please don't hesitate to contact me.

Very truly yours,



Arthur W. Wright
President

Re: **Discover Property & Casualty Insurance Company NAIC Number: 3548-36463**
FEIN Number: 36-2999370
Businessowners Forms Filing