

<i>SERFF Tracking Number:</i>	<i>ZURC-125612625</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Zurich Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CW IM 27206</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0000 Inland Marine Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>CW IM 27206</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: CW IM 27206	SERFF Tr Num: ZURC-125612625	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: CW IM 27206	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: 04/21/2008
	Date Submitted: 04/17/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 04/21/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 04/21/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/21/2008	
State Status Changed: 04/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

In conjunction with FE's migration to a new automated policy issuance system, we have developed two Proprietary dec pages to use with the existing ISO Inland Marine Mail Coverage. ISO has "advisory decs". We have taken the advisory decs and inserted the Zurich logo as well as ensured the stylizing is consistent with Zurich standards.

SERFF Tracking Number: ZURC-125612625 State: Arkansas
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 Company Tracking Number: CW IM 27206
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
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Company and Contact

Filing Contact Information

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

Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	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: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

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: \$50 per filing

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	04/17/2008	19644825
American Guarantee and Liability Insurance Company	\$0.00	04/17/2008	
Zurich American Insurance Company of Illinois	\$0.00	04/17/2008	
Zurich American Insurance Company	\$0.00	04/17/2008	

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TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: CW IM 27206
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/21/2008	04/21/2008

SERFF Tracking Number: ZURC-125612625 State: Arkansas
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Project Name/Number: /

Disposition

Disposition Date: 04/21/2008
Effective Date (New): 04/21/2008
Effective Date (Renewal): 04/21/2008
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	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Mail Coverage Reporting Declarations	Approved	Yes
Form	Mail Coverage Declarations	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Mail Coverage Reporting Declarations	U-IM-D-1001-A-CW	03 08	Declaration New s/Schedule			Mail Coverage - Reporting Declarations.pdf
Approved	Mail Coverage Declarations	U-IM-D-1000-A-CW	03 08	Declaration New s/Schedule			Mail Coverage Dec.pdf



ZURICH®

Mail Coverage Reporting Declarations

Policy Number

Deposit Premium

Effective Date

Annual Minimum Premium

Reporting Period Annual Monthly Other (describe)

Rates Per \$1,000

1. FIRST CLASS MAIL, CERTIFIED MAIL AND U.S. POSTAL SERVICE EXPRESS MAIL

a. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii:

	TYPE OF MAIL		
	First Class	Certified	USPS Express
(1) Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations which act as transfer agents or registrars for their own security issues.			
(a) Non-negotiable Securities	\$	\$	\$
(b) Detached Coupons	\$	\$	\$
(c) All Other Covered Property	\$	\$	\$
(2) Covered Property sent from your offices to others not described in Paragraph (1).			
(a) Non-negotiable Securities	\$	\$	\$
(b) Detached Coupons	\$	\$	\$
(c) All Other Covered Property	Coverage Does Not Apply	Coverage Does Not Apply	Coverage Does Not Apply

b. The following rates apply to property sent:

2. REGISTERED MAIL

a. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii.

	COVERED PROPERTY			
	Non-Negotiable Securities	Bullion and Other Property Described in Paragraph d. Under Covered Property	Currency and Other Property Described in Paragraph e. Under Covered Property	All Other Covered Property
Reporting Period Annual (1) All except within Alaska (2) Within Alaska				
Reporting Period Monthly or Other (1) All except within Alaska (2) Within Alaska				

b. The following rates apply to property sent:

Special Provisions (if any)

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ZURICH[®]

Mail Coverage Declarations

Policy Number

Effective Date

Limits of Insurance

Type of Mail	Limit of Insurance	
	In any one shipping package	To any one addressee on any one day
A. First Class Mail and Certified Mail 1. Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations that act as transfer agents or registrars for their own security issues. 2. Covered Property sent from your offices to others not described in Paragraph 1. But Covered Property under this Paragraph 2. does not include negotiable securities.	\$	\$
B. United States Postal Service Express Mail 1. Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations that act as transfer agents or registrars for their own security issues. a. Non-negotiable Securities b. Detached Coupons c. All other Covered Property The most we will pay for all Covered Property sent is: 2. Covered Property sent from your offices to others not described in Paragraph 1. a. Non-negotiable Securities b. Detached Coupons c. All other Covered Property The most we will pay for all Covered Property sent is:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$

Type of Mail	Limit of Insurance	
	In any one shipping package	To any one addressee on any one day
C. Registered Mail		
1. All Covered Property except bullion, currency and other property described in Paragraphs A.1.d. and A.1.e. of the Coverage Form	\$	\$
2. Bullion, currency and other property described in Paragraphs A.1.d. and A.1.e. of the Coverage Form	\$	\$
The most we will pay for all Covered Property sent is:	\$	\$

Reports and Premium – See Mail Coverage Reporting Declarations

Negotiable Securities Sent Under Air Bill

If the Negotiable Securities Sent Under Air Bill endorsement is attached, the following applies:

Name of Carrier

Special Provisions (if any)

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/21/2008

Comments:

Attachment:

PCTD 0307 Co Info.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 04/21/2008

Comments:

Attachment:

Explanatory Memo.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					

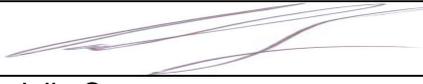
3. Group Name	Group NAIC #
Zurich North America	212

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	
American Zurich Insurance Company	IL	40142	36-3141762	

5. Company Tracking Number	CW IM 27206
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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)	09.0 Inland marine
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
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 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: On approval Renewal: On approval

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

20.	This filing transmittal is part of Company Tracking #	CW IM 27206
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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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In conjunction with FE's migration to a new automated policy issuance system, we have developed two Proprietary dec pages to use with the existing ISO Inland Marine Mail Coverage. ISO has "advisory decs". We have taken the advisory decs and inserted the Zurich logo as well as ensured the stylizing is consistent with Zurich standards.

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: 50.00</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 Commercial Inland Marine

In conjunction with FE's migration to a new automated policy issuance system, we have developed two Proprietary declaration pages to use with the existing ISO Inland Marine Mail Coverage. ISO has "advisory decs". We have taken the advisory decs and inserted the Zurich logo as well as ensured the stylizing is consistent with Zurich standards.