

SERFF Tracking Number: AMRS-125635890 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$20
COMPANY, ...
Company Tracking Number: AR-GL-FORM CHANGES-2008
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: /

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY
Product Name: General Liability SERFF Tr Num: AMRS-125635890 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$20
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-GL-FORM State Status: Fees verified and
CHANGES-2008 received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding
Author: Yvonne Johnson Disposition Date: 05/21/2008
Date Submitted: 05/06/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 05/21/2008
State Status Changed: 05/21/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to implement the following revised company forms and endorsements:

CG 71 67 04 08 – EXTERIOR INSULATION AND FINISH SYSTEMS – LIMITATION OF COVERAGE replaces CG 71
67 12 07 – Exterior Insulation and Finish Systems

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M 21 90 06 08 – COMMERCIAL GENERAL LIABILITY COVERAGE ADVANTAGE SUPPLEMENTAL COVERAGE
 SCHEDULE replaces M 21 90 05 08 – Commercial General Liability Coverage Advantage Supplemental Coverage
 Schedule

Provided are form memorandums and a copy of the forms.

Company and Contact

Filing Contact Information

Yvonne Johnson, Compliance Analyst I yvjohnson@amerisure.com
 26777 Halsted Rd. (800) 257-1900 [Phone]
 Farmington Hills, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00

SERFF Tracking Number: AMRS-125635890 *State:* Arkansas
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Retaliatory? No
Fee Explanation: \$20.00 per filing for corrections
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMERISURE MUTUAL INSURANCE COMPANY	\$20.00	05/06/2008	20114084
AMERISURE INSURANCE COMPANY	\$0.00	05/06/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/21/2008	05/21/2008

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Product Name: General Liability
Project Name/Number: /

Disposition

Disposition Date: 05/21/2008

Effective Date (New):

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	MEMORANDUM CG 71	Approved	Yes
Supporting Document	SIDE-BY SIDE M 21 90	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Form	EXTERIOR INSULATION AND FINISH SYSTEMS-LIMITATION OF COVERAGE	Approved	Yes
Form	ADVANTAGE SUPPLEMENTAL COVERAGE SCHEDULE	Approved	Yes

SERFF Tracking Number: AMRS-125635890 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EXTERIOR INSULATION AND FINISH SYSTEMS-LIMITATION OF COVERAGE	CG 71 67	04 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CG 71 67 12 07 Previous Filing #:		CG 71 67 04 08.pdf
Approved	ADVANTAGE SUPPLEMENTAL COVERAGE SCHEDULE	M 21 90	06 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 M 21 90 05 08 Previous Filing #:		M 21 90 06 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
EXTERIOR INSULATION AND FINISH SYSTEMS – LIMITATION OF COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

All provisions of the coverage form apply except as stated in this endorsement.

SCHEDULE

Sub-Limits	
Each Occurrence Limit	\$ _____
Products–Completed Operations Aggregate Limit	\$ _____
Completion Date:	_____

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section I – Coverages. The following is added:

"Property damage" included in the "products completed operations hazard" arising out of work performed by you or on your behalf, is subject to the Additional Conditions specified in this endorsement if caused by or attributable to, whether in whole or in part "described work".

B. Additional Conditions

1. When Sub-Limits are shown in the Schedule:

- a. The Each Occurrence Limit is the most we will pay under Coverage **A.** of this Policy for all "property damage" included in the "products completed operations hazard" arising out of any one "occurrence" caused by or attributable to "described work"; and
- b. The Products–Completed Operations Aggregate Limit is the most we will pay under Coverage **A.** of this Policy for the sum of all "property damage" included in the "products completed operations hazard" for all "occurrences" caused by or attributable to "described work".

2. **Completion Date**

This insurance does not apply to "Described Work" completed prior to the Completion Date shown in the Schedule.

C. Section V – Definitions. The following definitions are added:

"Described work" means the construction, fabrication, preparation, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any "exterior insulation and finish system" or any part thereof, or any substantially similar system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, coatings, caulking or sealants in connection with such a system.

"Exterior insulation and finish system" means a non-load bearing exterior cladding or finish system, and all component parts therein, used on any part of any structure, and consisting of:

1. A rigid or semi-rigid insulation board made of expanded polystyrene and other materials;
2. The adhesive and/or mechanical fasteners used to attach the insulation board to the substrate;
3. A reinforced or unreinforced base coat;
4. A finish coat providing surface texture to which color may be added; and any flashing, caulking or sealant used with the system for any purpose.

**COMMERCIAL GENERAL LIABILITY COVERAGE
ADVANTAGE SUPPLEMENTAL COVERAGE SCHEDULE**

NAMED INSURED		POLICY NUMBER	
PRODUCT RECALL COVERAGE ENDORSEMENT			
Limits of Insurance		Deductible	
Each Loss	\$	Each Loss	\$1,000 *
Annual Aggregate	\$		
		Premium	\$
MANUFACTURERS/PROCESSORS SPECIFICATIONS EXPENSE COVERAGE ENDORSEMENT			
Limits of Insurance		Deductible	
Each Loss	\$	Each Loss	\$1,000 *
Annual Aggregate	\$		
		Premium	\$
REPAIR AND REWORK COVERAGE: EXPENSE INDEMNIFICATION FOR REPAIR OF YOUR PRODUCT OR YOUR WORK ENDORSEMENT			
Limits of Insurance		Deductible	
Each Loss	\$	Each Loss	\$1,000 *
Annual Aggregate	\$		
		Premium	\$
PROPERTY DAMAGE TO PROPERTY LOANED TO THE INSURED OR PERSONAL PROPERTY IN THE CARE, CUSTODY AND CONTROL OF THE INSURED COVERAGE ENDORSEMENT			
Limits of Insurance		Deductible	
Each Occurrence	\$	Each Occurrence	\$1,000 *
Annual Aggregate	\$		
		Premium	\$

* **Note:** Deductibles have been pre-entered. Coverage and the Deductible only apply if Limits of Insurance are entered.

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Product Name: General Liability
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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COMPANY, ...
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Product Name: General Liability
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/21/2008

Comments:

Attachment:

AR-GL-FORM Changes-2008-777.pdf

Satisfied -Name: MEMORANDUM CG 71 **Review Status:** Approved 05/21/2008

Comments:

Attachment:

CG 71 67 04 08- FILING MEMO.pdf

Satisfied -Name: SIDE-BY SIDE M 21 90 **Review Status:** Approved 05/21/2008

Comments:

Attachment:

SBS - M21900608 v M21900508.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 05/21/2008

Comments:

Attachment:

AR-GL-FORM Changes-2008.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 #
Amerisure Companies	0124

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Amerisure Mutual Insurance Company	Michigan	23396	38-0829210	
Amerisure Insurance Company	Michigan	19488	38-1869912	

5. Company Tracking Number	AR-GL-FORM CHANGES-2008
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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
	Yvonne Johnson	Compliance Analyst	800.257.1900	248.426.7789	yvjohnson@amerisure.com
	26777 Halsted Road Farmington Hills, MI 48331		Ext. 67978		
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Yvonne Johnson		

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

9. Type of Insurance (TOI)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
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: 07-01-2008 Renewal: 07-01-2008
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	05-06-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-GL-FORM CHANGES-2008
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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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Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to implement the following revised company forms and endorsements:

CG 71 67 04 08 – EXTERIOR INSULATION AND FINISH SYSTEMS – LIMITATION OF COVERAGE *replaces*
CG 71 67 12 07 – Exterior Insulation and Finish Systems

M 21 90 06 08 – COMMERCIAL GENERAL LIABILITY COVERAGE ADVANTAGE SUPPLEMENTAL
COVERAGE SCHEDULE *replaces* M 21 90 05 08 – Commercial General Liability Coverage Advantage
Supplemental Coverage Schedule

Provided are form memorandums and a copy of the forms.

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]
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Check #: EFT
Amount: 20.00

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.)**

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 #	AR-GL-FORM CHANGES-2008
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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	EXTERIOR INSULATION AND FINISH SYSTEMS- LIMITATION OF COVERAGE	CG 71 67 04 08	[] New [X] Replacement [] Withdrawn	CG 71 67 12 07	
02	ADVANTAGE SUPPLEMENTAL COVERAGE SCHEDULE	M 21 90 06 08	[] New [X] Replacement [] Withdrawn	M 21 90 05 08	
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1

FORMS FILING MEMO

EXPLANATION OF CHANGES

FILING OF FORM CG 71 67 04 08 EXTERIOR FINISH AND INSULATION SYSTEMS – LIMITATION OF COVERAGE.

Form CG 71 67 04 08 is being filed to replace CG 71 67 12 07 edition. It is a “correction”, not a change in coverage. The use of a Retro date on an occurrence policy does not accomplish the intent. In the 04 08 edition which we are filing, the term “Retroactive Date” is replaced with “Completion Date”. To make our intent clearer, the wording in B.2. is change to “This insurance does not apply to “Described Work” completed prior to the Completion Date shown in the Schedule”.

M 21 90 06 08 vs. M 21 90 05 08
SIDE-BY-SIDE COMPARISON

<p align="center"><u>PROPOSED FORM</u></p> <p>COMMERCIAL GENERAL LIABILITY COVERAGE ADVANTAGE SUPPLEMENTAL COVERAGE SCHEDULE</p> <p>M 21 90 06 08</p>	<p align="center"><u>CURRENT FORM</u></p> <p>COMMERCIAL GENERAL LIABILITY COVERAGE ADVANTAGE SUPPLEMENTAL COVERAGE SCHEDULE</p> <p>M 21 90 05 08</p>	<p align="center"><u>COMMENTS</u></p>
<p align="center"><i>(Not on this form.)</i></p>	<p>CYBER LIABILITY REIMBURSEMENT COVERAGE Limits of Insurance Each Occurrence \$ Annual Aggregate \$</p> <p align="right">Premium \$</p>	<p>Cyber Liability Reimbursement Coverage was deleted from M 21 90 since the endorsement already contains a schedule of pre-printed limits.</p>
<p align="center"><i>(Not on this form.)</i></p>	<p>LIMITED POLLUTION REIMBURSEMENT COVERAGE – PRODUCTS-COMPLETED OPERATIONS LIABILITY Limits of Insurance Each Occurrence \$ Annual Aggregate \$</p> <p align="right">Premium \$</p>	<p>Limited Pollution Reimbursement Coverage – Products-Completed Operations Liability was deleted from M 21 90 since the endorsement already contains a schedule of pre-printed limits.</p>



Amerisure Mutual Insurance Company

Government Compliance & State Filings

Amerisure, Inc.
Amerisure Insurance Company
Amerisure Re (Bermuda) Ltd.
May 5, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Subject: Amerisure Mutual Insurance Company, NAIC No. 23396
FEIN No. 38-0829210, Group No. 124
Amerisure Insurance Company, NAIC No. 19488
FEIN No. 38-1869912, Group No. 124
Commercial Lines Manual
Division Six-Commercial General Liability
Company Filing No.: AR-GL-Form Changes-2008
Revised Company Forms-
CG-71 67 04 08-Exterior Insulation and Finish Systems-
Limitation of Coverage
M 21 90 06 08-Advantage Supplemental Coverage Schedule
For Policies Effective on or after July 1, 2008

Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to implement the following revised company forms and endorsements:

CG 71 67 04 08 – EXTERIOR INSULATION AND FINISH SYSTEMS – LIMITATION OF COVERAGE *replaces* CG 71 67 12 07 – Exterior Insulation and Finish Systems

M 21 90 06 08 – COMMERCIAL GENERAL LIABILITY COVERAGE ADVANTAGE SUPPLEMENTAL COVERAGE SCHEDULE *replaces* M 21 90 05 08 – Commercial General Liability Coverage Advantage Supplemental Coverage Schedule

Provided are form memorandums and a copy of the forms.

My contact information is listed below; please do not hesitate to get in touch with me for any discrepancies in this filing.

Best regards,

A handwritten signature in black ink, appearing to read 'Yvonne Johnson', written in a cursive style.

Yvonne Johnson
Compliance Analyst