

SERFF Tracking Number: FFDC-125635980 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARAB0108
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners
Only
Product Name: American Business Coverage Pharmacy Professional Service Coverage - Form Revision
Project Name/Number: American Business Coverage Pharmacy Professional Service Coverage - Form Revision/NWAB0108

Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: American Business Coverage SERFF Tr Num: FFDC-125635980 State: Arkansas

Pharmacy Professional Service Coverage -
Form Revision

TOI: 05.2 Commercial Multi-Peril - Liability
Portion Only

Sub-TOI: 05.2002 Businessowners

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: NARAB0108

State Status: Fees verified and
received

Filing Type: Form

Co Status: Pending

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

Authors: Michelle Davanzo, Gina
Bondanza

Disposition Date: 05/12/2008

Date Submitted: 05/07/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):
07/01/2008

State Filing Description:

General Information

Project Name: American Business Coverage Pharmacy Professional
Service Coverage - Form Revision

Project Number: NWAB0108

Reference Organization:

Reference Title:

Filing Status Changed: 05/12/2008

State Status Changed: 05/12/2008

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Only
Product Name: American Business Coverage Pharmacy Professional Service Coverage - Form Revision
Project Name/Number: American Business Coverage Pharmacy Professional Service Coverage - Form Revision/NWAB0108

Filing Description:

We are submitting for your review revised American Business Coverage, Pharmacy Professional Services Coverage endorsement, AB 93 19 01 08 to replace previously approved 06 05 edition form.

The revised form adds an extension for Supplementary Payments. To facilitate your review, a marked copy is enclosed denoting changes between 01 08 and prior edition 06 05 form.

AB 93 19 will continue to be attached to all policies issued in our Drug Store class code 10202 at no charge to the insured. There is no rate or premium impact associated with use of the endorsement.

Enclosed in support of this filing are:

- American Business Coverage, Pharmacy Professional Services Coverage endorsement, AB 93 19 01 08, which replaces AB 93 19 06 05 (as previously approved under Co. filing #NARAB0305 and State Filing Number AR-PC-05-015842);
- Marked Copy denoting changes between 01 08 and prior edition 06 05 form; and
- (State form/checklist, if any).

Your approval of this filing with a proposed effective date of July 1, 2008 is appreciated.

Company and Contact

Filing Contact Information

Michelle Davanzo, Regulatory Services Senior Analyst mdavanzo@ffic.com

777 San Marin Drive (415) 899-2660 [Phone]
Novato, CA 94998 (866) 290-0671[FAX]

Filing Company Information

American Automobile Insurance Company	CoCode: 21849	State of Domicile: Missouri
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1608585	

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Associated Indemnity Corporation CoCode: 21865 State of Domicile: California
777 San Marin Drive Group Code: 761 Company Type:
Novato, CA 94998 Group Name: State ID Number:
(415) 899-2817 ext. [Phone] FEIN Number: 22-1708002

Fireman's Fund Insurance Company CoCode: 21873 State of Domicile: California
777 San Marin Drive Group Code: 761 Company Type:
Novato, CA 94998 Group Name: State ID Number:
(415) 899-3290 ext. [Phone] FEIN Number: 94-1610280

National Surety Corporation CoCode: 21881 State of Domicile: Illinois
777 San Marin Drive Group Code: 761 Company Type:
Novato, CA 94998 Group Name: State ID Number:
(415) 899-2817 ext. [Phone] FEIN Number: 36-2704643

The American Insurance Company CoCode: 21857 State of Domicile: Nebraska
777 San Marin Drive Group Code: 761 Company Type:
Novato, CA 94998 Group Name: State ID Number:
(415) 899-2817 ext. [Phone] FEIN Number: 22-0731810

SERFF Tracking Number: FFDC-125635980 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
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Only
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Project Name/Number: American Business Coverage Pharmacy Professional Service Coverage - Form Revision/NWAB0108

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/12/2008	05/12/2008

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Disposition

Disposition Date: 05/12/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
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	Form Filing Schedule	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Marked Copy	Approved	Yes
Form	Pharmacy Professional Services 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	Pharmacy Professional Services Coverage	AB 93 19	01 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: AB 93 19 06 05 Previous Filing #: AR-PC-05-015842		AB9319 01 08Final.pdf

Pharmacy Professional Services Coverage - AB 93 19 01 08

Policy Amendment Section II

This endorsement modifies insurance provided under the following:

American Business Coverage

1. The following exception is added to exclusion 1.j. under Section II - Liability Coverage, H. Exclusions, 1. Applicable to Coverage C – Liability, j.:
 - (4) to **pharmacy services** but only if such services are rendered in compliance with statutes and ordinances applicable to such services by persons who hold a license to do so if the law requires such a license.
2. Paragraph 2.a (2) of Section II - Liability Coverage, 1. Who Is an Insured, is modified to read:
 - (2) **Bodily injury or personal injury** arising out of any insured providing or failing to provide professional health care services, unless those health care services are **pharmacy services**.
3. As used in this endorsement, the term **pharmacy services** means the art, practice, or profession of preparing, preserving, compounding, dispensing, administering, and consulting upon medicines, medical drugs, supplies, equipment or devices used in the treatment of medical disorders and maladies rendered by the insured in the capacity of a pharmacy or pharmacist
4. **Supplementary Payments**

Subject to 1.c. of the Insuring Agreement, we will pay, with respect to any claim we investigate or settle, or any **suit** against an insured we defend:

- a. The costs to defend legal actions resulting from inquiries, lawsuits, and challenges from the state licensing Board of Pharmacy or their representatives. We will provide payment for consultations and expert witnesses hired to aid in the defense of allegations, whether groundless or not. Coverage is provided for the following costs: legal defense expenses, consultant fees, expert witness fees and other reasonable expenses to defend Pharmacist's Board Actions.

Coverage under the Supplementary Payments, Paragraph a. is limited to sub-limits of \$35,000 per claim and \$35,000 in the aggregate applicable separately to each pharmacist who is an insured under this Coverage Form.

The Limits of Insurance of this Coverage Part will apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

These payments will not reduce the Limits of Insurance.

This Form must be attached to Change Endorsement when issued after the policy is written.

One of the **Fireman's Fund Insurance Companies** as named in the policy



Secretary



President

SERFF Tracking Number: FFDC-125635980 State: Arkansas
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NARAB0108
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners
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Product Name: American Business Coverage Pharmacy Professional Service Coverage - Form Revision
Project Name/Number: American Business Coverage Pharmacy Professional Service Coverage - Form Revision/NWAB0108

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/12/2008

Comments:

Attachment:

NAIC Transmittal - Form.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 05/12/2008

Comments:

Attachment:

Form Filing Schedule.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 05/12/2008

Comments:

Attachment:

NWAB0108 Cover Letter.pdf

Satisfied -Name: Marked Copy **Review Status:** Approved 05/12/2008

Comments:

Attachment:

AB9319 01 08 Marked CopyFinal.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; 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					

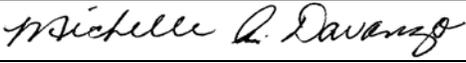
3. Group Name	Group NAIC #
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Fireman's Fund Insurance Company	CA	21873	94-1610280	
National Surety Corporation	IL	21881	36-2704643	
The American Insurance Company	NE	21857	22-0731810	
Associated Indemnity Corporation	CA	21865	22-1708002	
American Automobile Insurance Company	MO	21849	22-1608585	

5. Company Tracking Number	NARAB0108
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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
	Michelle A. Davanzo	Regulatory Analyst	(415) 899-2660	866-290-0671	michelle.davanzo@ffic.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Michelle A. Davanzo

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

9. Type of Insurance (TOI)	5.2 Commercial Multiple Peril – Liability Portion Only
10. Sub-Type of Insurance (Sub-TOI)	5.2002 Business Owners
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: 07-1-08 Renewal: 07-1-08
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	4-29-08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	NARAB0108
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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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We are submitting for your review revised American Business Coverage, Pharmacy Professional Services Coverage endorsement, AB 93 19 01 08 to replace previously approved 06 05 edition form.

The revised form adds an extension for Supplementary Payments. To facilitate your review, a marked copy is enclosed denoting changes between 01 08 and prior edition 06 05 form.

AB 93 19 will continue to be attached to all policies issued in our Drug Store class code 10202 at no charge to the insured. There is no rate or premium impact associated with use of the endorsement.

Enclosed in support of this filing are:

- American Business Coverage, Pharmacy Professional Services Coverage endorsement, AB 93 19 01 08, which replaces AB 93 19 06 05 (as previously approved under Co. filing #NARAB0305 and State Filing Number AR-PC-05-015842);
- Marked Copy denoting changes between 01 08 and prior edition 06 05 form; and
- (State form/checklist, if any).

Your approval of this filing with a proposed effective date of July 1, 2008 is appreciated.

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 #:
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

PROPERTY & CASUALTY 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 the state.)

This filing transmittal is part of Company Tracking #				NARAB0108	
This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)					
	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)
1	Pharmacy Professional Services Coverage	AB 93 19 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AB 93 91 06 05	AR-PC-05- 015842
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<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		

**Fireman's Fund
Insurance Companies**



April 29, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

**RE: American Business Coverage
Pharmacy Professional Services Coverage – Form Revision**
Fireman's Fund Insurance Company 761-21873
The American Insurance Company 761-21857
National Surety Corporation 761-21881
Associated Indemnity Corporation 761-21865
American Automobile Insurance Company 761-21849
Company Filing # NARAB0108

Dear Sir or Madam:

We are submitting for your review revised American Business Coverage, Pharmacy Professional Services Coverage endorsement, AB 93 19 01 08 to replace previously approved 06 05 edition form.

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- Marked Copy denoting changes between 01 08 and prior edition 06 05 form; and
- (State form/checklist, if any).

Your approval of this filing with a proposed effective date of July 1, 2008 is appreciated.

Sincerely

Michelle A. Davanzo
Regulatory Analyst
415.899.2660
866.290.0671 (f)
Michelle.Davanzo@ffic.com

Pharmacy Professional Services Coverage - AB 93 19 ~~06-05~~ 01 08

Policy Amendment Section II

This endorsement modifies insurance provided under the following:

American Business Coverage

1. The following exception is added to exclusion 1.j. under Section II - Liability Coverage, H. Exclusions, 1. Applicable to Coverage C - Liability, j. ~~so that exclusion 1.j. does not apply:~~
 - (4) to **pharmacy services** but only if such services are rendered in compliance with ~~penal~~ statutes and ordinances applicable to such services by persons who hold a license to do so if the law requires such a license.
2. Paragraph 2.a (2) of Section II - Liability Coverage, 1. Who Is an Insured, is modified to read:
 - (2) **Bodily injury** or **personal injury** arising out of any insured providing or failing to provide professional health care services, unless those health care services are **pharmacy services**.
3. As used in this endorsement, the term **pharmacy services** means the art, practice, or profession of preparing, preserving, compounding, dispensing, administering, and consulting upon medicines, medical drugs, supplies, equipment or devices used in the treatment of medical disorders and maladies rendered by the insured in the capacity of a pharmacy or pharmacist

4. Supplementary Payments

Subject to 1.c. of the Insuring Agreement, we will pay, with respect to any claim we investigate or settle, or any suit against an insured we defend:

- a. The costs to defend legal actions resulting from inquiries, lawsuits, and challenges from the state licensing Board of Pharmacy or their representatives. We will provide payment for consultations and expert witnesses hired to aid in the defense of allegations, whether groundless or not. Coverage is provided for the following costs: legal defense expenses, consultant fees, expert witness fees and other reasonable expenses to defend Pharmacist's Board Actions.

Coverage under the Supplementary Payments, Paragraph a. is limited to sub-limits of \$35,000 per claim and \$35,000 in the aggregate applicable separately to each pharmacist who is an insured under this Coverage Form.

The Limits of Insurance of this Coverage Part will apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

These payments will not reduce the Limits of Insurance.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the **Fireman's Fund Insurance Companies** as named in the policy

Secretary

President