

SERFF Tracking Number: TRGR-125620610 State: Arkansas
Filing Company: Republic Underwriters Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 08-097
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Standard Dwelling
Project Name/Number: Initial Adoption of Forms and Endorsements/08-097

Filing at a Glance

Company: Republic Underwriters Insurance Company

Product Name: Standard Dwelling

SERFF Tr Num: TRGR-125620610 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Co Tr Num: 08-097

State Status: Fees verified

Filing Type: Form

Co Status: Under Review

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: William Bradford

Disposition Date: 05/12/2008

Date Submitted: 05/12/2008

Disposition Status: Approved

Effective Date Requested (New): 08/01/2008

Effective Date (New): 08/01/2008

Effective Date Requested (Renewal): 08/01/2008

Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: Initial Adoption of Forms and Endorsements

Project Number: 08-097

Status of Filing in Domicile: Authorized

Domicile Status Comments: A similar program is approved in Texas

Reference Organization: ISO

Reference Number: DP-2003-002FR; DP-2006-OSPE1

Reference Title: 2002 Program Forms and Endorsments; Special Provisions

Advisory Org. Circular: LI-DP-2003-109; LI-DP-2006-128

Filing Status Changed: 05/12/2008

State Status Changed: 05/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is our initial filing for our standard dwelling program. In this filing we are adopting the ISO 2002 program forms and endorsements, as well as several independent endorsements.

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Company and Contact

Filing Contact Information

William Bradford, Senior Products Filing Specialist
bill.bradford@republicgroup.com
5525 LBJ Freeway (972) 788-6617 [Phone]
Dallas, TX 75240 (972) 788-6022[FAX]

Filing Company Information

Republic Underwriters Insurance Company CoCode: 24538 State of Domicile: Texas
5525 LBJ Freeway Group Code: 3489 Company Type:
Dallas, TX 75240-6241 Group Name: The Republic Group State ID Number:
(972) 788-6001 ext. [Phone] FEIN Number: 75-1221537

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 company X \$50
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0007791629	\$50.00	05/12/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	05/12/2008	05/12/2008

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Disposition

Disposition Date: 05/12/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

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	List of ISO Forms and Endorsements	Approved	Yes
Form	Amendatory Mandatory Endorsement – ARKANSAS	Approved	Yes
Form	WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW	Approved	Yes
Form	Important Notice About The Protection Of Your Privacy	Approved	Yes
Form	Amendatory Mandatory Asbestos And Lead Exclusion	Approved	Yes
Form	Dwelling Fire Policy Declarations	Approved	Yes
Form	IDENTITY RECOVERY COVERAGE	Approved	Yes
Form	Exclusion of Cosmetic Damage To Roof Surfacing Caused By Hail	Approved	Yes
Form	Notice to Policyholders	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Mandatory Endorsement – ARKANSAS	RD 823 AR	06 08	Endorsement/Amendment/Conditions	New		RD 823 AR 06 08 Amendatory Mandatory Endt FV 04 16 08.pdf
Approved	WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW	RD 04 95	06 08	Endorsement/Amendment/Conditions	New		RD 04 95 06 08 Water Back Up and Sump Overflow FV 04 16 08.pdf
Approved	Important Notice About The Protection Of Your Privacy	PR 2001	08 04	Disclosure/ Notice	New		PR2001-0804-CD.pdf
Approved	Amendatory Mandatory Asbestos And Lead Exclusion	RD 954	02 08	Endorsement/Amendment/Conditions	New		RD 954 02 08 Asbestos and Lead.pdf
Approved	Dwelling Fire Policy Declarations	F-DEC	11 99	Declaration	New		dw dec p1.pdf Dw dec p2.pdf
Approved	IDENTITY RECOVERY COVERAGE	RD 150	03 05	Endorsement/Amendment/Conditions	New		RD 150.pdf
Approved	Exclusion of Cosmetic Damage To Roof Surfacing Caused	RD 122	07 07	Endorsement/Amendment/Conditions	New		RD 122 07 07 Exclusion of Cosmetic Damage To

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By Hail

Roof
Surfacing
Caused By
Hail 07 06
07 CD.pdf

Approved Notice to PHAR 10002 08 Disclosure/ New
Policyholders Notice

PHAR 100
EQ Notice to
Policyholder
s.pdf

Amendatory Mandatory Endorsement – ARKANSAS

This Endorsement Changes The Policy. Please Read It Carefully.

For Use With Dwelling Property Form DP 00 03

GENERAL EXCLUSIONS

Paragraph **A.** is deleted in its entirety and replaced with the following:

- A.** We do not insure under any coverage for loss which would not have occurred in the absence of one or more of the following excluded events. We do not insure for such loss regardless of: (a) the cause of the excluded event; or (b) other causes of the loss; or (c) whether other causes acted concurrently or in any sequence with the excluded event to produce the loss; or (d) whether the event occurs suddenly or gradually, involves isolated or widespread damage, or arises from natural or external forces.

General Exclusions **3. Water Damage** is deleted in its entirety and replaced with the following:

3. Water Damage

Water Damage means any of the following, whether caused by or resulting from human or animal forces or any act of nature:

- a. "Flood";
- b. Water, or water-borne material, which:
 - (1) Backs up through sewers or drains; or
 - (2) Overflows or is discharged from a sump, sump pump or related equipment;
- c. Water, or water-borne material, below the surface of the ground, including water which:
 - (1) Exerts pressure on; or
 - (2) Seeps or leaks through;
a building, sidewalk, driveway, foundation, swimming pool or other structure;

Direct loss by fire or explosion resulting from water damage is covered.

"Flood" means:

- (1) Flood, storm surge, surface water, waves, tidal water, overflow of a body of water or spray from any of these, whether or not driven by wind;
- (2) Release of water held by a dam, levee or dike or by a water or flood control device or spray from any of these, whether or not driven by wind;

All other provisions of the policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

A. Coverage

We insure, up to \$5,000, for direct physical loss, not caused by your negligence, or that of any person insured under this policy, to covered property caused by water, or water-borne material, which:

1. Backs up through sewers or drains; or
2. Overflows or is discharged from a:
 - a. Sump, sump pump; or
 - b. Related equipment;

even if such overflow or discharge results from mechanical breakdown. This coverage does not apply to direct physical loss of the sump pump, or related equipment, which is caused by mechanical breakdown.

This coverage does not increase the limits of liability for Coverages **A, B, C, D** or, if covered, Coverage **E** stated in the Declarations.

This coverage does not apply to back up, discharge or overflow as a direct or indirect result of "flood."

B. Perils Insured Against

With respect to the coverage described in **A.** above, Paragraph:

A.2.c.(8)(b) in Form **DP 00 03**; and

2.c.(8)(b) in Endorsement **DP 04 65**;

is deleted and replaced by the following:

Latent defect, inherent vice, or any quality in property that causes it to damage or destroy itself;

C. Special Deductible

The following replaces any other deductible provision in this policy with respect to loss covered under this endorsement.

We will pay only that part of the total of all loss payable that exceeds \$250. No other deductible applies to this coverage. This deductible does not apply with respect to Coverage **D** – Fair Rental Value and, if covered, Coverage **E** – Additional Living Expense.

D. General Exclusion

General Exclusions **3. Water Damage** of the **Amendatory Mandatory Endorsement – Arkansas** is deleted in its entirety and replaced with the following:

3. Water Damage

Water Damage means of the following, whether caused by or resulting from human or animal forces or any act of nature:

- a. "Flood";
- b. Water, or water-borne material, which:
 - (1) Backs up through sewers or drains; or
 - (2) Overflows or is discharged from a sump, sump pump or related equipment;as a direct or indirect result of "flood"; or
- c. Water, or water-borne material, below the surface of the ground, including water which:

- (1) Exerts pressure on; or
- (2) Seeps or leaks through;
a building, sidewalk, driveway, foundation, swimming pool or other structure;

Direct loss by fire or explosion resulting from water damage is covered.

"Flood" means:

- (1) Flood, storm surge, surface water, waves, tidal water, over-flow of a body of water, or spray from any of these, whether or not driven by wind;
- (2) Release of water held by a dam, levee or dike or by a water or flood control device or spray from any of these, whether or not driven by wind.

All other provisions of this policy apply.



Important Notice About The Protection Of Your Privacy

We value your business and the trust you've placed in us. That's why we want to assure you that we are serious about keeping your personal information private before, during and after your business relationship with us. This notice describes our policy regarding the collection and disclosure of personal information.

Collecting Information

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms
- Information about your transactions with us, our affiliates or others
- Information we receive from a consumer reporting agency

Disclosing Information

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

Confidentiality and Security

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Your policy is written in one of the following companies, each a separate legal entity:

Republic Underwriters Insurance Company
Republic Fire and Casualty Insurance Company
Republic-Vanguard Insurance Company
Republic Lloyds
Southern Insurance Company
Southern County Mutual Insurance Company
Southern Underwriters Insurance Company
Southern Vanguard Insurance Company

Amendatory Mandatory Asbestos And Lead Exclusion

This Endorsement Changes The Policy. Please Read It Carefully.

For Use With Form DP 00 03 12 02

GENERAL EXCLUSIONS

The following exclusion is added to Part **A** of **General Exclusions**:

Asbestos or Lead

Asbestos or Lead means:

- (1)** the contact with;
- (2)** exposure to;
- (3)** contamination by; or
- (4)** discharge, dispersal, seepage, migration, release, escape, spread, presence, existence, or any effect of asbestos or lead.

All other provisions of this policy apply.

Agency and Mailing Address

AGENCY INC



() 224 - 1245

Named Insured and Mailing Address
 STRANGE; ISSUE 32139
 STRANGE; MODEL

Insuring Company
 REPUBLIC
 5525 LBJ FREEWAY
 DALLAS, TX 75240-6241
 (800) 344-2275

COMPANY

Policy Number FI1 1351012 01

Activity DWELLING FIRE POLICY RENEWAL DECLARATION

Described Location SAME AS ABOVE

Special Messages

Policy Period	Effective	Expires	Effective date of change	At 12:01 AM Standard Time at the Described Location.
01/15/08	01/15/09			

Deductible(s) ALL PERILS DEDUCTIBLE \$500

Coverages & Premiums

Coverage at the Described Location is provided only where a limit of liability or premium is shown.

Coverages	Limit	Fire Coverage	Extended Coverage	Vandalism and Malicious Mischief	Broad Form	Special Form	Total Premiums
A. Dwelling	102,700	271				397	668
B. Other Structure*							
C. Personal Property							
D. Fair Rental Value*							
E. Add'l Living Expenses*							

* See policy form for coverage provided.

Endorsements & Premiums

DP - 000	FORM
DP - 01	SPECIAL PROVISIONS

Premium Adjustments	Code	Description	Amount
DP - 0470	0788	PREMISES ALARM OR FIRE PROTECTION DEDUCTIBLE ADJUSTMENT	24CR 67CR

* CHANGE MADE

Total Premium ANNUAL PREMIUM \$ 577

Named Insured	Policy Number
STRANGE; ISSUE 32139	FIL 1351012 01

Pay Plan
BILL INSURED-FULL PAY

Special Messages

Mortgagees	Number 2
Number 1	

Loan Number	Loan Number
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Rating Information	CONSTRUCTION	YR CONSTRUCTED	FAMILIES	OCCUPANCY	
	FRAME	1999	01	OWNER OCCUPIED	
	TERRITORY	PROT-CLASS/BCEG	FEET TO HYDRANT	MILES FRM STATN	ROOF MATERIAL
	35	02	1	1	COMPOSITION

Coverage Descriptions

PREMISES ALARM OR FIRE PROTECTION
CENTRAL STATION REPORTING FIRE ALARM

IDENTITY THEFT COVERAGE 2
DEDUCTIBLE AMOUNT - \$250
LIMIT OF LIABILITY - \$15000

Issue Date	CO/ST/DO/Agent	
12/03/07	12 35 15	5518

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IDENTITY RECOVERY COVERAGE

ID THEFT CASE MANAGEMENT SERVICE AND EXPENSE REIMBURSEMENT

Service and coverage under this endorsement applies to any "insured" as defined in this policy.

DEFINITIONS

The following definitions are added with respect to this endorsement only.

1. "ID Recovery Case Manager" means a person assigned by us to help an "insured" to recover control over his or her personal ID. This help may include contacting authorities, credit bureaus, creditors and businesses. Such contacts will take place with the permission and cooperation of the "insured."
2. "ID Theft" means the fraudulent use of the social security number or other method of identifying an "insured." This includes the fraudulent use of the personal identity of an "insured" to establish credit accounts, secure loans, enter into contracts or commit crimes.

"ID theft" does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.

"ID theft" does not include the unauthorized use of a valid credit card, credit account or bank account. However, "ID theft" does include the fraudulent alteration of account profile information, such as the address to which statements are sent.

3. "ID Theft Expenses" means any of the following when they are reasonable and necessary expenses that are incurred in the United States or Canada as a direct result of an "ID theft."
 - a. Costs for re-filing applications for loans, grants or other credit instruments.
 - b. Costs for notarizing affidavits or other similar documents, long distance telephone calls and postage.
 - c. Costs for up to six credit reports from established credit bureaus dated within 12 months after discovery of the "ID theft." No more than two of such credit reports may be from any one credit bureau.
 - d. Fees and expenses for an attorney appointed by us for the following.
 - (1) The defense of any civil suit brought against an "insured" by a creditor or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan.
 - (2) The removal of any civil judgment wrongfully entered against an "insured."

- e. Actual lost wages of the "insured" for time reasonably and necessarily taken away from work and away from the work premises. Time away from work includes partial or whole work days. Actual lost wages may include payment for vacation days, discretionary days, floating holidays and paid personal days. Actual lost wages does not include sick days or any loss arising from time taken away from self employment. Necessary time off does not include time off to do tasks that could reasonably have been done during non-working hours.

The following Additional Coverage is added under **Coverages:**

IDENTITY RECOVERY COVERAGE

We will provide the Case Management Service and Expense Reimbursement Coverage indicated below if all of the following requirements are met.

1. There has been an "ID theft" involving the personal identity of an "insured" under this policy; and
2. Such "ID theft" is first discovered by the "insured" during the policy period for which this Identity Recovery coverage is applicable; and
3. Such "ID theft" is reported to us within 60 days after it is first discovered by you.

If all three of the requirements listed above have been met, then we will provide the following to the "insured":

1. Case Management Service

Services of an "ID recovery case manager" as needed to respond to the "ID theft."

2. Expense Reimbursement

Reimbursement of necessary and reasonable "ID theft expenses" incurred as a direct result of the "ID theft."

This coverage is additional insurance.

LIMITS

Case Management Service is available as needed for any one "ID theft" for up to 12 months in a row from the inception of the service. Expenses we incur to provide Case Management Service do not reduce the amount of limit available for Expense Reimbursement coverage.

Expense Reimbursement coverage is subject to a limit of \$15,000 annual aggregate per "insured." This limit is the most we will pay for the total of all loss or expense arising out of all "ID thefts" to any one "insured" which are first discovered by the "insured" during the present annual policy period. This limit applies regardless of the number of claims during that period.

An "ID theft" may be first discovered by the "insured" in one policy period and continue into other policy periods. If so, all loss and expense arising from such "ID theft" will be subject to the aggregate limit applicable to the policy period when the "ID theft" was first discovered by the "insured."

Coverage for legal costs is found under item d. of the definition of "ID theft expenses." Such legal costs are part of, and not in addition to, the Expense Reimbursement coverage limit.

Lost wages coverage is found under item e. of the definition of "ID theft expenses." Such lost wages are subject to a sublimit of \$200 per day, not to exceed \$5,000 in total. This sublimit is part of, and not in addition to, the Expense Reimbursement coverage limit. Coverage is limited to wages lost within 12 months after the first discovery of the "ID theft" by the "insured."

DEDUCTIBLE

Case Management Service is not subject to a deductible.

Expense Reimbursement coverage is subject to a deductible of \$250. You shall be responsible for only one deductible under this endorsement during any one policy period.

EXCLUSIONS

The following additional exclusions apply to this coverage.

We do not cover any of the following.

1. "ID theft expenses" incurred to restore a professional or business identity.
2. Loss arising from any fraudulent, dishonest or criminal act by an "insured." This includes any such act by a person aiding or abetting an "insured." This also includes any such act by an authorized representative of an "insured." In all these cases, it does not matter whether the individual is acting alone or in collusion with others.
3. Loss other than "ID theft expenses."
4. "ID theft expenses" arising from any "ID theft" by or with the knowledge of any relative or former relative of the "insured."
5. Loss arising from an "ID theft" first discovered by the "insured" prior to the policy period or after the policy period. This exclusion applies whether or not such "ID theft" began or continued during the policy period.

6. Loss arising from an "ID theft" that is not reported to us within 60 days after it is first discovered by the "insured."
7. Loss arising from an "ID theft" that is not reported in writing to the police.

CONDITIONS

The following additional Conditions apply to this coverage.

A. Assistance and Claims

If you have questions or need help, please call the **ID Recovery Help Line** at 1 - 8xx - xxx - xxxx.

The **ID Recovery Help Line** is available to provide you with the following.

1. Information on how to respond to a possible "ID theft."
2. Instructions for how to submit a service request for Case Management Service and/or a claim form for Expense Reimbursement Coverage.

You must submit the applicable form to request Case Management Service or Expense Reimbursement Coverage.

As respects Expense Reimbursement Coverage, you must send to us receipts, bills or other records that support your claim for "ID theft expenses." Such records must be sent to us within 60 days after our request.

B. Computer Security

Each "insured" has the responsibility to use and maintain security for his or her computer system. This includes the use of personal firewalls and anti-virus software. This also includes the proper disposal of used hard drives.

C. Services

The following conditions apply as respects any services provided by us or our designees to you or any "insured" under this endorsement.

1. Our ability to provide helpful services in the event of an "ID theft" depends on your cooperation, permission and assistance.
2. We do not warrant that our services will end or solve all problems associated with an "ID theft." We do not warrant that our services will prevent future "ID thefts."

All other provisions of this policy apply.

Exclusion of Cosmetic Damage to Roof Surfacing Caused by Hail

This Endorsement Changes The Policy. Please Read It Carefully.

(This endorsement may be attached only to policies insuring risks with metal roofs.)

For Use With Form DP 00 01 12 02 and DP 00 03 12 02

General Exclusions

The following exclusion is added to Part A of
General Exclusions:

Cosmetic Roof Damage

Cosmetic Roof Damage means hail damage to roof surfacing that alters its physical appearance but does not cause an opening in the roof surfacing.

All other provisions of the policy apply

Notice To Policyholders

Earthquake Market Assistance Program

The possibility of a major earthquake occurring in the state poses a serious threat to citizens of Arkansas. Most homeowner (including renter and condominium owners), farmowner and dwelling fire policies do not provide earthquake coverage or may provide less than 100% coverage for damage due to an earthquake. You should review your policy or talk with your agent to determine whether you have earthquake coverage.

The market for residential earthquake coverage in Arkansas has declined over the past several years. In response to these market conditions, a Market Assistance Program (MAP) has been developed to assist consumers in obtaining residential earthquake coverage. Individuals qualify to purchase residential earthquake coverage through the MAP simply by having underlying homeowners, farmowners or dwelling fire coverage that excludes the earthquake peril.

A list of insurers participating in the MAP may be obtained by contacting your agent or calling 1-800-852-5494. You may also elect to maintain earthquake coverage which you may have already purchased.

This notice does not provide you with earthquake coverage nor does it increase any amounts of earthquake coverage you may have.

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Supporting Document Schedules

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

Comments:

Attachment:

RUICD.pdf

Satisfied -Name: List of ISO Forms and Endorsements **Review Status:** Approved 05/12/2008

Comments:

Attachment:

ISO Forms.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

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 #	
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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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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	

ISO Forms – Arkansas Dwelling 2002 Program

DP D 12 02 EARTHQUAKE AND VOLCANIC ERUPTION
DP 00 01 12 02 DWELLING PROPERTY 1 - BASIC FORM
DP 00 02 12 02 DWELLING PROPERTY 2 - BROAD FORM
DP 00 03 12 02 DWELLING PROPERTY 3 - SPECIAL FORM
DP 00 08 12 02 MODIFIED LOSS SETTLEMENT
DP 01 03 02 07 SPECIAL PROVISIONS - ARKANSAS
DP 03 12 12 02 WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
DP 04 11 12 02 AUTOMATIC INCREASE IN INSURANCE
DP 04 14 12 02 ADDITIONAL LIVING EXPENSE
DP 04 17 12 02 TREES, SHRUBS AND OTHER PLANTS
DP 04 18 12 02 WINDSTORM OR HAIL BROAD FORM AND SPECIAL FORM
DP 04 19 12 02 WINDSTORM OR HAIL - RADIO AND TELEVISION ANTENNAS, AWNINGS
AND SIGNS
DP 04 20 12 02 PERMITTED INCIDENTAL OCCUPANCIES
DP 04 30 12 02 PREMIUM SHARING TWO OR MORE POLICIES
DP 04 31 12 02 IMPROVEMENTS, ALTERATIONS AND ADDITIONS
DP 04 32 12 02 DEFERRED PREMIUM PAYMENT
DP 04 41 12 02 ADDITIONAL INSURED
DP 04 58 12 02 GRAVEMARKERS
DP 04 59 12 02 ASSISTED LIVING CARE
DP 04 63 12 02 LOSS ASSESSMENT PROPERTY COVERAGE
DP 04 65 12 02 SPECIAL COVERAGE
DP 04 68 12 02 LOSS ASSESSMENT COVERAGE FOR EARTHQUAKE
DP 04 69 12 02 EARTHQUAKE
DP 04 70 12 02 PREMISES ALARM OR FIRE PROTECTION SYSTEM
DP 04 71 12 02 ORDINANCE OR LAW COVERAGE INCREASED AMOUNT OF COVERAGE
DP 04 72 12 02 BROAD THEFT COVERAGE
DP 04 73 12 02 LIMITED THEFT COVERAGE
DP 04 74 12 02 ORDINANCE OR LAW COVERAGE
DP 04 76 12 02 ACTUAL CASH VALUE LOSS SETTLEMENT
DP 04 95 12 02 WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW (replaced in this
filing by RD 04 95)
DP 04 99 12 02 SINKHOLE COLLAPSE
DP 05 28 12 02 OWNED MOTORIZED GOLF CART PHYSICAL LOSS COVERAGE
DP 05 30 12 02 FUNCTIONAL REPLACEMENT COST LOSS SETTLEMENT
DP 05 37 06 08 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
DP 05 38 06 08 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM; DISCLOSURE
PURSUANT TO TERRORISM RISK INSURANCE ACT
DP 11 43 12 02 DWELLING UNDER CONSTRUCTION
DP 12 10 12 02 CHANGE ENDORSEMENT
DP 12 76 12 02 RATING INFORMATION
DP 17 66 12 02 UNIT-OWNERS COVERAGE
DP 17 71 12 02 UNIT-OWNERS COVERAGE - MODIFIED OTHER INSURANCE AND SERVICE
AGREEMENT CONDITION
IL N 016 09 03 ARKANSAS FRAUD STATEMENT
IL P 001 01 04 U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL
("OFAC") ADVISORY NOTICE TO POLICYHOLDERS