

SERFF Tracking Number: ZURC-125645661 State: Arkansas  
First Filing Company: Assurance Company of America, ... State Tracking Number: #? \$0  
Company Tracking Number: CW-CR-26640 A  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: 2008 Commercial Crime and Fidelity Form Effective Date Change  
Project Name/Number: /

## Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: 2008 Commercial Crime and Fidelity Form Effective Date Change  
SERFF Tr Num: ZURC-125645661 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: #? \$0

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CW-CR-26640 A

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

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

Author: Roderick Veranga

Disposition Date: 05/15/2008

Date Submitted: 05/13/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):

11/01/2008

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CR-2006-OFR06

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/15/2008

State Status Changed: 05/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Property & Casualty Section:

Due to Changes in our Policy Issuance System we would like to change our effective date of the below filing to 11-1-

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Product Name: 2008 Commercial Crime and Fidelity Form Effective Date Change  
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2008:

SERFF #: ZURC-125509643

Date Filed: March 4, 2008

Company File #: CW-CR-26640

Please let me know if additional information is needed regarding this filing.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Roderick Veranga

Business Analyst

Regulatory Services

Phone: (847) 413-3054

Fax: (847) 605-7768

Email: roderick.veranga@zurichna.com

## Company and Contact

### Filing Contact Information

Roderick Veranga, Business Analyst  
1400 American Lane  
Schaumburg, IL 60196

roderick.veranga@zurichna.com  
(847) 413-3054 [Phone]  
(847) 605-7768[FAX]

### Filing Company Information

Assurance Company of America  
1400 American Lane  
Schaumburg, IL 60196  
(847) 605-6000 ext. [Phone]

CoCode: 19305  
Group Code: 212  
Group Name:  
FEIN Number: 13-6081895  
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State of Domicile: New York  
Company Type:  
State ID Number:

Northern Insurance Company of New York  
1400 American Lane

CoCode: 19372  
Group Code: 212

State of Domicile: New York  
Company Type:

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Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 13-5283360  
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Maryland Casualty Company CoCode: 19356 State of Domicile: Maryland  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 52-0403120  
 -----

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 CoCode: 26247 State of Domicile: New York  
 Company Group Code: 212 Company Type:  
 1400 American Lane Group Name: State ID Number:  
 Schaumburg, IL 60196 FEIN Number: 36-6071400  
 (847) 605-6000 ext. [Phone] -----

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  
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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurance Company of America	\$0.00	05/13/2008	
Northern Insurance Company of New York	\$0.00	05/13/2008	
Maryland Casualty Company	\$0.00	05/13/2008	
American Zurich Insurance Company	\$0.00	05/13/2008	
American Guarantee and Liability Insurance Company	\$0.00	05/13/2008	
Zurich American Insurance Company of Illinois	\$0.00	05/13/2008	
Zurich American Insurance Company	\$0.00	05/13/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		05/15/2008	05/15/2008

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## Disposition

Disposition Date: 05/15/2008  
Effective Date (New): 11/01/2008  
Effective Date (Renewal): 11/01/2008  
Status: Accepted For Informational Purposes  
Comment: Company File #: CW-CR-26640  
Change effective date to 11/1/2008

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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

*SERFF Tracking Number:*      *ZURC-125645661*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Assurance Company of America, ...*                      *State Tracking Number:*      *#? \$0*  
*Company Tracking Number:*      *CW-CR-26640 A*  
*TOI:*                      *26.0 Burglary & Theft*                      *Sub-TOI:*                      *26.0001 Commercial Burglary & Theft*  
*Product Name:*                      *2008 Commercial Crime and Fidelity Form Effective Date Change*  
*Project Name/Number:*                      */*

## **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:**

Accepted for Informational 05/15/2008  
Purposes

**Comments:**

**Attachment:**

P&C Transmittal 2.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Zurich American Insurance Company	NY	16535	36-4233459
American Guarantee and Liability Insurance Company	NY	26247	36-6071400
American Zurich Insurance Company	IL	40142	36-3141762
Zurich American Insurance Company Illinois	IL	27855	36-2781080
Northern Insurance Company of New York	NY	19372	13-5283360
Assurance Company of America	NY	19305	13-6081895
Maryland Casualty Company	MD	19356	52-0403120

<b>5. Company Tracking Number</b>	<b>CW-CR-26640 A</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Roderick Veranga 1400 American Lane Schaumburg, IL 60196-1056	Business Analyst	847-413-3054	847-605-7768	Roderick.veranga@zurichna.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Roderick Veranga			

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

<b>9. Type of Insurance (TOI)</b>	Burglary and Theft
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	26.0
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	26.0
<b>12. Company Program Title</b> (Marketing title)	2008 ISO Crime Form Adoption
<b>13. Filing Type</b>	<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
<b>14. Effective Date(s) Requested</b>	New: 11-01-2008      Renewal: 11-01-2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	ISO
<b>17. Reference Organization # &amp; Title</b>	CR-2006-OFR06
<b>18. Company's Date of Filing</b>	May 13, 2008
<b>19. Status of filing in domicile</b>	<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 #** CW-CR-26640 A

**21. Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

Dear Property & Casualty Section:

Due to Changes in our Policy Issuance System we would like to change our effective date of the below filing to 11-1-2008:

SERFF #: ZURC-125509643  
Date Filed: March 4, 2008  
Company File #: CW-CR-26640

Please let me know if additional information is needed regarding this filing.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,



Roderick Veranga  
Business Analyst  
Regulatory Services  
Phone: (847) 413-3054  
Fax: (847) 605-7768  
Email: roderick.veranga@zurichna.com

**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 #: N/A**  
**Amount: N/A**

**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.)**