

SERFF Tracking Number: AMMH-125677105 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PPAR0608  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: Personal Property  
Project Name/Number: /

## Filing at a Glance

Company: American Family Home Insurance Company

Product Name: Personal Property

SERFF Tr Num: AMMH-125677105 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

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

Co Tr Num: PPAR0608

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

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

Author: Joe Elms

Disposition Date: 06/13/2008

Date Submitted: 06/03/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 06/11/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 06/11/2008

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/13/2008

State Status Changed: 06/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Personal Property dual interest insurance coverage covering property used as collateral for a loan or property purchased from a retailer where the property purchase has been financed.

## Company and Contact

SERFF Tracking Number: AMMH-125677105 State: Arkansas  
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**Filing Contact Information**

Joe Elms, Vice President FID jelms@amig.com  
 7000 Midland Blvd. (800) 759-9008 [Phone]  
 Amelia, OH 45102 (513) 388-5152[FAX]

**Filing Company Information**

American Family Home Insurance Company CoCode: 23450 State of Domicile: Florida  
 7000 Midland Blvd. Group Code: 127 Company Type:  
 Amelia, OH 45102 Group Name: State ID Number:  
 (800) 759-9008 ext. [Phone] FEIN Number: 31-0711074  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: The filing fee for all forms submitted is \$50.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Home Insurance Company	\$50.00	06/03/2008	20640685

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/13/2008	06/13/2008
Exempt from Review	Llyweyia Rawlins	06/11/2008	06/11/2008

*SERFF Tracking Number:*      *AMMH-125677105*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Family Home Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *PPAR0608*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0002 Personal Property (Fire and Allied Lines)*  
  
*Product Name:*                      *Personal Property*  
*Project Name/Number:*              */*

## **Disposition**

Disposition Date: 06/13/2008

Effective Date (New): 06/11/2008

Effective Date (Renewal): 06/11/2008

Status: Approved

Comment: Reopened filing: this is a form filing in lieu of rate filing with 5 forms.

See AMMH-125677104 Rate filing.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Approved	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Arkansas P & C Transmittal Document	Approved	Yes
Form	Group Personal Property masster Policy Application	Approved	Yes
Form	Group Personal Property Master Policy	Approved	Yes
Form	Group Individual Personal Property Application	Approved	Yes
Form	Group Personal Property Certificate	Approved	Yes
Form	Group Personal Property Certificate	Approved	Yes
Rate	AR Personal Property Rate/Rule	Approved	Yes

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Product Name: Personal Property  
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## Disposition

Disposition Date: 06/11/2008

Effective Date (New): 06/11/2008

Effective Date (Renewal): 06/11/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rates/rules filing and review requirements.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Approved	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Arkansas P & C Transmittal Document	Approved	Yes
Form	Group Personal Property masster Policy Application	Approved	Yes
Form	Group Personal Property Master Policy	Approved	Yes
Form	Group Individual Personal Property Application	Approved	Yes
Form	Group Personal Property Certificate	Approved	Yes
Form	Group Personal Property Certificate	Approved	Yes
Rate	AR Personal Property Rate/Rule	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Group Personal Property masster Policy Application	PPMPA-AR (06-08)	06-08	Application/ New Binder/Enrollment		43.10	Group Personal Property MP App..pdf
Approved	Group Personal Property Master Policy	PPMP-AR (06-08)	06-08	Policy/Coverage New Form		43.10	Group Personal Property Master Policy.pdf
Approved	Group Individual Personal Property Application	APP-IND-PP-US (06-08)	06-08	Application/ New Binder/Enrollment		42.60	Personal Property Individual App..pdf
Approved	Group Personal Property Certificate	PPC-250-AR (06-08)	06-08	Certificate New		42.60	Group Personal Prop Cert 250.pdf
Approved	Group Personal Property Certificate	PC-390-AR (06-08)	06-08	Certificate New		42.60	Group Personal Prop Cert 390.pdf



# American Family Home Insurance Company

Jacksonville, Florida

Main Administrative Office & Mailing Address

P.O. Box 119, Cincinnati, Ohio 45201-0119

## GROUP CREDIT INSURANCE MASTER POLICY APPLICATION

For a Personal Property Installment Floater Master Policy covering eligible debtors of:

CREDITOR NAME. [ABC Creditor and subsidiaries, affiliates or related companies]

CREDITOR ADDRESS. [789 Any Street, Any City, AR 00000]

Does the Creditor operate at more than one location?  Yes  No  
(if yes, list corporate name and address of each branch of affiliate on reverse side.)

Type of Property to be Insured:

Furniture  Other \_\_\_\_\_  
 Appliances

**Insured Perils:** The Policy insures against **ALL RISK** of direct and accidental loss of or damage to the property insured hereunder, except as hereinafter provided. If loss is caused by Theft, including attempted Theft, it is required that a police report be filed with the proper law enforcement authority within twenty-four hours of discovery of the Theft or attempted Theft. Visible evidence of forced entry must be present for a Theft claim to be covered by this Certificate.

**Maximum Amount of Insurance per Debtor:** \$[25,000]

**Rates:** See Attached Rate / Rule Page

**Theft Coverage Options** (Choose one)

Evidence of forced entry required for theft to be covered.  
 No evidence of forced entry required for theft to be covered.

**Dual Interest Coverage** protects the interest of the Creditor and the Debtor in the insured property. The property insured under the Policy consists of the collateral described above. The insured property must be in the Debtor's lawful possession, under a bailment lease, conditional sale, or other encumbrance.

To be eligible Debtors must be persons (a) who have financed property or used personal property as loan collateral in which the Creditor has a financial interest through a loan agreement, and (b) who have accounts that are in good standing with the You.

**Effective Date:** This insurance becomes effective at 12:01 A. M. Standard Time at the Creditor's address on the date the Master Policy is issued.

The undersigned represents that he or she has the authority to act for the Creditor in making application for a Group Credit Property Master Policy to American Family Home Insurance Company.

[Any City, AR]  
Dated at:

[ABC Creditor]  
Name of Creditor:

Date: [06-01-2008]

[Bill Jones]  
Witness:

[Thomas Smith]  
By:

[Robert Adams]  
Agent:  
(Licensed Resident Agent, where Required by law)

[Vice President]  
Title:



# American Family Home Insurance Company

Jacksonville, Florida

Main Administrative Office & Mailing Address

P.O. Box 119, Cincinnati, Ohio 45201-0119

(Called the "Company", "We", "Us", or "Our")

Group Policy Effective Date: [ 06-01-2008 ]

Group Policy Number: [ 0001 ]

## Personal Property Installment Floater Master Policy

(called "Policy")

### DECLARATIONS

1. Name of Creditor (called "You" and Your"): [ABC Creditor]

Address: [789 Any Street, Any City, AR 00000]

Subject to payment of the premium and all conditions and terms of this Policy, We agree to insure the interest of You and the Debtor in the personal property described in the Certificates of Insurance issued under this Policy against the **Insured Perils**.

2. Loss, if any, shall be made payable to You for credit to the account of the Debtor.

3. Policy Term. This Policy becomes effective on the Policy Effective Date shown above. The Policy shall automatically renew continuously for successive twelve month terms (herein referred to as the Policy Anniversary Date) upon expiration unless cancelled or non-renewed by the Company or Policyholder pursuant to the provisions set forth in the Termination provision. Each Policy Term begins and ends at 12:01 A.M. Standard Time, at the Creditor's address shown above.

4. Coverage within the United States, during transportation or otherwise, while the Property is in the custody of the Debtor.

5. It is understood and agreed that We shall not be liable for more than \$25,000 on Property insured for any one Debtor and in no event for more than \$50,000 in any one casualty, for any one Creditor.

6. Premium charges shall be in accordance with rates filed with and approved by the Insurance Commissioner of the State in which this Policy has been issued. The rate used to compute the premium charge may be changed by the Company by giving You 30 days advance written notice setting forth the revised rate and the effective date. No change in premium rates will be retroactive.

### READ THIS POLICY CAREFULLY

#### DEFINITIONS

"**Confiscation**" means when a governmental body or official lawfully obtains possession of the collateral.

"**Conversion**" means when the Debtor substantially changes, severely damages or destroys, sells or encumbers, trades or disposes of the collateral without Your consent.

"**Secretion**" means when the Debtor conceals or hides the collateral from you or removes the collateral from the area of use known to you with the apparent intent of wrongful appropriating.

"**Theft**" means loss of property from a known place when it is likely that the property has been stolen.

"**Forcible Entry Theft**" means there is evidence of forcible entry and loss of property from a known place when it is likely that the property has been stolen.

"**Vandalism or Malicious Mischief**" means a loss caused by any intentional and wrongful act committed in the course of the Vandalism or Malicious Mischief.

**INSURING AGREEMENT.** This is a legal contract between You, the Debtor, and Us. The Property insured under this Policy consists of the collateral specifically described in each Schedule. The insured property must be in the lawful possession of the Debtor under a bailment lease, conditional sale, or other encumbrance. In consideration of the payment of the premium and subject to the terms, conditions, provisions and exclusions of this Policy, We agree to insure Personal Property as follows:

#### DUAL INTEREST COVERAGE

**Definition:** Dual Interest coverage protects the interest of You and the Debtor in the insured property. The amount of insurance is equal to the original amount of insurance shown in the Certificate Schedule and remains the same throughout the term of insurance.

**Limit of Liability and Amount Insured:** We provide coverage for the Debtor and You as the Creditor Beneficiary as their interest may appear in the Property insured. We will pay for loss or damage covered under this Policy based upon the lower of the following:

- A. **Partial Loss** – 1. The cost to repair the Property with materials of like kind and quality. 2. The replacement cost value of the Property at the time any loss or damage occurs. Such replacement cost will be based upon Property of like kind and quality. 3. Except in the event of total loss to any article sold on a partial payment plan which is replaced by the Creditor Beneficiary, the Company's liability shall not exceed the original cost of such article.
- B. **Total Loss** – The original amount of insurance as stated in the Debtor's Certificate of Insurance.

**INSURED PERILS:** This Policy insures against **ALL RISK** of direct and accidental loss of or damage to the property insured hereunder, except as hereinafter provided. If loss is caused by Theft or attempted Theft, it is required that a police report be filed with the proper law enforcement authority within twenty-four hours of discovery of the Theft or attempted Theft. Visible evidence of forced entry must be present for a Theft claim to be covered by this Policy. The visible evidence of forced entry may be waived for a Theft claim to be covered if this option is elected by You in the application for this Policy. There is an additional premium charge for this option.

**EXCLUSIONS.** This Policy does not insure against loss:

1. or expense resulting from loss of use, delay or any other consequential or indirect loss or damage;
2. resulting from mechanical or electrical breakdown or blowout, inherent vice or defect, neglect, wear and tear or gradual deterioration; Also from other electrical disturbances within the property insured.;
3. resulting from delay, loss of market, bankruptcy, foreclosure or similar proceedings;
4. from breakage of glass, or similar fragile merchandise, unless caused by a peril insured under this Policy;
5. due to rain, snow, sand or dust, whether driven by wind or not, unless the building containing the insured Property shall first sustain actual damage to the roof or walls caused by the direct force of wind or hail. We will then be liable for such loss to the insured Property as may be caused by rain, snow, sand or dust entering the building through the openings in the roof or walls made by direct action of wind or hail;
6. resulting from continuous or repeated seepage of water or steam, which occurs over a period of time, within a plumbing, heating or air conditioning system or from within an appliance;
7. caused by or resulting from war, including hostile or warlike action by any government of sovereign power, legal or actual, their military authority or agent, or by any armed forces; or action taken by governmental or public authority in hindering, combating, or defending against such an occurrence;
8. caused by nuclear reaction, nuclear radiation, or radioactive contamination;
9. caused by or resulting from dishonest acts by You, the Debtor, or employees of either;
10. due to burglary, robbery, holdup, vandalism or malicious mischief committed by You, the Debtor, or relative of either;
11. from breakage of statuary, marble, glassware, bric-a-brac, porcelain or similar fragile articles unless caused by fire, lightning, aircraft, theft or attempted theft, windstorm, earthquake, flood, explosion, malicious damage or collision, derailment or overturning of a conveyance.
12. to Aircraft, Motor Vehicles, Boats, Jewelry, Furs, Fine Art, Clothing, Salesman's samples or Articles held for resale.
13. or damage originating through the willful action, knowledge or intent of the Debtor or member of the Debtor's family permanently residing in the same household.
14. due to conversion, embezzlement or secretion by any person in lawful possession of the Property under a contract.
15. to Property used in illicit trade or transportation.

**CANCELLATION OF MASTER POLICY.**

1. You may cancel this Policy at any time by giving Us 30 days advance written notice.
2. We may cancel this insurance within the first 90 days for any reason by furnishing at least 45 days prior written notice of and reasons for cancellation. Such notice will be mailed to You at the address shown in the Declarations. After 90 days, We may cancel by furnishing at least 45 days prior written notice to You at the address shown in the Declarations for any one of the following reasons:
  - A. nonpayment of premium;
  - B. misrepresentation or fraud in obtaining this Policy or in pursuing a claim under this Policy;
  - C. actions by You that have substantially increased or changed the risk insured;
  - D. Your conviction of a crime arising out of acts that materially affect the insurability of the risk; or
  - E. determination by the Insurance Commissioner that the continuation of this Policy would place Us in violation of the laws of this State.

**NON-RENEWAL.** If either party hereto elects not to renew this Master Policy, the non-renewing party will give the other party 60 days written notice in advance of the Policy Anniversary Date of the Master Policy.

**TERM OF INDIVIDUAL CERTIFICATES.** The term of insurance for any Certificate issued hereunder will begin on the Effective Date shown in the Debtor's Schedule. The term of insurance will end on the earliest of the:

1. passing of the number of months in the term of insurance shown in the Debtor's Schedule;
2. date that We receive the Debtor's written request for cancellation; or
3. date the debt is fully prepaid, renewed or refinanced, and We receive written notice thereof from You.

**CANCELLATION OF INDIVIDUAL CERTIFICATES.** The Debtor may cancel this insurance at any time by mailing to You or to Us written notice requesting such cancellation. If cancelled within the first 30 days it is in effect, the Debtor must return the Certificate and a signed cancellation request to Us or to You, and We will promptly return the unearned premium to the Debtor or to You for credit to the Debtor's account.

**REFUND OF PREMIUM.** If the debt is prepaid and We are notified in writing by You or the Debtor, We will promptly return the unearned premium to You for credit to the Debtor's account or to the Debtor. Any such refund will be calculated by the Rule of 78's method, commonly known as the Sum of the Digits Method. No refund shall be made if the amount is less than one dollar, unless a specific request is made by the person entitled to the refund.

**FILING A CLAIM. Notice of loss.** The Debtor must notify You, or Us of any loss or damage as soon as possible. The Debtor will be furnished with a claim form by You or by Us. If the Debtor does not receive claim forms within 15 days after the notice of loss, then the Debtor will be deemed to have complied with the filing of the notice of loss.

**Proof of loss:** Written proof of loss or damage must be filed with Us, Our agent, or You within 90 days from the date of loss or damage, or as soon as reasonably possible.

**SETTLEMENT OF CLAIMS.** All covered claims shall be paid within 60 days after Our receipt of satisfactory proof of loss.

**PAIR, SET OR PARTS.** In the event of a loss to a pair, set, or parts, We will be liable as follows:

1. for any article that is a part of a pair or set: We will pay a reasonable and fair proportion of the total value of the pair or set. In no event will such loss mean total loss of the pair or set.
2. for any part of property that consists of several parts when completed, We will be liable only for the value of the part lost or damaged.

**APPRAISAL.** An appraisal procedure is provided in the event that You, the Insured Debtor, and the Company cannot agree on the amount of loss. It shall be used if either party requests it in writing within 60 days after proof of loss is received by Us. The procedure is as follows:

1. Each party selects a competent, disinterested appraiser. The appraisers, in turn, select a competent, disinterested umpire.
2. If the appraisers fail to agree on an umpire after 15 days, the selection shall be made by a judge of a court of record in the county and state in which the appraisal is pending. You, the Debtor, or the Company may request this step.
3. The appraisers shall then appraise the loss at a reasonable time and place. They shall state replacement cost or repair cost at the time of loss. If they fail to agree on any points, they shall submit their differences to the umpire. A decision in writing of any two shall determine the amount of loss.
4. Each party shall pay their own appraiser and bear equally the other expenses of the appraisal and umpire.
5. We do not surrender any rights by any act relating to appraisal.

**SUIT.** No suit, action or proceeding for the recovery of any claim under this Policy shall be sustainable in any court of law or equity unless, as a condition precedent thereto, there have been full compliance with all the terms of this Policy, nor until 60 days after proof of loss has been filed with the Company, nor at all unless started within 3 years after proof of loss has been filed with the Company. However, that if by the laws of the State within which this Policy is issued such time limitation is changed, than any such action, suit, or proceeding shall be commenced within the limit of time permitted by the laws of such state.

**MISREPRESENTATION AND FRAUD.** This Policy shall cease if You:

1. have concealed or misrepresented any material fact in the application for insurance or proof of loss; or
2. are guilty of fraud, attempted fraud, or false swearing relating to any matter of this insurance.

**SUBROGATION.** If payment is made under this Policy, We are entitled to recover such amounts from other parties or persons. Any party or person to or for whom We make payment must transfer to Us his or her rights to recovery against any other party or person. You must do everything necessary to secure these rights and must do nothing that would jeopardize them, or these rights will be recovered from You.

**MAINTENANCE OF RECORDS.** You agree to keep a true record of all insurance transactions, and to keep such records open to Our inspection at all reasonable times during business hours. You agree to furnish Us, on or before the 10th day of each month, while this Master Policy is in effect, with a report of the insurance issued hereunder. Premiums will be due and payable with each month's report.

**CHANGES.** Notice to Us or Our authorized agents, or knowledge possessed by Us or any authorized agent, of a fact concerning this insurance shall not be considered a waiver or a change in any part of this Policy. In addition We maintain all rights under this Policy. None of the terms of this Policy may be waived or changed except by an endorsement issued to form a part of this Policy.

**NO BENEFIT TO BAILEE.** This insurance shall not inure directly or indirectly to the benefit of any carrier or other bailee.

**CONFORMITY WITH STATE STATUTES.** Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

In Witness Whereof, the Company has caused this Policy to be executed and attested, but this Policy shall not be valid unless countersigned by a duly authorized agent of the Company, where required by law.

**COMPLAINT NOTICE**

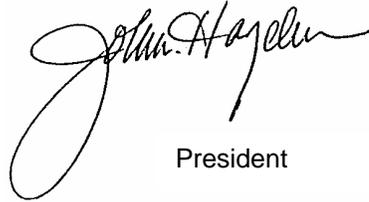
Should any dispute arise about your premium or about a claim that you have filed, contact the agent who issued this Policy or "Policyholder service" – American Family Home Insurance Company, P.O. Box 119, Cincinnati, OH 45201-0119, Telephone Number 870-483-6355. If the Company fails to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Services Division, 1200 W. 3<sup>rd</sup> St., Little Rock, AR 72201-1904, Telephone Number (501) 371-2640 or (800) 852-5494.

**FRAUD NOTICE**

"Any person who knowingly presents a false fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."



Secretary



President



# American Family Home Insurance Company

Jacksonville, Florida  
Main Administrative Office & Mailing Address  
P.O. Box 119, Cincinnati, Ohio 45201-0119  
(Called the "Company", "We", "Us", or "Our")

PERSONAL PROPERTY INSTALLMENT FLOATER

CERTIFICATE  
NO. [            ]

## APPLICATION FOR INSURANCE (called "application") SCHEDULE

Insured Debtor- Name and Address	Creditor - Name and Address	Effective Date		
		Month	Day	Year
[John Doe 123 Any Street Any City, AR 00000]	[ABC CREDITOR 789 Any Street Any City, AR 00000]	[06]	[01]	[2008]
		Term of Insurance (in months) [36]		
		Amount of Property Insurance \$ [2,500]	Property Ins. Premium \$ [187.50]	Property Master Policy No. [0001]

This application is for the convenience and optional use when statutory or regulatory authority requires written application for insurance. Signature hereon, unless required by such authority, is not a condition to effect coverage.

I hereby apply with American Family Home Insurance Company to effect Personal Property Insurance as specified above for a term as shown above and declare that the value of my insured property is not less than the above amount of insurance.

The creditor to whom I have applied for a loan has made specific inquiry as to the existence of valid and collectible insurance on the collateral securing said loan. My reply to this inquiry is indicated as follows:

- I have no valid and collectible insurance to offer the creditor.
- No other applicable insurance is available to assign or offer the creditor.

I authorize the creditor to deduct from the proceeds of my note the aforesaid amount of my premium and to pay same to the insurer or authorized agent.

I further declare that I have read or had read to me this statement before signing this application.

[Bill Jones]  
\_\_\_\_\_  
WITNESS

[John Doe]  
\_\_\_\_\_  
APPLICANT

# American Family Home Insurance Company

Jacksonville, Florida

Main Administrative Office & Mailing Address

P.O. Box 119, Cincinnati, Ohio 45201-0119

(Called the "Company", "We", "Us", or "Our")

PERSONAL PROPERTY INSTALLMENT FLOATER

CERTIFICATE

NO. [            ]

## INSURANCE VOLUNTARILY PURCHASED BY THE INSURED DEBTOR SCHEDULE

Insured Debtor- Name and Address	Creditor - Name and Address	Effective Date		
		Month	Day	Year
[John Doe 123 Any Street Any City, AR 00000]	[ABC CREDITOR 789 Any Street Any City, AR 00000]	[06]	[01]	[2008]
		Term of Insurance (in months) [36]		
		Amount of Property Insurance \$ [2,500]	Property Ins. Premium \$ [187.50]	Property Master Policy No. [0001]

### CERTIFICATE OF INSURANCE

(called "Certificate")

### READ THIS CERTIFICATE CAREFULLY

**INSURING AGREEMENT.** This is a legal contract between the Creditor, You, and Us. The property insured under this Certificate consists of the collateral specifically described above. The insured property must be in Your lawful possession, under a bailment lease, conditional sale, or other encumbrance. In consideration of the payment of the premium and subject to the terms, conditions, provisions and exclusions of this Certificate, We agree to insure personal property as follows:

#### DUAL INTEREST COVERAGE.

**Definition:** Dual Interest coverage protects the interest of the Creditor and You in the insured property. The amount of insurance is equal to the original amount of insurance shown in the Schedule and remains the same throughout the term of insurance.

**Limit of Liability and Amount Insured:** We provide coverage for You and the Creditor, as the Creditor Beneficiary as their interest may appear in the Property insured. We will pay for loss or damage covered under this Certificate based upon the lower of the following:

- A. **Partial Loss** – 1. The cost to repair the Property with materials of like kind and quality. 2. The replacement cost value of the Property at the time any loss or damage occurs. Such replacement cost will be based upon Property of like kind and quality. 3. Except in the event of total loss to any article sold on a partial payment plan which is replaced by the Creditor Beneficiary, the Company's liability shall not exceed the original cost of such article.
- B. **Total Loss** – The original amount of insurance as stated in this Certificate of Insurance.

#### DEFINITIONS

**"Confiscation"** means when a governmental body or official lawfully obtains possession of the collateral.

**"Conversion"** means when You substantially change, severely damages or destroys, sells or encumbers, trades or disposes of the collateral without the Creditor's consent.

**"Secretion"** means when You conceal or hide the collateral from the Creditor or remove the collateral from the area of use known to the Creditor with the apparent intent of wrongful appropriating.

**"Theft"** means loss of property from a known place when it is likely that the property has been stolen.

**"Forcible Entry Theft"** means there is evidence of forcible entry and loss of property from a known place when it is likely that the property has been stolen.

**"Vandalism or Malicious Mischief"** means a loss caused by any intentional and wrongful act committed in the course of the Vandalism or Malicious Mischief.

**INSURED PERILS:** This Certificate insures against **ALL RISK** of direct and accidental loss of or damage to the property insured hereunder, except as hereinafter provided. If loss is caused by Theft, including attempted Theft, it is required that a police report be filed with the proper law enforcement authority within twenty-four hours of discovery of the Theft or attempted Theft. Visible evidence of forced entry must be present for a Theft claim to be covered by this Certificate.

**EXCLUSIONS.** This Certificate does not insure against loss:

1. or expense resulting from loss of use, delay or any other consequential or indirect loss or damage;
2. resulting from mechanical or electrical breakdown or blowout, inherent vice or defect, neglect, wear and tear or gradual deterioration; Also from other electrical disturbances within the property insured.;
3. resulting from delay, loss of market, bankruptcy, foreclosure or similar proceedings;
4. from breakage of glass, or similar fragile merchandise, unless caused by a peril insured under this Certificate;
5. due to rain, snow, sand or dust, whether driven by wind or not, unless the building containing the insured Property shall first sustain actual damage to the roof or walls caused by the direct force of wind or hail. We will then be liable for such loss to the insured Property as may be caused by rain, snow, sand or dust entering the building through the openings in the roof or walls made by direct action of wind or hail;

6. resulting from continuous or repeated seepage of water or steam, which occurs over a period of time, within a plumbing, heating or air conditioning system or from within an appliance;
7. caused by or resulting from war, including hostile or warlike action by any government of sovereign power, legal or actual, their military authority or agent, or by any armed forces; or action taken by governmental or public authority in hindering, combating, or defending against such an occurrence;
8. caused by nuclear reaction, nuclear radiation, or radioactive contamination;
9. caused by or resulting from dishonest acts by You, the Debtor, or employees of either;
10. due to burglary, robbery, holdup, vandalism or malicious mischief committed by You, the Debtor, or relative of either;
11. from breakage of statuary, marble, glassware, bric-a-brac, porcelain or similar fragile articles unless caused by fire, lightning, aircraft, theft or attempted theft, windstorm, earthquake, flood, explosion, malicious damage or collision, derailment or overturning of a conveyance.
12. to Aircraft, Motor Vehicles, Boats, Jewelry, Furs, Fine Art, Clothing, Salesman's samples or Articles held for resale.
13. or damage originating through Your willful action, knowledge or intent of a member of the Your family permanently residing in the same household.
14. due to conversion, embezzlement or secretion by any person in lawful possession of the Property under a contract.
15. to Property used in illicit trade or transportation.

**TERM OF INSURANCE.** The term of insurance will begin on the Effective Date shown in the Schedule. The term of insurance will end on the earliest of the:

1. passing of the number of months in the term of insurance shown in the Schedule;
2. date that We receive Your written request for cancellation (unless within the first 30 days after coverage begins);
3. date the debt is fully prepaid, renewed or refinanced, and We receive written notice thereof from You or the Creditor.

**CANCELLATION.** You may cancel this insurance at any time by mailing to the Creditor or to Us written notice requesting such cancellation. If cancelled within the first 30 days it is in effect, You must return the Certificate and a signed cancellation request to the Creditor or to Us, and We will promptly return the unearned premium to You or to the Creditor for credit to Your account.

**REFUND OF PREMIUM.** If the debt is prepaid and We are notified in writing by You, We will promptly return the unearned premium to You or to the Creditor for credit to Your account. Any such refund will be calculated by the Rule of 78's method, commonly known as the Sum of the Digits Method. No refund shall be made if the amount is less than one dollar, unless a specific request is made by the person entitled to the refund.

**FILING A CLAIM. Notice of loss.** You must notify the Creditor, or Us of any loss or damage as soon as possible. You will be furnished with a claim form by the Creditor or by Us. If You do not receive claim forms within 15 days after the notice of loss, then You will be deemed to have complied with the filing of the notice of loss. **Proof of loss:** Written proof of loss or damage must be filed with Us, Our agent, or the Creditor within 90 days from the date of loss or damage, or as soon as reasonably possible.

**SETTLEMENT OF CLAIMS.** All covered claims shall be paid within 60 days after Our receipt of satisfactory proof of loss.

**PAIR, SET OR PARTS.** In the event of a loss to a pair, set, or parts, We will be liable as follows:

1. for any article that is a part of a pair or set: We will pay a reasonable and fair proportion of the total value of the pair or set. In no event will such loss mean total loss of the pair or set.
2. for any part of property that consists of several parts when completed, We will be liable only for the value of the part lost or damaged.

**APPRAISAL.** An appraisal procedure is provided in the event that the Creditor, You, and the Company cannot agree on the amount of loss. It shall be used if either party requests it in writing within 60 days after proof of loss is received by Us. The procedure is as follows:

1. Each party selects a competent, disinterested appraiser. The appraisers, in turn, select a competent, disinterested umpire.
2. If the appraisers fail to agree on an umpire after 15 days, the selection shall be made by a judge of a court of record in the county and state in which the appraisal is pending. The Creditor, You, or the Company may request this step.
3. The appraisers shall then appraise the loss at a reasonable time and place. They shall state replacement cost or repair cost at the time of loss. If they fail to agree on any points, they shall submit their differences to the umpire. A decision in writing of any two shall determine the amount of loss.
4. Each party shall pay their own appraiser and bear equally the other expenses of the appraisal and umpire.
5. We do not surrender any rights by any act relating to appraisal.

**SUIT.** No suit, action or proceeding for the recovery of any claim under this Certificate shall be sustainable in any court of law or equity unless, as a condition precedent thereto, there have been full compliance with all the terms of this Certificate nor until 60 days after proof of loss has been filed with the Company, nor at all unless started within 3 years after proof of loss has been filed with the Company. However, that if by the laws of the State within which this Certificate is issued such time limitation is changed, than any such action, suit, or proceeding shall be commenced within the limit of time permitted by the laws of such state.

**MISREPRESENTATION AND FRAUD.** This Certificate shall cease if You:

1. have concealed or misrepresented any material fact in the application for insurance or proof of loss; or
2. are guilty of fraud, attempted fraud, or false swearing relating to any matter of this insurance.

**SUBROGATION.** If payment is made under this Certificate, We are entitled to recover such amounts from other parties or persons. Any party or person to or for whom We make payment must transfer to Us his or her rights to recovery against any other party or person. You must do everything necessary to secure these rights and must do nothing that would jeopardize them, or these rights will be recovered from You.

**CHANGES.** Notice to Us or Our authorized agents, or knowledge possessed by Us or any authorized agent, of a fact concerning this insurance shall not be considered a waiver or a change in any part of this Certificate. In addition, We maintain all rights under this Certificate. None of the terms of this Certificate may be waived or changed except by an endorsement issued to form a part of this Certificate.

**NO BENEFIT TO BAILEE.** This insurance shall not inure directly or indirectly to the benefit of any carrier or other bailee.

**CONFORMITY WITH STATE STATUTES.** Any provision of the Certificate which, on its effective date, is in conflict with the statutes of the state, District of Columbia, or territory in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

**COMPLAINT NOTICE**

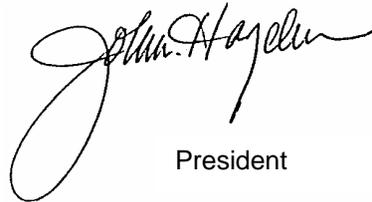
Should any dispute arise about your premium or about a claim that you have filed, contact the agent who issued this Policy or "Policyholder Service" – American Family Home Insurance Company, P.O. Box 119, Cincinnati, OH 45201-0119, Telephone Number 870-483-6355. If the Company fails to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Services Division, 1200 W. 3<sup>rd</sup> St., Little Rock, AR 72201-1904, Telephone Number (501) 371-2640 or (800) 852-5494.

**FRAUD NOTICE**

"Any person who knowingly presents a false fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."



Secretary



President

# American Family Home Insurance Company

Jacksonville, Florida

Main Administrative Office & Mailing Address

P.O. Box 119, Cincinnati, Ohio 45201-0119

(Called the "Company", "We", "Us", or "Our")

PERSONAL PROPERTY INSTALLMENT FLOATER

CERTIFICATE

NO. [ ]

## INSURANCE VOLUNTARILY PURCHASED BY THE INSURED DEBTOR SCHEDULE

Insured Debtor- Name and Address	Creditor - Name and Address	Effective Date		
		Month	Day	Year
[John Doe 123 Any Street Any City, AR 00000]	[ABC CREDITOR 789 Any Street Any City, AR 00000]	[06]	[01]	[2008]
		Term of Insurance (in months) [36]		
	Amount of Property Insurance \$ [2,500]	Property Ins. Premium \$ [292.50]	Property Master Policy No. [0001]	

### CERTIFICATE OF INSURANCE

(called "Certificate")

#### READ THIS CERTIFICATE CAREFULLY

**INSURING AGREEMENT.** This is a legal contract between the Creditor, You, and Us. The property insured under this Certificate consists of the collateral specifically described above. The insured property must be in Your lawful possession, under a bailment lease, conditional sale, or other encumbrance. In consideration of the payment of the premium and subject to the terms, conditions, provisions and exclusions of this Certificate, We agree to insure personal property as follows:

#### DUAL INTEREST COVERAGE.

**Definition:** Dual Interest coverage protects the interest of the Creditor and You in the insured property. The amount of insurance is equal to the original amount of insurance shown in the Schedule and remains the same throughout the term of insurance.

**Limit of Liability and Amount Insured:** We provide coverage for You and the Creditor, as the Creditor Beneficiary as their interest may appear in the Property insured. We will pay for loss or damage covered under this Certificate based upon the lower of the following:

- A. **Partial Loss** – 1. The cost to repair the Property with materials of like kind and quality. 2. The replacement cost value of the Property at the time any loss or damage occurs. Such replacement cost will be based upon Property of like kind and quality. 3. Except in the event of total loss to any article sold on a partial payment plan which is replaced by the Creditor Beneficiary, the Company's liability shall not exceed the original cost of such article.
- B. **Total Loss** – The original amount of insurance as stated in this Certificate of Insurance.

#### DEFINITIONS

**"Confiscation"** means when a governmental body or official lawfully obtains possession of the collateral.

**"Conversion"** means when You substantially change, severely damages or destroys, sells or encumbers, trades or disposes of the collateral without the Creditor's consent.

**"Secretion"** means when You conceal or hide the collateral from the Creditor or remove the collateral from the area of use known to the Creditor with the apparent intent of wrongful appropriating.

**"Theft"** means loss of property from a known place when it is likely that the property has been stolen.

**"Forcible Entry Theft"** means there is evidence of forcible entry and loss of property from a known place when it is likely that the property has been stolen.

**"Vandalism or Malicious Mischief"** means a loss caused by any intentional and wrongful act committed in the course of the Vandalism or Malicious Mischief.

**INSURED PERILS:** This Certificate insures against **ALL RISK** of direct and accidental loss of or damage to the property insured hereunder, except as hereinafter provided. If loss is caused by Theft, including attempted Theft, it is required that a police report be filed with the proper law enforcement authority within twenty-four hours of discovery of the Theft or attempted Theft.

**EXCLUSIONS.** This Certificate does not insure against loss:

1. or expense resulting from loss of use, delay or any other consequential or indirect loss or damage;
2. resulting from mechanical or electrical breakdown or blowout, inherent vice or defect, neglect, wear and tear or gradual deterioration; Also from other electrical disturbances within the property insured.;
3. resulting from delay, loss of market, bankruptcy, foreclosure or similar proceedings;
4. from breakage of glass, or similar fragile merchandise, unless caused by a peril insured under this Certificate;
5. due to rain, snow, sand or dust, whether driven by wind or not, unless the building containing the insured Property shall first sustain actual damage to the roof or walls caused by the direct force of wind or hail. We will then be liable for such loss to the insured Property as may be caused by rain, snow, sand or dust entering the building through the openings in the roof or walls made by direct action of wind or hail;

6. resulting from continuous or repeated seepage of water or steam, which occurs over a period of time, within a plumbing, heating or air conditioning system or from within an appliance;
7. caused by or resulting from war, including hostile or warlike action by any government of sovereign power, legal or actual, their military authority or agent, or by any armed forces; or action taken by governmental or public authority in hindering, combating, or defending against such an occurrence;
8. caused by nuclear reaction, nuclear radiation, or radioactive contamination;
9. caused by or resulting from dishonest acts by You, the Debtor, or employees of either;
10. due to burglary, robbery, holdup, vandalism or malicious mischief committed by You, the Debtor, or relative of either;
11. from breakage of statuary, marble, glassware, bric-a-brac, porcelain or similar fragile articles unless caused by fire, lightning, aircraft, theft or attempted theft, windstorm, earthquake, flood, explosion, malicious damage or collision, derailment or overturning of a conveyance.
12. to Aircraft, Motor Vehicles, Boats, Jewelry, Furs, Fine Art, Clothing, Salesman's samples or Articles held for resale.
13. or damage originating through Your willful action, knowledge or intent of a member of the Your family permanently residing in the same household.
14. due to conversion, embezzlement or secretion by any person in lawful possession of the Property under a contract.
15. to Property used in illicit trade or transportation.

**TERM OF INSURANCE.** The term of insurance will begin on the Effective Date shown in the Schedule. The term of insurance will end on the earliest of the:

1. passing of the number of months in the term of insurance shown in the Schedule;
2. date that We receive Your written request for cancellation (unless within the first 30 days after coverage begins);
3. date the debt is fully prepaid, renewed or refinanced, and We receive written notice thereof from You or the Creditor.

**CANCELLATION.** You may cancel this insurance at any time by mailing to the Creditor or to Us written notice requesting such cancellation. If cancelled within the first 30 days it is in effect, You must return the Certificate and a signed cancellation request to the Creditor or to Us, and We will promptly return the unearned premium to You or to the Creditor for credit to Your account.

**REFUND OF PREMIUM.** If the debt is prepaid and We are notified in writing by You, We will promptly return the unearned premium to You or to the Creditor for credit to Your account. Any such refund will be calculated by the Rule of 78's method, commonly known as the Sum of the Digits Method. No refund shall be made if the amount is less than one dollar, unless a specific request is made by the person entitled to the refund.

**FILING A CLAIM. Notice of loss.** You must notify the Creditor, or Us of any loss or damage as soon as possible. You will be furnished with a claim form by the Creditor or by Us. If You do not receive claim forms within 15 days after the notice of loss, then You will be deemed to have complied with the filing of the notice of loss. **Proof of loss:** Written proof of loss or damage must be filed with Us, Our agent, or the Creditor within 90 days from the date of loss or damage, or as soon as reasonably possible.

**SETTLEMENT OF CLAIMS.** All covered claims shall be paid within 60 days after Our receipt of satisfactory proof of loss.

**PAIR, SET OR PARTS.** In the event of a loss to a pair, set, or parts, We will be liable as follows:

1. for any article that is a part of a pair or set: We will pay a reasonable and fair proportion of the total value of the pair or set. In no event will such loss mean total loss of the pair or set.
2. for any part of property that consists of several parts when completed, We will be liable only for the value of the part lost or damaged.

**APPRAISAL.** An appraisal procedure is provided in the event that the Creditor, You, and the Company cannot agree on the amount of loss. It shall be used if either party requests it in writing within 60 days after proof of loss is received by Us. The procedure is as follows:

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2. If the appraisers fail to agree on an umpire after 15 days, the selection shall be made by a judge of a court of record in the county and state in which the appraisal is pending. The Creditor, You, or the Company may request this step.
3. The appraisers shall then appraise the loss at a reasonable time and place. They shall state replacement cost or repair cost at the time of loss. If they fail to agree on any points, they shall submit their differences to the umpire. A decision in writing of any two shall determine the amount of loss.
4. Each party shall pay their own appraiser and bear equally the other expenses of the appraisal and umpire.
5. We do not surrender any rights by any act relating to appraisal.

**SUIT.** No suit, action or proceeding for the recovery of any claim under this Certificate shall be sustainable in any court of law or equity unless, as a condition precedent thereto, there have been full compliance with all the terms of this Certificate nor until 60 days after proof of loss has been filed with the Company, nor at all unless started within 3 years after proof of loss has been filed with the Company. However, that if by the laws of the State within which this Certificate is issued such time limitation is changed, than any such action, suit, or proceeding shall be commenced within the limit of time permitted by the laws of such state.

**MISREPRESENTATION AND FRAUD.** This Certificate shall cease if You:

1. have concealed or misrepresented any material fact in the application for insurance or proof of loss; or
2. are guilty of fraud, attempted fraud, or false swearing relating to any matter of this insurance.

**SUBROGATION.** If payment is made under this Certificate, We are entitled to recover such amounts from other parties or persons. Any party or person to or for whom We make payment must transfer to Us his or her rights to recovery against any other party or person. You must do everything necessary to secure these rights and must do nothing that would jeopardize them, or these rights will be recovered from You.

**CHANGES.** Notice to Us or Our authorized agents, or knowledge possessed by Us or any authorized agent, of a fact concerning this insurance shall not be considered a waiver or a change in any part of this Certificate. In addition, We maintain all rights under this Certificate. None of the terms of this Certificate may be waived or changed except by an endorsement issued to form a part of this Certificate.

**NO BENEFIT TO BAILEE.** This insurance shall not inure directly or indirectly to the benefit of any carrier or other bailee.

**CONFORMITY WITH STATE STATUTES.** Any provision of the Certificate which, on its effective date, is in conflict with the statutes of the state, District of Columbia, or territory in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

**COMPLAINT NOTICE**

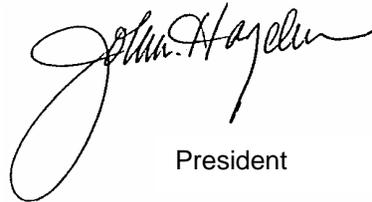
Should any dispute arise about your premium or about a claim that you have filed, contact the agent who issued this Policy or "Policyholder Service" – American Family Home Insurance Company, P.O. Box 119, Cincinnati, OH 45201-0119, Telephone Number 870-483-6355. If the Company fails to provide you with reasonable and adequate service, you should feel free to contact: Arkansas Insurance Department, Consumer Services Division, 1200 W. 3<sup>rd</sup> St., Little Rock, AR 72201-1904, Telephone Number (501) 371-2640 or (800) 852-5494.

**FRAUD NOTICE**

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Secretary



President

*SERFF Tracking Number:*    *AMMH-125677105*                      *State:*                      *Arkansas*  
*Filing Company:*            *American Family Home Insurance Company*    *State Tracking Number:*    *EFT \$50*  
*Company Tracking Number:*    *PPAR0608*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0002 Personal Property (Fire and Allied*  
*Lines)*  
  
*Product Name:*                      *Personal Property*  
*Project Name/Number:*            */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125677105 State: Arkansas  
 Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PPAR0608  
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: Personal Property  
 Project Name/Number: /

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	AR Personal Property Rate/Rule	Rate/Rule-PP-AR (06-08)	New	Personal Property Rate and Rule Page.pdf



# American Family Home Insurance Company

Jacksonville, Florida

Main Administrative Office & Mailing Address

P.O. Box 119, Cincinnati, Ohio 45201-0119

## Single Premium Group Personal Property Installment Floater

### Rates and Rules Page

**RATES:** Dual interest with evidence of forced entry required for theft to be covered is \$2.50 per \$100 of indebtedness per year.

Dual interest with no evidence of forced entry required for theft to be covered is \$3.90 per \$100 of indebtedness per year.

**FORMS:**

PPMP-AR (06-08)	Group Master Policy
PPC250-AR (06-08)	Certificate of Insurance
PPC390-AR (06-08)	Certificate of Insurance

**COVERAGE:  
DUAL INTEREST**

ALL RISK credit property insurance that protects the value of the consumer goods supplied as collateral on a loan. The coverage protects the interest of both the creditor and debtor and insures the replacement value of the property in the event of loss except for loss due to.

1. or expense resulting from loss of use, delay or any other consequential or indirect loss or damage;
2. resulting from mechanical or electrical breakdown or blowout, inherent vice or defect, neglect, wear and tear or gradual deterioration; Also from other electrical disturbances within the property insured.;
3. resulting from delay, loss of market, bankruptcy, foreclosure or similar proceedings;
4. from breakage of glass, or similar fragile merchandise, unless caused by a peril insured under this Policy;
5. due to rain, snow, sand or dust, whether driven by wind or not, unless the building containing the insured Property shall first sustain actual damage to the roof or walls caused by the direct force of wind or hail. We will then be liable for such loss to the insured Property as may be caused by rain, snow, sand or dust entering the building through the openings in the roof or walls made by direct action of wind or hail;
6. resulting from continuous or repeated seepage of water or steam, which occurs over a period of time, within a plumbing, heating or air conditioning system or from within an appliance;
7. caused by or resulting from war, including hostile or warlike action by any government of sovereign power, legal or actual, their military authority or agent, or by any armed forces; or action taken by governmental or public authority in hindering, combating, or defending against such an occurrence;
8. caused by nuclear reaction, nuclear radiation, or radioactive contamination;
9. caused by or resulting from dishonest acts by You, the Debtor, or employees of either;
10. due to burglary, robbery, holdup, vandalism or malicious mischief committed by You, the Debtor, or relative of either;

11. from breakage of statuary, marble, glassware, bric-a-brac, porcelain or similar fragile articles unless caused by fire, lightning, aircraft, theft or attempted theft, windstorm, earthquake, flood, explosion, malicious damage or collision, derailment or overturning of a conveyance.
12. to Aircraft, Motor Vehicles, Boats, Jewelry, Furs, Fine Art, Clothing, Salesman's samples or Articles held for resale.
13. or damage originating through the willful action, knowledge or intent of the Debtor or member of the Debtor's family permanently residing in the same household.
14. due to conversion, embezzlement or secretion by any person in lawful possession of the Property under a contract.
15. to Property used in illicit trade or transportation.

**CANCELLATION:**

Refunds will be computed using the Rule of 78's basis.

SERFF Tracking Number: AMMH-125677105 State: Arkansas  
 Filing Company: American Family Home Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: PPAR0608  
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: Personal Property  
 Project Name/Number: /

## Supporting Document Schedules

**Bypassed -Name:** Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines  
**Bypass Reason:** This document is not required.  
**Comments:**

**Review Status:**  
Approved 06/13/2008

**Bypassed -Name:** HPCS-Homeowners Premium Comparison Survey  
**Bypass Reason:** This document is not required.  
**Comments:**

**Review Status:**  
Approved 06/13/2008

**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp  
**Bypass Reason:** This document is not required.  
**Comments:**

**Review Status:**  
Approved 06/13/2008

**Bypassed -Name:** Uniform Transmittal Document-Property & Casualty  
**Bypass Reason:** Arkansas P&C Transmittal Document is attached below.  
**Comments:**

**Review Status:**  
Approved 06/13/2008

**Satisfied -Name:** Arkansas P & C Transmittal Document  
**Comments:**  
**Attachment:**  
 Arkansas P & C Trans. Document.pdf

**Review Status:**  
Approved 06/13/2008

**Property & Casualty Transmittal Document**

<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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
American Modern Insurance Group, Inc.	01279

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
American Family Home Insurance Company	Florida	#23450	31-0711074	

<b>5. Company Tracking Number</b>	PPAR0608
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Joe R. Elms American Family Home Insurance Company 7000 Midland Blvd. Amelia, OH 75102-2607	Compliance Analyst	800-890-6980, ext. (9) 6424	513-388-5152	jelms@amig.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Joe R. Elms		

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

<b>9. Type of Insurance (TOI)</b>	Credit-Personal Property
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Personal Property
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	[ ] Rate/Loss Cost [ ] Rules [ ] Rates/Rules [ ] Forms [x] Combination Rates/Rules/Forms [ ] Withdrawal [ ] Other (give description)
<b>14. Effective Date(s) Requested</b>	New: Upon Approval      Renewal: Upon Approval
<b>15. Reference Filing?</b>	[ ] Yes [x] No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	[x] Not Filed [ ] Pending [ ] Authorized [ ] Disapproved

**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PPAR0608
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Dear Sirs:

Enclosed for your review and approval is one specimen copy of the above listed forms and rate/rule page. These forms are new and do not intend to replace and form previously approved by your Department.

The forms provide dual interest credit personal property insurance and are written on an all risk basis. The property insured is personal property used as collateral for a loan from a bank, finance company or credit union. The form may also be used to cover property purchased from a retailer that has been financed.

We have submitted two certificates. The certificates are identical with the exception of the language in the "INSURED PERILS" section of each certificate. Form PPC-250-AR (06-08) requires that visible evidence of forced entry be present for as theft claim to be considered under the certificate. Form PPC-390-AR (06-08) does not require the visible evidence of forced entry be present for as theft claim to be considered. These coverage options must be elected by the creditor in the master policy application.

Also enclosed is a Rate/Rule page for this program which outlines the rates per \$100 of coverage per year.

<b>22.</b>	<b>Filing Fees</b> (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]
<b>Check #:</b> <b>Amount:</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

**\*\*\*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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PPAR0608
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	PPARRR0608
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Personal Property Group Policy Application	PPMPA-AR (06-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Personal Property Group Policy	PPMP-AR (06-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Personal Property Individual Application	APP-IND-PP-US (06-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Personal Property Certificate (2.50 Rate)	PPC-250-AR (06-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Personal Property Certificate (3.90 Rate)	PPC-390-AR (06-08)	<input checked="" 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PPAR0608
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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4a. Rate Change by Company (As Proposed)							
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)
American Family Home Insurance Company	N/A (New Program)	N/A (New Program)	N/A (New Program)	N/A (New Program)	N/A (New Program)	N/A (New Program)	N/A (New Program)

4b. Rate Change by Company (As Accepted) For State Use Only							
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)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A (New Program)	
5b	Overall percentage rate impact for this filing	N/A (New Program)	
5c	Effect of Rate Filing – Written premium change for this program	N/A (New Program)	
5d	Effect of Rate Filing – Number of policyholders affected	N/A (New Program)	

<b>6.</b>	Overall percentage of last rate revision	N/A (New Program)
<b>7.</b>	Effective Date of last rate revision	N/A (New Program)
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A (New Program)

<b>9.</b>	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rate/Rule-PP-AR (06-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	