

SERFF Tracking Number: ASPX-125665024 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: CM AR03033AIF01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Inventory Protection
Project Name/Number: Inventory Protection/CM AR03033AIF01

Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: Inventory Protection	SERFF Tr Num: ASPX-125665024	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: CM AR03033AIF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI AssurantPC	Disposition Date: 06/05/2008
	Date Submitted: 05/23/2008	Disposition Status: Approved
Effective Date Requested (New): 05/30/2008		Effective Date (New): 05/30/2008
Effective Date Requested (Renewal): 05/30/2008		Effective Date (Renewal): 05/30/2008

State Filing Description:

General Information

Project Name: Inventory Protection	Status of Filing in Domicile:
Project Number: CM AR03033AIF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/05/2008	Deemer Date:
State Status Changed: 06/05/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
RE: AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA	
NAIC# 019-10111 / FEIN 59-0593886	
Inventory Protection Program	
Company Filing #: INV CM AR03033AIF01	
Line of Business: 9.0 Commercial Inland Marine	

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FORM FILING (for approval)

AJ9713EPC-0408 Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses Endorsement (new)

N8051-0108 Disclosure Notice Pursuant to Terrorism Risk Insurance Act

(Replaces N8051-0306)

Related Filing Documents

Expedited Terrorism Filing Transmittal

Dear Examiner:

We would like to add our new terrorism endorsement AJ9713EPC-0408 to this program - this form defines a certified act of terrorism and explains coverage provided under the Terrorism Risk Insurance Act. We would also like to replace our terrorism notice with N8051-0108 - the insurer name and policy number are bracketed and will be completed upon issuance. We have submitted a corresponding rule filing separately under Company Filing Number INV CM AR03033AIR01.

We wish to request an effective date of on or after May 30, 2008 for new and renewal business.

Thank you kindly for your attention to this submission. Please contact me with any questions at 800-852-2244, extension 33236 or via email at Annette.Thomas@assurant.com

Company and Contact

Filing Contact Information

Annette Thomas,
11222 Quail Roost Drive (305) 253-2244 [Phone]
Miami, FL 33157 (305) 252-6987[FAX]

Filing Company Information

American Bankers Insurance Company of CoCode: 10111 State of Domicile: Florida

SERFF Tracking Number: ASPX-125665024 State: Arkansas
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Project Name/Number: Inventory Protection/CM AR03033AIF01

Florida

11222 Quail Roost Dr
Miami, FL 33157
(305) 253-2244 ext. [Phone]

Group Code: 19 Company Type:
Group Name: Assurant, Inc. Group State ID Number:
FEIN Number: 59-0593886

SERFF Tracking Number: ASPX-125665024 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Bankers Insurance Company of Florida	\$50.00	05/23/2008	20491138

SERFF Tracking Number: ASPX-125665024 State: Arkansas
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Company Tracking Number: CM AR03033AIF01
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Product Name: Inventory Protection
Project Name/Number: Inventory Protection/CM AR03033AIF01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/05/2008	06/05/2008

SERFF Tracking Number: ASPX-125665024 *State:* Arkansas
Filing Company: American Bankers Insurance Company of *State Tracking Number:* EFT \$50
Florida
Company Tracking Number: CM AR03033AIF01
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine
Product Name: Inventory Protection
Project Name/Number: Inventory Protection/CM AR03033AIF01

Disposition

Disposition Date: 06/05/2008

Effective Date (New): 05/30/2008

Effective Date (Renewal): 05/30/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125665024 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: CM AR03033AIF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Inventory Protection
 Project Name/Number: Inventory Protection/CM AR03033AIF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Transmittal, Cover Letter	Approved	Yes
Supporting Document	Certificate of Compliance	Approved	Yes
Form	Disclosure Notice Pursuant to Terrorism Risk Insurance Act	Approved	Yes
Form	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses End.	Approved	Yes

SERFF Tracking Number: ASPX-125665024 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: CM AR03033AIF01
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Inventory Protection
 Project Name/Number: Inventory Protection/CM AR03033AIF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice Pursuant to Terrorism Risk Insurance Act	N8051-	0108	Disclosure/ Replaced Notice	Replaced Form #:0.00 N8051- Previous Filing #:		N8051-.PDF
Approved	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses End.	AJ9713EP0408 C-		Endorsement/New Amendment/Conditions		0.00	AJ9713EPC-.PDF

DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

Coverage for acts of terrorism is already included in your current policy or new/renewal premium quotation.

The premium that is attributable to coverage for acts of terrorism has been waived for the current policy term. Future premium charges for terrorism coverage, if any, will be made at the time of your next policy renewal.

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

If you should have any questions regarding this notice, please contact your independent insurance agent or insurance company.

[Insurer]

[Policy Number]

American Bankers Insurance Company of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596•305. 253.2244]

INVENTORY PROTECTION PROGRAM CERTIFIED ACTS OF TERRORISM COVERAGE AND CAP ON CERTIFIED ACTS LOSSES

THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.

Your policy/certificate covers certified acts of terrorism.

“Certified act of terrorism” - means an act that is certified by the Secretary of the Treasury, in accordance with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act.

The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is:
 - (a) Dangerous to human life, property or infrastructure; and
 - (b) Is committed by an individual or individuals as part of an effort to:
 - i. Coerce the civilian population of the United States; or
 - ii. To influence the policy or affect the conduct of the United States Government by coercion.

The United States Government, Department of Treasury, will pay a share of terrorism losses insured under the

federal program. Under the formula the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by us. However, if aggregate insured losses attributable to certified acts of terrorism exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury will not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year and we have met our insurer deductible under the Terrorism Risk Insurance Act:

1. We shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion; and
2. Insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

This endorsement does not create coverage for any loss that would be otherwise excluded under the War or Nuclear exclusion in your policy/certificate.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY/CERTIFICATE REMAIN THE SAME.

SERFF Tracking Number: ASPX-125665024 *State:* Arkansas
Filing Company: American Bankers Insurance Company of *State Tracking Number:* EFT \$50
Florida
Company Tracking Number: CM AR03033AIF01
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine
Product Name: Inventory Protection
Project Name/Number: Inventory Protection/CM AR03033AIF01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125665024 State: Arkansas
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Florida
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Inventory Protection
Project Name/Number: Inventory Protection/CM AR03033AIF01

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/05/2008
Bypass Reason: N/A
Comments:

Satisfied -Name: Transmittal, Cover Letter **Review Status:** Approved 06/05/2008
Comments:
Attachments:
Transmittal.PDF
Cover Letter.PDF

Satisfied -Name: Certificate of Compliance **Review Status:** Approved 06/05/2008
Comments:
Attachment:
Certificate of Compliance.PDF

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
American Bankers Insurance Company of Florida	FL	0019-10111	59-0593886

Contact Info for Filer			
Name and address of Filer(s)	Telephone #	FAX #	e-mail
Annette Thomas 11222 Quail Roost Drive Miami FL 33157	305-253-2244 Ext.33236	305-252-6987	Annette.Thomas@assurant.com

Filing information	
Line of Insurance	Commercial Inland Marine
Company Program Title (Marketing title) (if applicable)	Inventory Protection
Filing Type	Form Filing
This filing is used with:	Inventory Protection Program
Effective Date Requested	On or After 05/30/2008
Filing date	05/23/08
Company Tracking Number	INV CM AR03033AIF01
Date filing approved in domiciliary state, if applicable	N/A

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Disclosure Notice Pursuant to Terrorism Risk Insurance Act	N8051-0108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	N8051-0306	
02	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses End.	AJ9713EPC-0408	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope large enough to accommodate the return.

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 and the laws of this state, and
Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Annette Thomas
Print Name

Manager
Title



ASSURANT

American Bankers Insurance
Company of Florida
11222 Quail Roost Drive
Miami, FL 33157-6596
T 305.253.2244 F 305.252.6987

May 23, 2008

www.assurant.com

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

RE: AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

NAIC# 019-10111 / FEIN 59-0593886

Inventory Protection Program

Company Filing #: INV CM AR03033AIF01

Line of Business: 9.0 Commercial Inland Marine

FORM FILING (for approval)

AJ9713EPC-0408 Certified Acts of Terrorism Coverage and Cap on Certified Acts
Losses Endorsement (new)

N8051-0108 Disclosure Notice Pursuant to Terrorism Risk Insurance Act
(Replaces N8051-0306)

Related Filing Documents

Expedited Terrorism Filing Transmittal

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We wish to request an effective date of on or after May 30, 2008 for new and renewal business.

Thank you kindly for your attention to this submission. Please contact me with any questions at 800-852-2244, extension 33236 or via email at Annette.Thomas@assurant.com

Sincerely,

Annette Thomas
Manager
State Filings
American Bankers Insurance Company of Florida
cc: INV AR_F1

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Jacqueline Aguilar, Vice President of
(Name) (Title of Authorized Officer)

American Bankers Insurance Company of Florida
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> ▶	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ▶ CM AR03033AIF01	
Signature of Authorized Officer ▶	<i>Jacqueline Aguilar</i>
Name of Authorized Officer ▶	Jacqueline Aguilar
Title of Authorized Officer ▶	Vice President
Email address of Authorized Officer ▶	
Telephone # of Authorized Officer ▶	305-253-2244
Date ▶	May 23, 2008

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us