

SERFF Tracking Number: ASPX-125668504 State: Arkansas  
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50  
Florida  
Company Tracking Number: CM AR02178AIF01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Self-Storage  
Project Name/Number: Self-Storage/CM AR02178AIF01

## Filing at a Glance

Company: American Bankers Insurance Company of Florida

Product Name: Self-Storage	SERFF Tr Num: ASPX-125668504	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 AR02178AIF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: SPI AssurantPC	Disposition Date: 06/11/2008
	Date Submitted: 05/28/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal): 07/01/2008

State Filing Description:

## General Information

Project Name: Self-Storage	Status of Filing in Domicile:
Project Number: CM AR02178AIF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/11/2008	Deemer Date:
State Status Changed: 06/09/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
RE: AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA	
NAIC# 019-10111 / FEIN 59-0593886	
Commercial Inland Marine Self-Storage Insurance Program	
Company Filing #: SFLCM AR02178AIF01	
Line of Business: 9.0 Commercial Inland Marine	

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#### FORM FILING - NEW PROGRAM - (for approval)

AJ9375PPC-0807 Master Policy

AJ9805EPC-0408 Mandatory Amendatory Endorsement to Master Policy

AJ9376CPC-0807 Certificate of Insurance

AJ9806EPC-0408 Mandatory Amendatory Endorsement to Certificate

AJ9663EPC-0208 Rodent & Vermin Damage Coverage Endorsement to Master Policy

AJ9496EPC-0807 Replacement Cost Settlement Endorsement to Master Policy

AJ9664EPC-0208 Rodent & Vermin Damage Coverage Endorsement to Certificate

AJ9498EPC-0807 Replacement Cost Settlement Endorsement to Certificate

AJ9757EPC-0408 Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses Endorsement

N8051-0108 Disclosure Notice Pursuant to Terrorism Risk Insurance Act

N1504-1104 Arkansas Consumer Notice

#### Related Filing Documents

Certification

Forms Abstract; Form Filing Schedule; P&C Transmittal

American Bankers Insurance Company of Florida would like to submit our Commercial Inland Marine Self-Storage Insurance Program for your review and approval.

This group program provides coverage for personal property while stored within a storage space leased or rented by the master policyholder to the insured. The master policy is provided to the self storage facility, while the certificate of insurance is provided to the insured who leases or rents storage space from the master policyholder/self storage facility.

Coverage is provided on a named peril basis and coverage also includes Burglary or Holdup, Debris Removal and Extra Rental Expense. Two plan options are available at different premium rates - the Standard Plan provides a Burglary benefit of 100% of the amount of insurance, while the Reduced Plan provides a Burglary benefit of 50% of the amount of insurance. There is a minimum loss amount of \$100.

We are also offering two optional endorsements - the Rodent & Vermin Damage Coverage Endorsement and the

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Replacement Cost Settlement Endorsement. Each endorsement is available for a flat monthly fee. Premiums are charged monthly and the program has a monthly installment billing fee of \$1, which is added to the premium amount.

Our company would like to have the option of moving boxes and reformatting text to accommodate marketing requirements and the printing of our forms. The format of the forms may vary depending on our clients' needs (e.g. paper size, electronic distribution, etc.), but the language will remain the same as approved by your Department. The administrative office address, stock insurance company information and officer signatures are bracketed on all forms so we may amend the forms without re-filing in the event this information changes. On the Master Policy, the countersignature and authorized representative sections are bracketed as they will only be used where required.

On the Disclosure Notice Pursuant to TRIA, the insurer name and policy number are bracketed and will be completed upon issuance (the insurer for this program is American Bankers Insurance Company Of Florida.)

As rates for commercial inland marine are exempt from filing, we are not submitting a corresponding rate filing for this new program.

We wish to request an effective date of July 1, 2008 for this new program.

Please contact me with any questions at 800-852-2244, extension 35369 or via email at Tina.Walker@assurant.com.

## Company and Contact

### Filing Contact Information

Tina Walker, Contract Development Analyst Tina.Walker@assurant.com  
11222 Quail Roost Drive (305) 253-2244 [Phone]  
Miami, FL 33157 (305) 252-6987[FAX]

### Filing Company Information

American Bankers Insurance Company of Florida CoCode: 10111 State of Domicile: Florida  
11222 Quail Roost Dr Group Code: 19 Company Type:  
Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:  
(305) 253-2244 ext. [Phone] FEIN Number: 59-0593886

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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	05/28/2008	20536426

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/11/2008	06/11/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Llyweyia Rawlins	06/09/2008	06/09/2008	SPI AssurantPC	06/11/2008	06/11/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Mandatory Amendatory End to MP	Form	SPI AssurantPC	06/11/2008	06/11/2008
Mandatory Amendatory End to Cert	Form	SPI AssurantPC	06/11/2008	06/11/2008
Enrollment Form	Form	SPI AssurantPC	06/11/2008	06/11/2008

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## **Disposition**

Disposition Date: 06/11/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter, Certification	Approved	Yes
<b>Form (revised)</b>	Enrollment Form	Approved	Yes
<b>Form</b>	Enrollment Form	Approved	Yes
<b>Form</b>	Rodent & Vermin Damage Coverage End to MP	Approved	Yes
<b>Form</b>	Rodent & Vermin Damage Coverage End to Cert	Approved	Yes
<b>Form</b>	Disclosure Notice Pursuant to Terrorism Risk Insurance Act	Approved	Yes
<b>Form</b>	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses End.	Approved	Yes
<b>Form</b>	Master Policy	Approved	Yes
<b>Form</b>	Certificate of Insurance	Approved	Yes
<b>Form</b>	Replacement Cost Settlement End to Master Policy	Approved	Yes
<b>Form</b>	Replacement Cost Settlement End to Certificate	Approved	Yes
<b>Form (revised)</b>	Mandatory Amendatory End to MP	Approved	Yes
<b>Form</b>	Mandatory Amendatory End to MP	Approved	Yes
<b>Form (revised)</b>	Mandatory Amendatory End to Cert	Approved	Yes
<b>Form</b>	Mandatory Amendatory End to Cert	Approved	Yes
<b>Form</b>	Arkansas Consumer Notice	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/09/2008  
Submitted Date 06/09/2008  
Respond By Date 06/20/2008

Dear Tina Walker,

Form missing from Form Schedule for Enrollment Form - A8037APC

Form: AJ9375PPC and AJ9375CPC

The applicable provision of the Arkansas Statute of Limitations of the Arkansas General Code, allows five (5) years in which to commence litigation for this insurance contract. You may amend by extending the time limit to five (5) years or by stating, "within the time allowed by law."

Sincerely,  
Llyweyia Rawlins

Please feel free to contact me if you have questions.

Sincerely,  
Llyweyia Rawlins

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/11/2008  
Submitted Date 06/11/2008

Dear Llyweyia Rawlins,

### Comments:

Thank you for your correspondence.

### Response 1

Comments: The enrollment form and revised mandatory amendatory endorsements have been submitted as filing amendments.



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**Amendment Letter**

Amendment Date:  
 Submitted Date: 06/11/2008

**Comments:**  
 Please find attached the revised mandatory amendatory endorsements.

**Changed Items:**  
**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Mandatory Amendatory End to MP	AJ9805EPC-0408		Endorsement/Amendment/Conditions	New			0	AJ9805EPC-.PDF
Mandatory Amendatory End to Cert	AJ9806EPC-0408		Endorsement/Amendment/Conditions	New			0	AJ9806EPC-.PDF

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 Product Name: Self-Storage  
 Project Name/Number: Self-Storage/CM AR02178AIF01

**Amendment Letter**

Amendment Date:  
 Submitted Date: 06/11/2008

**Comments:**

The enrollment form has been attached.

**Changed Items:**

**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Enrollment Form	A8037APC-	1207	Applicati on/Binde r/Enrollm ent	New			0	A8037APC-.PDF

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Enrollment Form	A8037AP C-	1207	Application/ New Binder/Enrollment		0.00	A8037APC-.PDF
Approved	Rodent & Vermin Damage Coverage End to MP	AJ9663EP0208 C-		Endorsement/Amendment/Conditions		0.00	AJ9663EPC-.PDF
Approved	Rodent & Vermin Damage Coverage End to Cert	AJ9664EP0208 C-		Endorsement/Amendment/Conditions		0.00	AJ9664EPC-.PDF
Approved	Disclosure Notice Pursuant to Terrorism Risk Insurance Act	N8051-0108		Disclosure/ New Notice		0.00	N8051-.PDF
Approved	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses End.	AJ9757EP0408 C-		Endorsement/Amendment/Conditions		0.00	AJ9757EPC-.PDF
Approved	Master Policy	AJ9375PP0807 C-		Policy/Coverage Form		0.00	AJ9375PPC-.PDF
Approved	Certificate of Insurance	AJ9376CP0807 C-		Certificate New		0.00	AJ9376CPC-.PDF
Approved	Replacement Cost Settlement End to Master Policy	AJ9496EP0807 C-		Endorsement/Amendment/Conditions		0.00	AJ9496EPC-.PDF
Approved	Replacement Cost Settlement End to Certificate	AJ9498EP0807 C-		Endorsement/Amendment/Conditions		0.00	AJ9498EPC-.PDF

<i>SERFF Tracking Number:</i>	<i>ASPX-125668504</i>	<i>State:</i>	<i>Arkansas</i>		
<i>Filing Company:</i>	<i>American Bankers Insurance Company of Florida</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>		
<i>Company Tracking Number:</i>	<i>CM AR02178AIF01</i>				
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>		
<i>Product Name:</i>	<i>Self-Storage</i>				
<i>Project Name/Number:</i>	<i>Self-Storage/CM AR02178AIF01</i>				
Approved	Mandatory	AJ9805EP0408	Endorsement/Amendment/Conditions	0.00	AJ9805EPC-.PDF
	Amendatory End C-to MP				
Approved	Mandatory	AJ9806EP0408	Endorsement/Amendment/Conditions	0.00	AJ9806EPC-.PDF
	Amendatory End C-to Cert				
Approved	Arkansas	N1504- 0408	Disclosure/ New Notice	0.00	N1504-.PDF
	Consumer Notice				



# American Bankers Insurance Company Of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE ENROLLMENT FORM

As a condition of leasing the storage unit shown below, the storage facility requires the occupant of the storage unit ("Lessee") to insure the Lessee's property against fire, smoke, explosion, windstorm and water damage. The Lessee may participate in coverage arranged by the storage facility; this coverage will be provided through a licensed Agent. NEITHER THE STORAGE COMPANY NOR THE LEASING AGENT ARE INSURANCE AGENTS.

DIRECT QUESTIONS TO [BADER COMPANY – Toll Free Phone: 888-223-3726 or Fax 888-329-2237].

LESSEE INFORMATION ( Print Clearly )	SITE INFORMATION ( Print Clearly )
Lessee's Name(s): _____	Facility _____
Lessee's Address _____	Address _____
City, State, Zip _____	[County,] City, State, Zip _____
Daytime Phone # _____ Unit # _____	Disk/ Cylinder Lock (select) <input type="checkbox"/> YES <input type="checkbox"/> NO
Effective Date ____ / ____ / _____	Site ID _____

**COVERAGE SELECTION ( Select One )**

The Commercial Inland Marine Self-Storage Insurance Program provides coverage for your personal property while it is stored in the storage facility. The program is written through American Bankers Insurance Company of Florida and coverage is subject to their underwriting requirements. Coverage is not "all risk" and flood coverage is not provided. The program has a \$100 minimum loss amount. Property stored in open lots or non-fully enclosed, secured garages or storage units is not eligible.

Note: Application for coverage while the storage facility is under a wildfire or hurricane alert, watch or warning will not become effective until 12:01 a.m. the day after the alert, warning or watch is lifted. This enrollment form contains only a general description of coverage and does not constitute an insurance contract. You will be provided a Certificate of Insurance.

Check one: Coverage:  [\$\_\_\_\_\_]  [\$\_\_\_\_\_]  [\$\_\_\_\_\_]  Other: \$\_\_\_\_\_ [(up to \$20,000)]  
Monthly Premium: [\$\_\_\_\_\_] [\$\_\_\_\_\_] [\$\_\_\_\_\_] Code: \_\_\_\_\_

Type of Goods Stored:  Household Goods/Personal Property  
 Business/Trade Property (describe) \_\_\_\_\_  
 Vehicle, Boat/Trailer (describe) \_\_\_\_\_

**ACKNOWLEDGEMENT & AUTHORIZATION ( Read and Sign Below )**

I agree to enroll in the Commercial Inland Marine Self-Storage Insurance Program [from Bader Company, a licensed insurance agency,] and to pay the monthly premium when due. I understand there is a [\$1] monthly installment-billing fee added to the monthly premium amount. I accept the storage facility's offer to receive the monthly insurance premium from me and to forward the amount to the insurance company or agent on my behalf. I understand the storage facility is not responsible for paying my premiums if I fail to make payment and I understand that failure to pay my premium when due will result in cancellation of the insurance.

By signing below, I acknowledge that I understand the insurance I have agreed to purchase will terminate if my premium due is more than 30 days delinquent under the terms of my certificate of insurance. I authorize re-instatement of said insurance under the same terms and conditions without completing a new insurance application form under the following circumstances:

1. I am still renting the same unit shown on my original insurance enrollment form.
2. I understand that I will NOT be charged premium for the period during which coverage had been terminated and that there is NO INSURANCE COVERAGE for the period during which coverage had been terminated.
3. There is no loss or damage to any property stored in this unit.

If there was damage to, or loss of, any property stored in the unit that occurred after the coverage terminated for non-payment, I understand that the insurance will not apply to this loss or damage and I agree that I will not file a claim for said loss or damage with the insurance company or storage facility.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL COMPLETED FORMS TO:**

[Storage Insurance - Bader Company] [9777 N. College Avenue] [Indianapolis, IN 46280-1628]	Agent: [Robert N. Bader] [CA License OB41561]
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## **FRAUD NOTICE**

[Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties. (Applicable in AR, HI, LA, ME, NY, OH, PA, TN, VA.)]

[District of Columbia: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.]

[Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]

[Kentucky: Any person who knowingly and with intent to defraud any insurance company, or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commit a fraudulent insurance act, which is a crime.]

[New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]

[New Mexico: Any person who knowingly presents a false or 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 civil fines and criminal penalties.]

[Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.]

# American Bankers Insurance Company of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM RODENT AND VERMIN DAMAGE COVERAGE ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE MASTER POLICY. PLEASE READ IT CAREFULLY.**

For an additional premium ~~amount~~, the insured may purchase coverage for loss or damage caused by rodents or vermin. The Master Policy is amended as follows:

**COVERAGES**, Item. H. is added:

- H. Rodents or vermin.

**EXCLUSIONS**, Item C. is deleted and replaced with the following:

- C. Loss or damage caused by wear and tear, gradual deterioration, inherent vice, latent defect, moths, insects, mildew, wet or dry rot, atmospheric conditions and/or changes in temperature (freezing), breakage of glass or similar fragile articles; decay, loss of use or market value.

**ALL OTHER TERMS AND CONDITIONS OF THE MASTER POLICY REMAIN THE SAME.**

# American Bankers Insurance Company of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM RODENT AND VERMIN DAMAGE COVERAGE ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE CERTIFICATE OF INSURANCE. PLEASE READ IT CAREFULLY.**

In return for an additional premium ~~amount~~, we agree with you that loss or damage caused by rodents and vermin is covered under this ~~C~~ertificate of ~~I~~nsurance.

**COVERAGES**, Item. H. is added:

H. Rodents or vermin.

**EXCLUSIONS**, ~~Item~~ C. is deleted and replaced with the following:

C. Loss or damage caused by wear and tear, gradual deterioration, inherent vice, latent defect, moths, insects, mildew, wet or dry rot, atmospheric conditions and/or changes in temperature (freezing), breakage of glass or similar fragile articles; decay, loss of use or market value.

**ALL OTHER TERMS AND CONDITIONS OF THE CERTIFICATE OF INSURANCE REMAIN THE SAME.**

## **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]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM CERTIFIED ACTS OF TERRORISM COVERAGE AND CAP ON CERTIFIED ACTS LOSSES

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

Your certificate/policy 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 in your certificate/policy.

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

MASTER POLICY NUMBER

# American Bankers Insurance Company Of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM MASTER POLICY

### DECLARATIONS

MASTER POLICYHOLDER (NAME AND ADDRESS)		AGENT (NAME AND ADDRESS)	
COVERAGE PERIOD EFFECTIVE _____ at 12:01 A.M. Standard Time MONTH DAY YEAR EXPIRATION: Continuous Until Cancelled or Terminated		OPTIONAL COVERAGES <input type="checkbox"/> REPLACEMENT COST SETTLEMENT <input type="checkbox"/> COVERAGE FOR RODENT / VERMIN DAMAGE	
Countersigned "if required" at _____ Date _____ Authorized Representative _____			

### INSURING AGREEMENT

IN CONSIDERATION FOR THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE APPLICATION OR ENROLLMENT STATEMENTS MADE BY THE INSURED AND SUBJECT TO THE LIMITS OF LIABILITY, EXCLUSIONS, CONDITIONS AND OTHER TERMS OF THIS MASTER POLICY, WE AGREE WITH YOU AND THE INSURED NAMED ON THE INDIVIDUAL CERTIFICATE OF INSURANCE UNDER THIS POLICY AS FOLLOWS:

### DEFINITIONS

In this Master Policy, the Master Policyholder (Lessor) will be referred to as either you, your, or yours. The person who is named on the individual Certificate of Insurance issued under this Master Policy will be referred to as the insured. American Bankers Insurance Company of Florida will be referred to as we, our or us.

### PROPERTY INSURED

The property insured under each Certificate of Insurance consists of the personal property of the insured while in storage within the storage space leased or rented by the insured from you.

### COVERAGES

THIS MASTER POLICY INSURES AGAINST DIRECT LOSS OR DAMAGE CAUSED BY:

- A. Fire and lightning;
- B. Windstorm, hail, tornado, hurricane, explosion, sonic boom, aircraft, self-propelled missiles, spacecraft, vehicles, smoke, earthquake, volcanic eruption, landslide, sink hole collapse, riot, strike or civil commotion;
- C. Falling objects, provided the building is first damaged by such falling objects, weight of ice, snow or sleet;
- D. Collapse of buildings or any part thereof;
- E. Water damage except as excluded under paragraph B of the EXCLUSIONS;
- F. Vandalism and malicious mischief;
- G. Fire or collision, upset or overturn of a motor vehicle or trailer upon which insured property is being transported while

such property is in transit to or from the storage space and within 100 miles of your storage facility.

THIS MASTER POLICY PROVIDES THE FOLLOWING COVERAGES UP TO THE AMOUNTS STATED BELOW:

- A. **BURGLARY OR HOLDUP:** The Standard Plan provides burglary or holdup coverage for 100% of the Amount of Insurance. The term "Burglary" means the act of stealing insured property by forcible entry into a securely locked storage space provided there are visible marks of such forcible entry upon the exterior of the storage space. The mere absence of a lock or padlock does not constitute visible marks of forcible entry. The term "Holdup" means the act of stealing insured property by violence or threat of violence against the insured, you or your employee to gain unlawful entry into a storage space. You or the insured must immediately report loss under this coverage to the appropriate law enforcement authority.

If the insured elects the Reduced Plan, the burglary or holdup coverage is reduced to 50% of the Amount of Insurance.

- B. **DEBRIS REMOVAL:** 25% of the Amount of Insurance for each insured to cover the necessary expense incurred in the removal of debris of the property following an insured loss.
- C. **EXTRA RENTAL EXPENSE:** 25% of the Amount of Insurance for each insured to cover the extra expense necessarily incurred by the insured for rental of substitute storage space when occupancy of the original storage space is prevented as a result of damage to such storage space by an insured peril.

### MAXIMUM INSURANCE BENEFIT

American Bankers Insurance Company of Florida shall not be liable for more than \$\_\_\_\_\_ on the insured property of any of one Certificate holder. This Master Policy covers the

interest of the Certificate holders in Personal Property only while in storage with the Master Policyholder.

### PREMIUM CHARGES

Insurance premium for each Certificate of Insurance issued under this Master Policy shall be computed according to the attached premium rate schedule.

### MINIMUM LOSS AMOUNT

We shall not pay for any loss covered by this policy from any one occurrence that results in a loss valued at \$100.00 or less. We will pay for the total amount of a covered loss, subject to Policy limits and conditions, if the amount of the lost or damaged property is valued at more than \$100.00.

### EXCLUSIONS

THIS MASTER POLICY DOES NOT COVER THE LOSSES STATED BELOW:

- A. Loss or damage of accounts, bills, currency, deeds, evidences of debt, securities, money, notes, animals, jewelry, watches, firearms, precious or semiprecious stones, furs, or garments trimmed in fur.
- B. Loss or damage caused by flood (meaning the rising of rivers, lakes or streams from natural causes), surface waters, waves, tidal water or tidal wave, or overflow of any other bodies of water. We do not cover spray from any of these whether or not driven by wind.
- C. Loss or damage caused by wear and tear, gradual deterioration, inherent vice, latent defect, moths, insects, rodents, vermin, mildew, wet or dry rot, atmospheric conditions and/or changes in temperature (freezing), breakage of glass or similar fragile articles; decay, loss of use or market value.
- D. Loss or damage caused by mechanical breakdown, short circuiting, blowout or other electrical disturbance within the insured property.
- E. Loss or damage caused by cigarettes or other smoking materials, unless fire ensues.
- F. Loss or damage caused by the neglect of the insured to use all reasonable means to save and preserve the insured property at and after the occurrence of any peril insured against, or when the insured property is endangered by an insured peril.
- G. Loss or damage caused by nuclear action, meaning nuclear reaction, radiation, radioactive contamination or discharge of a nuclear weapon, even if accidental, or any consequence of any of these. Loss caused by nuclear action is not considered loss by perils of fire, explosion or smoke. Direct loss by fire resulting from nuclear action is covered.
- H. Loss or damage caused by war (declared or undeclared), civil war, insurrection, rebellion or revolution.
- I. Loss or damage caused intentionally by the insured, or at the direction of the insured.
- J. Loss or damage of contraband, or caused by illegal transportation or trade.
- K. Accidental discharge of substances from within plumbing, heating, air conditioning or fire protective systems.
- L. Loss or damage caused by contaminants or hazardous materials.
- M. Loss or damage resulting from any activity in violation of the Lease Agreement.
- N. Loss or damage to vehicles or property stored in open lots or non fully enclosed and secured garages or storage units.
- O. Loss or damage caused by theft or mysterious disappearance.

### SPECIAL CONDITIONS

THIS POLICY IS SUBJECT TO THE FOLLOWING SPECIAL CONDITIONS.

- A. COVERAGE PERIOD: This insurance coverage will become effective under each Certificate of Insurance on the date indicated on the Certificate of Insurance at 12:01 A.M. Standard Time, at the address stated in the Certificate of Insurance. The insurance attaches from such time until the termination of the Rental Agreement between you and the insured, or when canceled as provided herein.
- B. VALUATION: The value of the property will be determined at the time of loss and will be the least of the following amounts:
  - (1) the actual cash value of the property;
  - (2) the cost of reasonably restoring the property to the condition immediately before the loss; or
  - (3) the cost of replacing the property with substantially identical property.
- C. OTHER INSURANCE: If a loss is also covered by other insurance, we will pay only the proportion of the loss that the Amount of Insurance bears to the total Amount of Insurance covering the loss.
- D. NOTICE TO COMPANY: You or the insured shall immediately report to us or our agent, every loss or damage which may become a claim under this Master Policy, and shall also file with us or our agent in writing within ninety (90) days from the date of loss, a detailed sworn proof of loss. Failure either to report said loss or damage or to file such written proof of loss as herein provided shall invalidate any claim under this Policy.
- E. CONCEALMENT, MISREPRESENTATION AND FRAUD: The insurance evidenced by this Master Policy and each Certificate of Insurance issued there under is void in any case of fraud by you or the insured relating to it. It is also void if you or the insured intentionally conceal or misrepresent any material fact concerning:
  - (1) the insurance evidenced by this Master Policy and each Certificate of Insurance issued there under;
  - (2) the covered property; or
  - (3) the ownership of the covered property, or
  - (4) the cause of loss or damage to covered property.
- F. EXAMINATION UNDER OATH: Before we pay for any loss, you or the insured will:
  - (1) permit us to inspect the damaged property before it is disposed of or repaired;
  - (2) send a sworn statement of loss containing the information we request to settle a claim, within 60 days of our request;
  - (3) agree to examinations under oath at our request;
  - (4) produce others for examination under an oath at our request;
  - (5) provide us with all records needed to prove the loss; and
  - (6) cooperate with us in the investigation or settlement of the loss.
- G. LOSS PAYMENT/OTHER RECOVERIES: We will pay any covered loss under the insurance evidenced by this Master Policy and each Certificate of Insurance issued there under within 30 days after we reach agreement with the insured, or after an entry of final judgment or the filing of any arbitration

award. We will not be liable for any part of a loss which has been paid by others.

H. ACTION AGAINST US: No action shall apply against us unless:

- (1) there has been full compliance with all the terms of this Master Policy and each Certificate of Insurance issued hereunder; and
- (2) the action is brought within one (1) year from the date when you or the insured discover the loss.

I. TRANSFER OF YOUR RIGHTS OF RECOVERY AGAINST OTHERS TO US: If any person or organization to or for whom we make payment under the insurance evidenced by this Master Policy and each Certificate of Insurance issued hereunder has a right to recover damages from another, that right must be transferred to us. That person or organization must do everything necessary to assist us, and must do nothing after the loss to hinder us in our recovery.

J. TERMINATION OF INSURANCE: The insurance evidenced by each Certificate of Insurance issued under this Master Policy shall automatically terminate without notice to the insured:

- (1) on the date the Rental Agreement between you and the insured is terminated;
- (2) in the event of the failure of the insured to pay the premium in full for this insurance within a grace period of thirty (30) days following the date the premium is due. The insurance evidenced by this Master Policy and each Certificate of Insurance issued hereunder may also be canceled as provided in the Cancellation clauses shown below.

K. CANCELLATION OF THE MASTER POLICY:

- (1) BY YOU – You may cancel this insurance by sending to us or to our authorized representative advance written notice of the date cancellation is to be effective.
- (2) BY US – We may cancel or not renew this Master Policy by sending written notice to you at least 45 days in advance of the date cancellation or non-renewal will be effective. The notice will state the reason for cancellation or non-renewal. If we mail the notice, proof of mailing will be sufficient proof of notice. If the reason for cancellation is nonpayment of premium, we will send you written notice at least 10 days in advance of the date cancellation will be effective.

After this insurance has been in effect for 60 days, we may only cancel the insurance for one of the following reasons:

- (a) You fail to pay the premium when due;

- (b) You make a material misstatement;
- (c) There is a substantial change in the exposure or risk unless you have notified us of the change and we have accepted such change;
- (d) You fail to comply with underwriting requirements established by us within 60 days of the date of effectuation of coverage.
- (e) When the cancellation is for all insureds under such policies for a given class of insureds.

In the event of cancellation of this Master Policy, the insurance evidenced by the Certificate of Insurance issued hereunder prior to the effective date of cancellation shall also be canceled effective on the same date. It is the obligation of the party canceling the Master Policy to mail written notice to each insured to the address last known to that party at the same time as the notice canceling the Master Policy. If you or we cancel, return premiums, if any, shall be computed on a pro-rata basis.

L. CANCELLATION OF THE CERTIFICATE OF INSURANCE: The insured may cancel this insurance by sending us or our authorized representative advance written notice of the date cancellation is to take effect. Premium for the month in which cancellation is effective is fully earned and no return premium shall be paid for that month. We may cancel or not renew this insurance by mailing or delivering written notice to the insured at least 45 days in advance of the date cancellation is to be effective (10 days if for nonpayment of premium.) The notice will state the effective date of cancellation, which ends the coverage period. If mailed, proof of mailing will be sufficient proof of notice. We will send the notice to the insured's address last known by us. If this insurance is canceled, the insured may be entitled to a premium refund. The refund will be pro-rata. The cancellation will be effective even if we have not made or offered a refund.

M. CONFORMITY WITH STATE STATUTES: If these terms of cancellation are in conflict with the laws of the state wherein this Certificate of Insurance is issued, they are hereby amended to conform to such statutes.

N. EXAMINATION OF RECORDS: We, through any authorized representative and at all times, shall have access to your books and records for the purpose of determining any fact relating to this insurance. Any evasion or attempted evasion by you in connection with reports, payment of premium there under, or any matter relating to this insurance shall void this Master Policy and shall be an absolute defense to suit or action brought under this Master Policy.

In witness whereof, we have caused this Master Policy to be executed and attested by our President and Secretary.

  
SECRETARY

  
PRESIDENT

MASTER POLICY NUMBER

CERTIFICATE NUMBER

Please call your Agent with any questions or to report any losses:

[Bob Bader Company]  
[Toll Free (888)223-3726]

## American Bankers Insurance Company Of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

### COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM CERTIFICATE OF INSURANCE

#### DECLARATIONS

PREMIUM DUE DATE	AMOUNT OF INSURANCE	PREMIUM
INSURED (LESSEE) NAME AND ADDRESS	UNIT #	MASTER POLICYHOLDER (LESSOR)
		FACILITY NAME AND ADDRESS
COVERAGE PERIOD EFFECTIVE _____ at 12:01 A.M. Standard Time MONTH DAY YEAR	COVERAGE TYPE <input type="checkbox"/> STANDARD PLAN (100% Burglary Benefit) <input type="checkbox"/> REDUCED PLAN (50% Burglary Benefit)	
EXPIRATION: Continuous Until Cancelled or Terminated		

#### INSURING AGREEMENT

IN CONSIDERATION FOR THE PAYMENT OF THE PREMIUM, WE AGREE WITH YOU AND THE LESSOR NAMED ON THIS CERTIFICATE OF INSURANCE TO PROVIDE COVERAGE AS DESCRIBED IN THIS POLICY.

#### DEFINITIONS

In this Certificate of Insurance, the insured (lessee) will be referred to as either you or your or yours. American Bankers Insurance Company of Florida will be referred to as either we, our, or us. Lessor shall mean the named Master Policyholder from whom the insured has rented a self-storage space.

#### PROPERTY INSURED

The property insured under this Certificate of Insurance consists of your personal property while in storage within the storage space leased or rented by you from the lessor.

#### COVERAGES

THIS CERTIFICATE OF INSURANCE INSURES AGAINST DIRECT LOSS OR DAMAGE CAUSED BY:

- A. Fire and lightning;
- B. Windstorm, hail, tornado, hurricane, explosion, sonic boom, aircraft, self-propelled missiles, spacecraft, vehicles, smoke, earthquake, volcanic eruption, landslide, sink hole collapse, riot, strike or civil commotion;
- C. Falling objects, provided the building is first damaged by such falling objects, weight of ice, snow or sleet;
- D. Collapse of buildings or any part thereof;
- E. Water damage except as excluded under paragraph B of the EXCLUSIONS;
- F. Vandalism and malicious mischief;
- G. Fire or collision, upset or overturn of a motor vehicle or trailer upon which insured property is being transported while such property is in transit to or from the storage space and within 100 miles of the lessor's storage facility.

THIS CERTIFICATE OF INSURANCE PROVIDES THE FOLLOWING COVERAGES UP TO THE AMOUNTS STATED BELOW:

- A. **BURGLARY OR HOLDUP:** The Standard Plan provides burglary or holdup coverage for 100% of the Amount of Insurance. The term "Burglary" means the act of stealing insured property by forcible entry into a securely locked storage space provided there are visible marks of such forcible entry upon the exterior of the storage space. The mere absence of a lock or padlock does not constitute visible marks or forcible entry. The term "Holdup" means the act of stealing insured property by violence or threat of violence against you, the lessor, or an employee of the lessor to gain unlawful entry into a storage space. You or the lessor must immediately report loss under this coverage to the appropriate law enforcement authority.

If you elect the Reduced Plan, the burglary or holdup coverage is reduced to 50% of the Amount of Insurance.

- B. **DEBRIS REMOVAL:** 25% of the Amount of Insurance to cover the necessary expense incurred in the removal of debris of the property following an insured loss.
- C. **EXTRA RENTAL EXPENSE:** 25% of the Amount of Insurance to cover the extra expense necessarily incurred by you for rental of substitute storage space when occupancy of the original storage space is prevented as a result of damage to such storage space by an insured peril.

#### MAXIMUM INSURANCE BENEFIT

American Bankers Insurance Company of Florida shall not be liable for more than the amount of insurance shown in the Declarations on the insured property of any one insured. This Certificate covers the interest of the insured in Personal Property only while in storage with the Master Policyholder.

#### MINIMUM LOSS AMOUNT

We shall not pay for any loss covered by this Certificate from any one occurrence that results in a loss valued at \$100.00 or less. We will pay for the total amount of a covered loss, subject to Policy limits and conditions, if the amount of the lost or damaged property is valued at more than \$100.00.

#### EXCLUSIONS

THIS CERTIFICATE OF INSURANCE DOES NOT COVER THE LOSSES STATED BELOW:

- A. Loss or damage of accounts, bills, currency, deeds, evidence of debt, securities, money, notes, animals, jewelry, watches, firearms, precious or semiprecious stones, furs, or garments trimmed in fur.
  - B. Loss or damage caused by flood (meaning the rising of rivers, lakes or streams from natural causes), surface waters, waves, tidal water or tidal wave, or overflow of any other bodies of water. We do not cover spray from any these whether or not driven by wind.
  - C. Loss or damage caused by wear and tear, gradual deterioration, inherent vice, latent defect, moths, insects, rodents, vermin, mildew, wet or dry rot, atmospheric conditions and/or changes in temperature (freezing), breakage of glass or similar fragile articles, decay, loss of use or market value.
  - D. Loss or damage caused by mechanical breakdown, short-circuiting, blowout or other electrical disturbance within the insured property.
  - E. Loss or damage caused by cigarettes or other smoking materials, unless fire ensues.
  - F. Loss or damage caused by your neglect to use all reasonable means to save and preserve the insured property at and after the occurrence of any peril insured against, or when the insured property is endangered by an insured peril.
  - G. Loss or damage caused by nuclear action, meaning nuclear reaction, radiation, radioactive contamination or discharge of a nuclear weapon, even if accidental, or any consequence of any of these. Loss caused by nuclear action is not considered loss by peril of fire, explosion or smoke. Direct loss by fire resulting from nuclear action is covered.
  - H. Loss or damage caused by war (declared or undeclared), civil war, insurrection, rebellion or revolution.
  - I. Loss or damage caused by intentionally by you or at your direction.
  - J. Loss or damage of contraband, or caused by illegal transportation or trade.
  - K. Accidental discharge of substances from within plumbing, heating, air conditioning or fire protective systems.
  - L. Loss or damage caused by contaminants or other hazardous materials.
  - M. Loss or damage resulting from any activity in violation of the Lease Agreement.
  - N. Loss or damage to vehicles or property stored in open lots or non fully enclosed and secured garages or storage units.
  - O. Loss or damage caused by theft or mysterious disappearance.
- (2) the cost of reasonable restoring the property to the condition immediately before the loss; or
  - (3) the cost of replacing the property with substantially identical property.
- C. OTHER INSURANCE: If a loss is also covered by other insurance, we will pay only the proportion of the loss that the Amount of Insurance bears to the total Amount of Insurance covering the loss.
  - D. NOTICE TO COMPANY: You or the lessor shall immediately report to us or our agent in writing, every loss or damage which may become a claim under this Certificate of Insurance, and shall also file with us or our agent in writing within ninety (90) days from the date of loss, a detailed sworn proof of loss. Failure either to report said loss or damage or to file such written proof of loss as herein provided shall invalidate any claim under this Certificate of Insurance.
  - E. CONCEALMENT, MISREPRESENTATION AND FRAUD: The insurance evidenced by this Certificate of Insurance is void in any case of fraud by you relating to it. It is also void if you intentionally conceal or misrepresent any material fact concerning:
    - (1) the insurance evidenced by this Certificate of Insurance;
    - (2) the covered property,
    - (3) the ownership of the covered property, or
    - (4) the cause of loss or damage to covered property.
  - F. EXAMINATION UNDER OATH: Before we pay for any loss, you will:
    - (1) permit us to inspect the damaged property before it is disposed of or repaired;
    - (2) send us a sworn statement of loss containing the information we request to settle a claim, within 60 days of our request;
    - (3) agree to examination under oath at our request;
    - (4) produce others for examination under an oath at our request;
    - (5) provide us with all records needed to prove the loss; and
    - (6) cooperate with us in the investigation or settlement of the loss.
  - G. LOSS PAYMENT/OTHER RECOVERIES: We will pay any covered loss under the insurance evidenced by this Certificate of Insurance within 30 days after we reach agreement with you, or after an entry of that judgment or the filing of any arbitration award. We will not be liable for any part of a loss which has been paid by others.
  - H. ACTION AGAINST US: No action shall apply against us unless:
    - (1) there has been full compliance with all the terms of this Certificate of Insurance; and
    - (2) the action is brought within one year from the date when you discover the loss.
  - I. TRANSFER OF YOUR RIGHTS OF RECOVERY AGAINST OTHERS TO US: If any person or organization to or for whom we make payment under the insurance evidenced by this Certificate of Insurance has a

### **SPECIAL CONDITIONS**

THIS CERTIFICATE OF INSURANCE IS SUBJECT TO THE FOLLOWING SPECIAL CONDITIONS.

- A. COVERAGE PERIOD: This insurance coverage will become effective on the date indicated on the Declarations of this Certificate at 12:01 A.M. Standard Time, at the lessor's address stated in the Declarations. The insurance attaches from such time until the termination of the rental agreement between you and the lessor, or when canceled as provided herein.
- B. VALUATION: The value of the property will be determined at the time of loss and will be the least of the following amounts:
  - (1) the actual cash value of the property;

right to recover damages from another, that right must be transferred to us. That person or organization must do everything necessary to assist us, and must do nothing after the loss to hinder us in our recovery.

- J. TERMINATION OF INSURANCE: The insurance evidenced by this Certificate of Insurance shall automatically terminate without notice to you:
- (1) on the date the Rental Agreement between you and the lessor terminates;
  - (2) in the event of your failure to pay the premium in full for this insurance within a grace period of thirty (30) days following the date the premium is due.

The insurance evidenced by this Certificate of Insurance may also be canceled as provided in the Cancellation clause below:

- K. CANCELLATION: You may cancel this insurance by sending us or our authorized representative advance written notice of the date cancellation is to be effective. Premium for the month in which cancellation is effective is fully earned and no return premium shall be paid for that month.

We may cancel or not renew this insurance by sending you written notice at least 45 days in advance of the date cancellation or non-renewal will be effective. The notice will state the reason for cancellation or non-renewal. When the reason for cancellation is nonpayment of premium, we

will send you written notice at least 10 days in advance of the date cancellation will be effective.

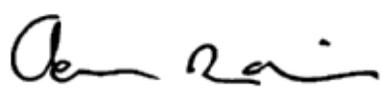
We may mail or deliver the authorized representative advance written notice of the date cancellation is to be effective. If mailed, proof of mailing will be sufficient proof of notice. We will send the notice to your last address known by us. If this insurance is canceled, you may be entitled to a premium refund. If so, we will send you the refund. The refund will be pro-rata. The cancellation will be effective even if we have not made or offered a refund.

After this insurance has been in effect for 60 days, we may only cancel the insurance for one of the following reasons:

- (1) You or the lessor fail to pay the premium when due.
  - (2) You or the lessor make a material misstatement.
  - (3) There is a substantial change in the risk covered by the Master Policy or this Certificate of Insurance.
  - (4) You fail to comply with underwriting requirements established by us within 60 days of the date of effectuation of coverage.
  - (5) When the cancellation is for all insureds under such policies for a given class of insureds.
- L. CONFORMITY WITH STATE STATUTES: If these terms of cancellation are in conflict with the laws of the state wherein this Certificate of Insurance is issued, they are hereby amended to conform to such statutes.

In witness whereof, we have caused this Certificate of Insurance to be executed and attested by our President and Secretary.

  
SECRETARY

  
PRESIDENT

# American Bankers Insurance Company of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM REPLACEMENT COST SETTLEMENT ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE MASTER POLICY. PLEASE READ IT CAREFULLY.**

For an additional premium ~~amount~~, the insured may purchase replacement cost coverage. The Master Policy is amended as follows:

**SPECIAL CONDITIONS**, ~~Item~~ B. VALUATION is deleted and replaced with the following:

B. VALUATION: The value of the property will be determined at the time of loss and will be the least of the following amounts:

~~1-(1)~~ The replacement cost at the time of loss without deduction for depreciation;

~~2-(2)~~ The amount actually spent in repairing or replacing any part of the insured property;

~~3-(3)~~ The following types of property are not eligible for replacement cost. Any loss will be settled at actual cash value at the time of the loss but not more than the amount required to repair or replace:

- (a) Antiques, fine art or any item or rarity or antiquity that cannot be replaced;
- (b) Memorabilia, souvenirs, collectors items, items whose age or history contribute to their value;
- (c) Articles not maintained in good or workable condition;
- (d) Articles that are outdated or obsolete and are not being used.

We will pay no more than the actual cash value for the loss or damage until we receive proof that the repair or replacement is complete. You may make a claim for loss on an actual cash value basis and then make claim within 180 days after the loss for any additional liability in accordance with this endorsement.

In no case will we pay more than the ~~A~~ amount of ~~L~~ insurance shown in the Declarations.

**ALL OTHER TERMS AND CONDITIONS OF THE MASTER POLICY REMAIN THE SAME.**

# American Bankers Insurance Company of Florida

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## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM REPLACEMENT COST SETTLEMENT ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE CERTIFICATE OF INSURANCE. PLEASE READ IT CAREFULLY.**

In return for an additional premium ~~amount~~, covered losses are settled at replacement cost for the property insured under this Certificate of Insurance.

**SPECIAL CONDITIONS**, ~~Item~~ B. VALUATION is deleted and replaced with the following:

B. VALUATION: The value of the property will be determined at the time of loss and will be the least of the following amounts:

~~1-(1)~~ The replacement cost at the time of loss without deduction for depreciation;

~~2-(2)~~ The amount actually spent in repairing or replacing any part of the insured property;

~~3-(3)~~ The following types of property are not eligible for replacement cost. Any loss will be settled at actual cash value at the time of the loss but not more than the amount required to repair or replace:

- (a) Antiques, fine art or any item of rarity or antiquity that cannot be replaced;
- (b) Memorabilia, souvenirs, collectors items, items whose age or history contribute to their value;
- (c) Articles not maintained in good or workable condition;
- (d) Articles that are outdated or obsolete and are not being used.

We will pay no more than the actual cash value for the loss or damage until we receive proof that the repair or replacement is complete. You may make a claim for loss on an actual cash value basis and then make claim within 180 days after the loss for any additional liability in accordance with this endorsement.

In no case will we pay more than the ~~A~~ amount of ~~I~~ insurance shown in the Declarations.

**ALL OTHER TERMS AND CONDITIONS OF THE CERTIFICATE OF INSURANCE REMAIN THE SAME.**

# American Bankers Insurance Company of Florida

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## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM MANDATORY AMENDATORY ENDORSEMENT ARKANSAS

**SPECIAL CONDITIONS**, H. ACTION AGAINST US, (2) is deleted and replaced with the following:

- (2) the action is brought within 5 years from the date when you or the insured discover the loss.

**SPECIAL CONDITIONS**, K. CANCELLATION OF THE MASTER POLICY, (2) is deleted and replaced with the following:

- (2) BY US – We may cancel this Master Policy by sending written notice to you at least 45 days in advance of the date cancellation will be effective. The notice will state the reason for cancellation. If the reason for cancellation is nonpayment of premium, we will send you written notice at least 10 days in advance of the date cancellation will be effective. We may not renew this Master Policy by sending written notice to you at least 60 days in advance of the expiration date or anniversary date of the policy. The notice will state the reason for non-renewal. If we mail the notice of cancellation or non-renewal, proof of mailing will be sufficient proof of notice.

After this insurance has been in effect for 60 days, we may only cancel the insurance for one of the following reasons:

- (a) You fail to pay the premium when due;
- (b) We discover an act of fraud or misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the policy;
- (c) A material change in the risk occurs after policy issuance which substantially increases any hazard insured against;
- (d) There is a violation of any local fire, health, safety, building or construction regulation or ordinances with respect to any insured property, which substantially increases any hazard insured against under the policy;
- (e) A material violation of a material provision of the policy occurs.

**SPECIAL CONDITIONS**, L. CANCELLATION OF THE CERTIFICATE OF INSURANCE, the third sentence is deleted and replaced with the following:

We may cancel this insurance by mailing or delivering written notice to the insured at least 45 days in advance of the date cancellation is to be effective (10 days if for nonpayment of premium.) We may not renew this insurance by mailing or delivering written notice to the insured at least 60 days in advance of the expiration date or anniversary date.

**ALL OTHER TERMS AND CONDITIONS OF THE MASTER POLICY REMAIN THE SAME.**

# American Bankers Insurance Company of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM MANDATORY AMENDATORY ENDORSEMENT ARKANSAS

**THIS ENDORSEMENT CHANGES THE CERTIFICATE. PLEASE READ IT CAREFULLY.**

**SPECIAL CONDITIONS**, H. ACTION AGAINST US, (2) is deleted and replaced with the following:

- (2) the action is brought within 5 years from the date when you discover the loss.

**SPECIAL CONDITIONS**, K. CANCELLATION, the second paragraph is deleted and replaced with the following:

We may cancel this insurance by sending written notice to you at least 45 days in advance of the date cancellation will be effective. The notice will state the reason for cancellation. When the reason for cancellation is nonpayment of premium, we will send you written notice at least 10 days in advance of the date cancellation will be effective. We may not renew this insurance by sending written notice to you at least 60 days in advance of the expiration date or anniversary date. The notice will state the reason for non-renewal. If we mail the notice of cancellation or non-renewal, proof of mailing will be sufficient proof of notice.

**SPECIAL CONDITIONS**, K. CANCELLATION, the fourth paragraph is deleted and replaced with the following:

After this insurance has been in effect for 60 days, we may only cancel the insurance for one of the following reasons:

- (a) You or the lessor fail to pay the premium when due;
- (b) We discover an act of fraud or misrepresentation made by you or the lessor or with your knowledge in obtaining the insurance, continuing the insurance or in presenting a claim;
- (c) A material change in the risk occurs after issuance of the certificate which substantially increases any hazard insured against;
- (d) There is a violation of any local fire, health, safety, building or construction regulation or ordinances with respect to any insured property, which substantially increases any hazard insured against;
- (e) A material violation of a material provision of the certificate occurs.

**ALL OTHER TERMS AND CONDITIONS OF THE CERTIFICATE REMAIN THE SAME.**

**AMERICAN BANKERS LIFE ASSURANCE COMPANY  
AMERICAN BANKERS INSURANCE COMPANY  
OF FLORIDA**

11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

**ARKANSAS CONSUMER NOTICE**

Customer Inquiry: Should you have an inquiry about coverage or to obtain assistance in resolving a complaint, you may contact the company at:

AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA  
AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
CUSTOMER SERVICE  
11222 Quail Roost Drive  
Miami, Florida 33157-6596  
(305) 253-2244, Extension 31000

If we fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone: (800) 852-5494  
Telephone: (501) 371-2640

*SERFF Tracking Number:* ASPX-125668504 *State:* Arkansas  
*Filing Company:* American Bankers Insurance Company of *State Tracking Number:* EFT \$50  
Florida  
*Company Tracking Number:* CM AR02178AIF01  
*TOI:* 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine  
*Product Name:* Self-Storage  
*Project Name/Number:* Self-Storage/CM AR02178AIF01

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125668504 State: Arkansas  
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50  
Company Tracking Number: CM AR02178AIF01  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Self-Storage  
Project Name/Number: Self-Storage/CM AR02178AIF01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/11/2008

**Comments:**

**Attachments:**

P&C Transmittal.PDF  
Form Filing Schedule.PDF  
Form Filing Abstract.PDF

**Satisfied -Name:** Cover Letter, Certification **Review Status:** Approved 06/11/2008

**Comments:**

Cover Letter and Certification

**Attachments:**

Certification.PDF  
Cover Letter.PDF

## 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Assurant, Inc. Group	0019			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
American Bankers Insurance Company of Florida	FL	10111	59-0593886	

<b>5. Company Tracking Number</b>	SFL CM AR02178AIF01
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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>
	Tina Walker 11222 Quail Roost Drive Miami FL 33157	Contract Compliance Analyst	800-852-2244 Ext. 35369		Tina.Walker@assurant.com
<b>7.</b>	Signature of authorized filer		<i>Tina Walker</i>		
<b>8.</b>	Please print name of authorized filer		Tina Walker		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	9.0000
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	9.0005
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Commercial Inland Marine Self-Storage Insurance Program
<b>13.</b>	<b>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 (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 07/01/2008      Renewal: New Program
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	05/28/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

20.	<b>This filing transmittal is part of Company Tracking #</b>	SFL CM AR02178AIF01
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21.	<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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New program filing.

22.	<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> EFT <b>Amount:</b> 50.00
	<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>

\*\*\*Refer to 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>	SFL CM AR02178AIF01
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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)	N/A
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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	Master Policy	AJ9375PPC-0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Certificate of Insurance	AJ9376CPC-0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Mandatory Amendatory Endorsement to Master Policy	AJ9805EPC-0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Mandatory Amendatory Endorsement to Certificate	AJ9806EPC-0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Disclosure Notice Pursuant to Terrorism Risk Insurance Act	N8051-0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses End.	AJ9757EPC-0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Arkansas Consumer Notice	N1504-1104	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Rodent & Vermin Damage Coverage End to MP	AJ9663EPC-0208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Rodent & Vermin Damage Coverage End to Cert	AJ9664EPC-0208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Replacement Cost Settlement End to Master Policy	AJ9496EPC-0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Replacement Cost Settlement End to Certificate	AJ9498EPC-0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

### ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 05/28/2008
2. Company Name(s) American Bankers Insurance Company of Florida  
Group Name Assurant, Inc. Group NAIC No. 10111 Group No. 0019
3. (a) Annual Statement Line of Business Number (Page 14) 9.0000  
(b) Class of Business Commercial  
© Coverages Affected New Program
4. (a) Name of Advisory Organization, if any N/A  
(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )
5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:  
(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_  
(b) Date of Filing \_\_\_\_\_  
© Filing Designation Number or Description \_\_\_\_\_

### PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
It has not yet been filed in FL, our state of domicile, but it has been approved in 12 states.
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
No – this is a new program filing.
9. Is the form in response to or due to recent court decisions? If so, give citation.  
No – this is a new program filing.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Tina Walker*

Signature

Tina Walker

Title

305-253-2244

Telephone Number

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	07/01/2008	AJ9375PPC-0807	Master Policy
	07/01/2008	AJ9376CPC-0807	Certificate of Insurance
	07/01/2008	AJ9805EPC-0408	Mandatory Amendatory Endorsement to Master Policy
	07/01/2008	AJ9806EPC-0408	Mandatory Amendatory Endorsement to Certificate
	07/01/2008	N1504-1104	Notice
	07/01/2008	N8051-0108	Disclosure Notice Pursuant to Terrorism Risk Insurance Act
	07/01/2008	AJ9757EPC-0408	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses Endorsement
	07/01/2008	AJ9663EPC-0208	Rodent & Vermin Damage Coverage Endorsement to Master Policy
	07/01/2008	AJ9664EPC-0208	Rodent & Vermin Damage Coverage Endorsement to Certificate
	07/01/2008	AJ9496EPC-0807	Replacement Cost Settlement End to Master Policy
	07/01/2008	AJ9498EPC-0807	Replacement Cost Settlement End to Certificate

## 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
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ▶ SFL CM AR02178AIF01	
Signature of Authorized Officer ▶	
Name of Authorized Officer ▶	Jacqueline Aguilar
Title of Authorized Officer ▶	Vice President
Email address of Authorized Officer ▶	Jackie.Aguilar@assurant.com
Telephone # of Authorized Officer ▶	305-253-2244
	Date ▶

*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 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*



**ASSURANT**

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

May 28, 2008

[www.assurant.com](http://www.assurant.com)

Property & Casualty Division  
1200 West Third Street  
Little Rock, AR 72201

RE: AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA  
NAIC# 019-10111 / FEIN 59-0593886  
Commercial Inland Marine Self-Storage Insurance Program  
Company Filing #: SFLCM AR02178AIF01  
Line of Business: 9.0 Commercial Inland Marine

FORM FILING – NEW PROGRAM – (for approval)

AJ9375PPC-0807	Master Policy
AJ9805EPC-0408	Mandatory Amendatory Endorsement to Master Policy
AJ9376CPC-0807	Certificate of Insurance
AJ9806EPC-0408	Mandatory Amendatory Endorsement to Certificate
AJ9663EPC-0208	Rodent & Vermin Damage Coverage Endorsement to Master Policy
AJ9496EPC-0807	Replacement Cost Settlement Endorsement to Master Policy
AJ9664EPC-0208	Rodent & Vermin Damage Coverage Endorsement to Certificate
AJ9498EPC-0807	Replacement Cost Settlement Endorsement to Certificate
AJ9757EPC-0408	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses Endorsement
N8051-0108	Disclosure Notice Pursuant to Terrorism Risk Insurance Act
N1504-1104	Arkansas Consumer Notice

Related Filing Documents

Certification

Forms Abstract; Form Filing Schedule; P&C Transmittal

Dear Examiner:

American Bankers Insurance Company of Florida would like to submit our Commercial Inland Marine Self-Storage Insurance Program for your review and approval.

This group program provides coverage for personal property while stored within a storage space leased or rented by the master policyholder to the insured. The master policy is provided to the self storage facility, while the certificate of insurance is provided to the insured who leases or rents storage space from the master policyholder/self storage facility. Coverage is provided on a named peril basis and coverage also includes Burglary or Holdup, Debris Removal and Extra Rental Expense. Two plan options are available at different premium rates – the Standard Plan

provides a Burglary benefit of 100% of the amount of insurance, while the Reduced Plan provides a Burglary benefit of 50% of the amount of insurance. There is a minimum loss amount of \$100.

We are also offering two optional endorsements – the Rodent & Vermin Damage Coverage Endorsement and the Replacement Cost Settlement Endorsement. Each endorsement is available for a flat monthly fee. Premiums are charged monthly and the program has a monthly installment billing fee of \$1, which is added to the premium amount.

Our company would like to have the option of moving boxes and reformatting text to accommodate marketing requirements and the printing of our forms. The format of the forms may vary depending on our clients' needs (e.g. paper size, electronic distribution, etc.), but the language will remain the same as approved by your Department. The administrative office address, stock insurance company information and officer signatures are bracketed on all forms so we may amend the forms without re-filing in the event this information changes. On the Master Policy, the countersignature and authorized representative sections are bracketed as they will only be used where required.

On the Disclosure Notice Pursuant to TRIA, the insurer name and policy number are bracketed and will be completed upon issuance (the insurer for this program is American Bankers Insurance Company Of Florida.)

As rates for commercial inland marine are exempt from filing, we are not submitting a corresponding rate filing for this new program.

We wish to request an effective date of July 1, 2008 for this new program.

Thank you kindly for your attention to this submission. Please contact me with any questions at 800-852-2244, extension 35369 or via email at Tina.Walker@assurant.com.

Sincerely,



Tina Walker  
Contract Compliance Analyst  
State Filings  
American Bankers Insurance Company of Florida  
cc: SFL ARAI\_F1

SERFF Tracking Number: ASPX-125668504 State: Arkansas  
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50  
 Company Tracking Number: CM AR02178AIF01  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: Self-Storage  
 Project Name/Number: Self-Storage/CM AR02178AIF01

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Mandatory Amendatory End to Cert	05/28/2008	AJ9806EPC-.PDF
No original date	Form	Enrollment Form	05/28/2008	
No original date	Form	Mandatory Amendatory End to MP	05/28/2008	AJ9805EPC-.PDF

# American Bankers Insurance Company of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM MANDATORY AMENDATORY ENDORSEMENT ARKANSAS

**THIS ENDORSEMENT CHANGES THE CERTIFICATE. PLEASE READ IT CAREFULLY.**

**SPECIAL CONDITIONS**, K. CANCELLATION, the second paragraph is deleted and replaced with the following:

We may cancel this insurance by sending written notice to you at least 45 days in advance of the date cancellation will be effective. The notice will state the reason for cancellation. When the reason for cancellation is nonpayment of premium, we will send you written notice at least 10 days in advance of the date cancellation will be effective. We may not renew this insurance by sending written notice to you at least 60 days in advance of the expiration date or anniversary date. The notice will state the reason for non-renewal. If we mail the notice of cancellation or non-renewal, proof of mailing will be sufficient proof of notice.

**SPECIAL CONDITIONS**, K. CANCELLATION, the fourth paragraph is deleted and replaced with the following:

After this insurance has been in effect for 60 days, we may only cancel the insurance for one of the following reasons:

- (a) You or the lessor fail to pay the premium when due;
- (b) We discover an act of fraud or misrepresentation made by you or the lessor or with your knowledge in obtaining the insurance, continuing the insurance or in presenting a claim;
- (c) A material change in the risk occurs after issuance of the certificate which substantially increases any hazard insured against;
- (d) There is a violation of any local fire, health, safety, building or construction regulation or ordinances with respect to any insured property, which substantially increases any hazard insured against;
- (e) A material violation of a material provision of the certificate occurs.

**ALL OTHER TERMS AND CONDITIONS OF THE CERTIFICATE REMAIN THE SAME.**

# American Bankers Insurance Company of Florida

[A Stock Insurance Company]

[11222 Quail Roost Drive, Miami, FL 33157-6596 • 305.253.2244]

## COMMERCIAL INLAND MARINE SELF-STORAGE INSURANCE PROGRAM MANDATORY AMENDATORY ENDORSEMENT ARKANSAS

**SPECIAL CONDITIONS, K. CANCELLATION OF THE MASTER POLICY**, (2) is deleted and replaced with the following:

- (2) BY US – We may cancel this Master Policy by sending written notice to you at least 45 days in advance of the date cancellation will be effective. The notice will state the reason for cancellation. If the reason for cancellation is nonpayment of premium, we will send you written notice at least 10 days in advance of the date cancellation will be effective. We may not renew this Master Policy by sending written notice to you at least 60 days in advance of the expiration date or anniversary date of the policy. The notice will state the reason for non-renewal. If we mail the notice of cancellation or non-renewal, proof of mailing will be sufficient proof of notice.

After this insurance has been in effect for 60 days, we may only cancel the insurance for one of the following reasons:

- (a) You fail to pay the premium when due;
- (b) We discover an act of fraud or misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the policy;
- (c) A material change in the risk occurs after policy issuance which substantially increases any hazard insured against;
- (d) There is a violation of any local fire, health, safety, building or construction regulation or ordinances with respect to any insured property, which substantially increases any hazard insured against under the policy;
- (e) A material violation of a material provision of the policy occurs.

**SPECIAL CONDITIONS, L. CANCELLATION OF THE CERTIFICATE OF INSURANCE**, the third sentence is deleted and replaced with the following:

We may cancel this insurance by mailing or delivering written notice to the insured at least 45 days in advance of the date cancellation is to be effective (10 days if for nonpayment of premium.) We may not renew this insurance by mailing or delivering written notice to the insured at least 60 days in advance of the expiration date or anniversary date.

**ALL OTHER TERMS AND CONDITIONS OF THE MASTER POLICY REMAIN THE SAME.**