

SERFF Tracking Number: PERR-125656943 State: Arkansas  
 Filing Company: StarNet Insurance Company State Tracking Number: #102864 \$50  
 Company Tracking Number: AR-CGR-CR-FM-2008-01  
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
 Product Name: Crime General Risk Program  
 Project Name/Number: AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

## Filing at a Glance

Company: StarNet Insurance Company  
 Product Name: Crime General Risk Program SERFF Tr Num: PERR-125656943 State: Arkansas  
 TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: #102864 \$50  
 Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: AR-CGR-CR-FM-2008-01 State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montes, Llyweyia Rawlins  
 Author: Lance Julian Disposition Date: 06/09/2008  
 Date Submitted: 05/29/2008 Disposition Status: Approved  
 Effective Date Requested (New): 06/28/2008 Effective Date (New): 06/09/2008  
 Effective Date Requested (Renewal): 06/28/2008 Effective Date (Renewal): 06/09/2008

State Filing Description:

## General Information

Project Name: AR-CGR-CR-FM-2008-01 Status of Filing in Domicile: Pending  
 Project Number: AR-CGR-CR-FM-2008-01 Domicile Status Comments:  
 Reference Organization: Insurance Services Office (ISO) Reference Number: All currently approved forms  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 06/09/2008 Deemer Date:  
 State Status Changed: 06/09/2008  
 Corresponding Filing Tracking Number: AR-CGR-CR-RaRu-2008-01

Filing Description:

On behalf of StarNet Insurance Company ("The Company"), we are filing to introduce the Crime General Risk Program. This new program will consist of rate, rule, and form components. The forms consist of company developed declaration pages to be used in conjunction with the Insurance Services Office (ISO) forms portfolio. The Company is hereby adopting by reference, all ISO policy forms, endorsements and related forms currently approved for use in your state for this line of business that have been filed by ISO. Additionally, the company developed declaration pages are being

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submitted as a part of this filing package for your review and approval.

The corresponding rates and rules are exempt from filing requirements per Arkansas Statute 23-67-206. Rates will be the result of adoption of ISO loss costs and the application of an LCM contained within this filing. The rules consist of company exceptions to be used in conjunction with the Insurance Services Office (ISO) multi-state and state-specific rules. The company is hereby adopting by reference, all ISO rules currently approved for use in your state for this line of business that have been filed by ISO. Additionally, the company developed Exception Pages are being submitted as a part of this filing package for your review and approval.

This is a program-specific filing ("Crime General Risk Program") based on the material being adopted and submitted at this time. The Company will not be automatically adopting future ISO filings of rules or forms and therefore, ISO will add this Program to their "exception report" effective with your approval of this filing to override filing authorization in the future.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We respectfully request the filing be effective on June 28, 2008 or the earliest possible effective date upon approval/acknowledgment.

Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of StarNet Insurance Company. All other filed and approved Programs for StarNet Insurance Company remain of file without change.

Please contact me directly if you have any questions regarding this submission. Thank you.

## **Company and Contact**

### **Filing Contact Information**

(This filing was made by a third party - perrandknightactuaryconsultants)

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Product Name: Crime General Risk Program  
Project Name/Number: AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

Lance Julian, State Filings Project Coordinator doi@perrknight.com  
881 Alma Real Drive ste 205 (888) 201-5123 [Phone]  
Pacific Palisades, CA 90272 (310) 230-8529[FAX]

**Filing Company Information**

StarNet Insurance Company CoCode: 40045 State of Domicile: Delaware  
Berkley Underwriting Partners 215 Shuman Group Code: 98 Company Type: Property and  
Blvd. Casualty  
Suite 200  
Naperville, IL 60563 Group Name: State ID Number:  
(630) 210-0359 ext. [Phone] FEIN Number: 22-3590451  
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*SERFF Tracking Number:* PERR-125656943      *State:* Arkansas  
*Filing Company:* StarNet Insurance Company      *State Tracking Number:* #102864 \$50  
*Company Tracking Number:* AR-CGR-CR-FM-2008-01  
*TOI:* 26.0 Burglary & Theft      *Sub-TOI:* 26.0001 Commercial Burglary & Theft  
*Product Name:* Crime General Risk Program  
*Project Name/Number:* AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      No  
 Fee Explanation:      \$50 per form filing  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
StarNet Insurance Company	\$0.00	05/29/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102864	\$50.00	05/22/2008

SERFF Tracking Number: PERR-125656943 State: Arkansas  
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Company Tracking Number: AR-CGR-CR-FM-2008-01  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: Crime General Risk Program  
Project Name/Number: AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/09/2008	06/09/2008

*SERFF Tracking Number:* PERR-125656943      *State:* Arkansas  
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*TOI:* 26.0 Burglary & Theft      *Sub-TOI:* 26.0001 Commercial Burglary & Theft  
*Product Name:* Crime General Risk Program  
*Project Name/Number:* AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

## **Disposition**

Disposition Date: 06/09/2008

Effective Date (New): 06/09/2008

Effective Date (Renewal): 06/09/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125656943 State: Arkansas  
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 Company Tracking Number: AR-CGR-CR-FM-2008-01  
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 Product Name: Crime General Risk Program  
 Project Name/Number: AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authority	Approved	Yes
Form	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)	Approved	Yes
Form	COMMERCIAL CRIME POLICY DECLARATIONS	Approved	Yes
Form	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)	Approved	Yes
Form	GOVERNMENT CRIME POLICY DECLARATIONS	Approved	Yes
Form	EMPLOYEE THEFT AND FORGERY POLICY DECLARATIONS	Approved	Yes
Form	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (KIDNAP/RANSOM AND EXTORTION COVERAGE)	Approved	Yes
Form	KIDNAP/RANSOM AND EXTORTION POLICY DECLARATIONS	Approved	Yes

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 Product Name: Crime General Risk Program  
 Project Name/Number: AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)	CR DS 77 01	12 07	Declaration News/Schedule		0.00	CR DS 77 01 12 07 Crime and Fidelity Coverage Part Declarations.pdf
Approved	COMMERCIAL CRIME POLICY DECLARATIONS	CR DS 77 02	12 07	Declaration News/Schedule		0.00	CR DS 77 02 12 07 Commercial Crime Policy Declarations.pdf
Approved	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)	CR DS 77 03	12 07	Declaration News/Schedule		0.00	CR DS 77 03 12 07 Crime and Fidelity Coverage Part Decs Government Entities.pdf
Approved	GOVERNMENT CRIME POLICY DECLARATIONS	CR DS 77 04	12 07	Declaration News/Schedule		0.00	CR DS 77 04 12 07 Government Crime Policy Declarations.pdf
Approved	EMPLOYEE THEFT AND FORGERY POLICY DECLARATIONS	CR DS 77 05	12 07	Declaration News/Schedule		0.00	CR DS 77 05 12 07 Employee Theft and Forgery

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 Product Name: Crime General Risk Program  
 Project Name/Number: AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

					Policy Declarations. pdf
Approved	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (KIDNAP/RANSO M AND EXTORTION COVERAGE)	CR DS 77 12 07 06	Declaration New s/Schedule	0.00	CR DS 77 06 12 07 Crime and Fidelity Coverage Part Kidnap and Ransom Decs.pdf
Approved	KIDNAP/RANSO M AND EXTORTION POLICY DECLARATIONS	CR DS 77 12 07 07	Declaration New s/Schedule	0.00	CR DS 77 07 12 07 Kidnap and Ransom Policy Declarations. pdf





A Berkley Company  
475 Steamboat Road, Greenwich, CT 06830 800-343-0592

PRODUCER:

**CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)**

The Crime and Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

Coverage Is Written:

Primary       Excess       Coindemnity       Concurrent

POLICY NUMBER: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

Employee Benefit Plan(s) Included as Insureds: \_\_\_\_\_

**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE:**

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$	\$
2. Forgery or Alteration		
3. Inside the Premises – Theft of Money and Securities		
4. Inside the Premises – Robbery or Safe Burglary of Other Property		
5. Outside the Premises		
6. Computer Fraud		
7. Funds Transfer Fraud		
8. Money Orders and Counterfeit Money		

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.

If Added By Endorsement:

Insuring Agreement(s)	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Forms and Endorsements Forming Part of this Policy When Issued:	
Form Number and Edition Date	Description of Form or Endorsement:

Cancellation Of Prior Insurance Issued By Us:  
 By acceptance of this Coverage Part you give us notice canceling prior policy Nos. \_\_\_\_\_ ; the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature of Authorized Representative (When Required)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



A Berkley Company  
475 Steamboat Road, Greenwich, CT 06830 800-343-0592

PRODUCER:

### COMMERCIAL CRIME POLICY DECLARATIONS

In Return for the Payment of the Premium, and Subject to all the Terms and Conditions of This Policy, We Agree With You to Provide the Insurance as Stated in this Policy.

Coverage Is Written:

Primary     
  Excess     
  Coindemnity     
  Concurrent

POLICY NUMBER: \_\_\_\_\_ PRIOR POLICY NUMBER: \_\_\_\_\_  
 NAMED INSURED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 (Also list any Employee Benefit Plan(s) included as Insureds)  
 \_\_\_\_\_  
 \_\_\_\_\_

POLICY PERIOD: \_\_\_\_\_ to \_\_\_\_\_  
 (12:01 A.M. at your Mailing Address shown above)

#### INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE:

Insurance Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$	\$
2. Forgery or Alteration		
3. Inside the Premises – Theft of Money and Securities		
4. Inside the Premises – Robbery or Safe Burglary of Other Property		
5. Outside The Premises		
6. Computer Fraud		
7. Funds Transfer Fraud		
8. Money Orders And Counterfeit Money		

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.

If Added by Endorsement:

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Forms and Endorsements Forming Part of this Policy When Issued:	
Form Number and Edition Date	Description of Form or Endorsement:

Cancellation of Prior Insurance Issued by Us:  
 By acceptance of this Policy you give us notice canceling prior policy Numbers:  
 ; \_\_\_\_\_ the cancellation to be effective at the time this Policy becomes effective.

<p>Countersignature of Authorized Representative (Where Required)</p> <p>Name:</p> <p>Title:</p> <p>Signature:</p> <p>Date:</p>
---

IN WITNESS WHEREOF, StarNet Insurance Company designated herein has executed and attested these presents.

Secretary

President



A Berkley Company  
 475 Steamboat Road, Greenwich, CT 06830 800-343-0592

PRODUCER:

### CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)

The Crime and Fidelity Coverage Part (Government Entities) Consists of this Declarations Form and the Government Crime Coverage Form.

Coverage is Written:

Primary     
  Excess     
  Coindemnity     
  Concurrent

POLICY NUMBER:

NAMED INSURED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Also list any Employee Benefit Plan(s) included as Insureds)

#### INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$	\$
2. Employee Theft – Per Employee Coverage		
3. Forgery or Alteration		
4. Inside the Premises – Theft of Money and Securities		
5. Inside the Premises – Robbery or Safe Burglary of Other Property		
6. Outside the Premises		
7. Computer Fraud		
8. Funds Transfer Fraud		
9. Money Orders and Counterfeit Money		

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.

If Added by Endorsement:

Insuring Agreement(s)	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Forms and Endorsements Forming Part of this Policy When Issued:

Form Number and Edition Date	Description of Form or Endorsement:

Cancellation of Prior Insurance Issued by Us:
By acceptance of this Coverage Part you give us notice canceling prior policy Nos. ; the cancellation to be effective at the time this Coverage Part becomes effective.

Countersignature of Authorized Representative (Where Required)
Name:  Title:  Signature:  Date:



A Berkley Company  
475 Steamboat Road, Greenwich, CT 06830 800-343-0592

PRODUCER:

### GOVERNMENT CRIME POLICY DECLARATIONS

In Return for the Payment of the Premium, and Subject to all the Terms and Conditions of This Policy, We Agree With You to Provide the Insurance as Stated in This Policy.

Coverage Is Written:

Primary     
  Excess     
  Coindemnity     
  Concurrent

POLICY NUMBER: \_\_\_\_\_ PRIOR POLICY NUMBER: \_\_\_\_\_  
 NAMED INSURED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 (Also list any Employee Benefit Plan(s) included as Insureds)  
 \_\_\_\_\_  
 \_\_\_\_\_

POLICY PERIOD: \_\_\_\_\_ to \_\_\_\_\_  
 (12:01 A.M. at your Mailing Address shown above)

#### INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE:

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft – Per Loss Coverage	\$	\$
2. Employee Theft – Per Employee Coverage		
3. Forgery or Alteration		
4. Inside the Premises – Theft of Money and Securities		
5. Inside the Premises – Robbery or Safe Burglary of Other Property		
6. Outside The Premises		
7. Computer Fraud		
8. Funds Transfer Fraud		
9. Money Orders And Counterfeit Money		

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.

If Added by Endorsement:

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Forms and Endorsements Forming Part of this Policy When Issued:	
Form Number and Edition Date	Description of Form or Endorsement:

Cancellation of Prior Insurance Issued By Us:  
 By acceptance of this Policy you give us notice canceling prior policy Nos. \_\_\_\_\_ ; the cancellation to be effective at the time this Policy becomes effective.

Countersignature of Authorized Representative (Where Required)
Name:
Title:
Signature:
Date:

IN WITNESS WHEREOF, StarNet Insurance Company designated herein has executed and attested these presents.

Secretary

President



A Berkley Company  
 475 Steamboat Road, Greenwich, CT 06830 800-343-0592

PRODUCER:

### EMPLOYEE THEFT AND FORGERY POLICY DECLARATIONS

In Return for the Payment of the Premium, and Subject to all the Terms and Conditions of This Policy, We Agree With You to Provide the Insurance as Stated in This Policy.

Coverage is Written:

Primary

Excess

Coindemnity

Concurrent

POLICY NUMBER:

PRIOR POLICY NUMBER:

NAMED INSURED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Also list any Employee Benefit Plan(s) included as Insureds)

MAILING ADDRESS:

\_\_\_\_\_  
 \_\_\_\_\_

POLICY PERIOD:

\_\_\_\_\_ to \_\_\_\_\_  
 (12:01 A.M. at your Mailing Address above)

#### INSURING AGREEMENTS, LIMITS OF INSURANCE, AND DEDUCTIBLE:

Insuring Agreements		Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1.	Employee Theft	\$	\$
2.	Forgery Or Alteration		
Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.			
If Added By Endorsement:			
Insuring Agreement(s)		Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
		\$	\$

Forms and Endorsements Forming Part of this Policy When Issued:	
Form Number and Edition Date	Description of Form or Endorsement:

Cancellation Of Prior Insurance Issued By Us:  
 By acceptance of this Policy you give us notice canceling prior policy Nos.  
 ; \_\_\_\_\_ the cancellation to be effective at the time this Policy becomes effective.

Countersignature of Authorized Representative (When Required)  
 Name:  
 Title:  
 Signature:  
 Date:

IN WITNESS WHEREOF, StarNet Insurance Company designated herein has executed and attested these presents.

Secretary

President



A Berkley Company  
 475 Steamboat Road, Greenwich, CT 06830 800-343-0592

PRODUCER:

**CRIME AND FIDELITY COVERAGE PART DECLARATIONS  
 (KIDNAP/RANSOM AND EXTORTION COVERAGE)**

The Crime and Fidelity Coverage Part (Kidnap/Ransom and Extortion Coverage) consists of this Declarations Form and the Kidnap/Ransom and Extortion Coverage Form.

Coverage Is Written:

Primary       Excess       Coindemnity       Concurrent

POLICY NUMBER:

NAMED INSURED:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE:**

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Kidnap/Ransom and Extortion – Direct Loss	\$	\$
2. Kidnap/Ransom and Extortion – Expenses Incurred	\$	Not Applicable
3. Detention or Hijack	\$	Not Applicable
4. In-Transit Delivery of Property	\$	\$

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.

If Added by Endorsement:

Insuring Agreement(s)	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Persons Or Classes Of Persons Excluded From Coverage:

\_\_\_\_\_





A Berkley Company  
 475 Steamboat Road, Greenwich, CT 06830 800-343-0592

PRODUCER:

### KIDNAP/RANSOM AND EXTORTION POLICY DECLARATIONS

In Return for the Payment of the Premium, and Subject to the Terms and Conditions of This Policy, We Agree With You to Provide the Insurance as Stated in This Policy.

Coverage Is Written:

Primary

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Coindemnity

Concurrent

POLICY NUMBER:

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NAMED INSURED:	
MAILING ADDRESS:	
POLICY PERIOD:	to
(12:01 A. M. at your Mailing Address shown above)	

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Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Kidnap/Ransom and Extortion – Direct Loss	\$	\$
2. Kidnap/Ransom and Extortion – Expenses Incurred	\$	Not Applicable
3. Detention or Hijack	\$	Not Applicable
4. In-Transit Delivery of Property	\$	\$

Coverage is provided only if an amount is shown opposite an Insuring Agreement. If the amount is left blank or "Not Covered" is inserted, such Insuring Agreement and any other reference thereto in this policy is entirely deleted.

If Added by Endorsement:		
Insuring Agreement(s)	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
	\$	\$

Persons or Classes of Persons Excluded From Coverage:

Countries Excluded From Coverage:

Security Firm Name:
Address:

Forms and Endorsements Forming Part of this Policy When Issued:	
Form Number and Edition Date	Description of Form or Endorsement:

Cancellation of Prior Insurance Issued by Us:
By acceptance of this policy you give us notice canceling prior policy Nos. _____ ; _____ the cancellation to be effective at the time this policy becomes effective.

Countersignature of Authorized Representative (Where Required)
Name:
Title:
Signature:
Date:

IN WITNESS WHEREOF, StarNet Insurance Company designated herein has executed and attested these presents.

Secretary

President

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Product Name: Crime General Risk Program  
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## Rate Information

Rate data does NOT apply to filing.

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Product Name: Crime General Risk Program  
Project Name/Number: AR-CGR-CR-FM-2008-01 /AR-CGR-CR-FM-2008-01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/09/2008

**Comments:**

**Attachments:**

NAIC PCTD.pdf

NAIC FFS.pdf

**Satisfied -Name:** Letter of Authority **Review Status:** Approved 06/09/2008

**Comments:**

**Attachment:**

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

<b>3. Group Name</b>	<b>Group NAIC #</b>
W.R Berkley Corporation	0098

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
StarNet Insurance Company	IL	40045	223590451	

<b>5. Company Tracking Number</b>	AR-CGR-CR-FM-2008-01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Lance Julian 881 Alma Real Dr. St. 205 Pacific Palisades, CA 90272	State Filing Analyst	888-201-5123 X149	310.230.8529	doi@perrknight.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Lance Julian		

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

<b>9. Type of Insurance (TOI)</b>	26.0 Burglary and Theft
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	26.0001 Burglary and Theft
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	Crime General Risk Program
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: Upon Approval                      Renewal: Upon Approval
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	Insurance Services Office (ISO)
<b>17. Reference Organization # &amp; Title</b>	All currently approved forms
<b>18. Company's Date of Filing</b>	05/27/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-CGR-CR-FM-2008-01
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<b>21. 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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On behalf of StarNet Insurance Company ("The Company"), we are filing to introduce the Crime General Risk Program. This new program will consist of rate, rule, and form components. The forms consist of company developed declaration pages to be used in conjunction with the Insurance Services Office (ISO) forms portfolio. The Company is hereby adopting by reference, all ISO policy forms, endorsements and related forms currently approved for use in your state for this line of business that have been filed by ISO. Additionally, the company developed declaration pages are being submitted as a part of this filing package for your review and approval.

The corresponding rates and rules are exempt from filing requirements per Arkansas Statute 23-67-206. Rates will be the result of adoption of ISO loss costs and the application of an LCM contained within this filing. The rules consist of company exceptions to be used in conjunction with the Insurance Services Office (ISO) multi-state and state-specific rules. The company is hereby adopting by reference, all ISO rules currently approved for use in your state for this line of business that have been filed by ISO. Additionally, the company developed Exception Pages are being submitted as a part of this filing package for your review and approval.

This is a program-specific filing ("Crime General Risk Program") based on the material being adopted and submitted at this time. The Company will not be automatically adopting future ISO filings of rules or forms and therefore, ISO will add this Program to their "exception report" effective with your approval of this filing to override filing authorization in the future.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We respectfully request the filing be effective on June 28, 2008 or the earliest possible effective date upon approval/acknowledgment.

Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of StarNet Insurance Company. All other filed and approved Programs for StarNet Insurance Company remain of file without change.

<b>22. 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]
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**Check #:** 102864  
**Amount:** \$50

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**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>	AR-CGR-CR-FM-2008-01			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A (exempt)			
<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	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)	CR DS 77 01 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	COMMERCIAL CRIME POLICY DECLARATIONS	CR DS 77 02 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (GOVERNMENT ENTITIES)	CR DS 77 03 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	GOVERNMENT CRIME POLICY DECLARATIONS	CR DS 77 04 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	EMPLOYEE THEFT AND FORGERY POLICY DECLARATIONS	CR DS 77 05 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	CRIME AND FIDELITY COVERAGE PART DECLARATIONS (KIDNAP/RANSOM AND EXTORTION COVERAGE)	CR DS 77 06 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	KIDNAP/RANSOM AND EXTORTION POLICY DECLARATIONS	CR DS 77 07 12 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



**Donald Harrison**  
Manager; Regulatory Filing & Support  
Direct: (630) 210-0351  
Fax: (630) 210-0377  
[dharrison@bupllc.com](mailto:dharrison@bupllc.com)

May 6, 2008

RE: StarNet Insurance Company  
NAIC #098-40045 FEIN #22-3590451  
"Crime General Risk (CGR) Program" Filing

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, and form filings on behalf of StarNet Insurance Company for the captioned Program. This authorization includes providing additional information and responding to questions on our behalf as necessary regarding these filings.

This specific authorization shall remain in effect until rescinded in writing.

Please direct all correspondence and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department  
Perr&Knight  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339  
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Donald D. Harrison". The signature is written in a cursive style with a large initial 'D'.

Donald D. Harrison  
Manager, Regulatory Filing & Support  
630-210-0351 (direct)  
800-343-0592 (toll free)  
[dharrison@bupllc.com](mailto:dharrison@bupllc.com)

