

SERFF Tracking Number: ARKS-125725078 State: Arkansas
Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #104948 \$50
Company Tracking Number: DP-2008-ODPRU
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 00006 - INSURANCE SERVICES OFFICE, INC.

Product Name: n/a SERFF Tr Num: ARKS-125725078 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #104948 \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: DP-2008-ODPRU State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Disposition Date: 07/09/2008
Date Submitted: 07/08/2008 Disposition Status: Filed
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal): 01/01/2009

State Filing Description:
rule for water damage exclusion endorsements

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 07/09/2008
State Status Changed: 07/09/2008 Deemer Date:
Corresponding Filing Tracking Number: DP-2008-OWEFR
Filing Description:
Rule for new water exclusion endorsements DP 16 09 and DP 16 10.

Company and Contact

SERFF Tracking Number: ARKS-125725078 State: Arkansas
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Company Tracking Number: DP-2008-ODPRU
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

Filing Contact Information

NA NA, NA, AR 00000 NA@NA.com (123) 555-4567 [Phone]

Filing Company Information

00006 - INSURANCE SERVICES OFFICE, INC. CoCode: 6 State of Domicile: Arkansas
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

Filing Fees

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

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Product Name: n/a
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Becky Harrington | 07/09/2008 | 07/09/2008 |

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Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 07/09/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125725078 State: Arkansas
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 Product Name: n/a
 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines | Filed | Yes |
| Supporting Document | HPCS-Homeowners Premium Comparison Survey | Filed | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | Filed | Yes |
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Filed | Yes |
| Supporting Document | ARKS-125725078 | | Yes |

SERFF Tracking Number: ARKS-125725078 State: Arkansas
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TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125725078

07/09/2008

Comments:

Attachment:

ARKS-125725078.pdf

BH

ARKS-125725078



2828 E. TRINITY MILLS ROAD SUITE 150 CARROLLTON, TX 75006
TEL: (214) 390-1825 FAX: (214) 390-1975

104948
50.00

Kenneth J. Hill, CPCU
Regional Director, Government Relations

June 27, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

FILED
JUL 08 2008
PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.

Attention: William R. Lacy, Director
Property and Casualty Division

RE: Insurance Services Office, Inc.
DP-2008-ODPRU
Dwelling Policy Program
Revision to Dwelling Policy Program Manual Exception Pages
REFERENCE FILING
State of Arkansas

Dear Mr. Lacy:

We hereby file the enclosed advisory reference document.

ISO does not establish an effective date for Homeowners rules revisions in Arkansas. Each insurer that elects to utilize this revision is responsible for determining its own effective date and complying with any applicable regulatory requirements. We will distribute this material to our participating insurers and update our electronic deliveries under cover of a Notice bearing a date of January 2009, or the earliest possible subsequent date following your acknowledgement.

Companion forms filing DP-2008-OWEFR is also submitted today under separate cover.

Please return an acknowledged copy of this cover letter for our records. An addressed, stamped envelope is enclosed for your convenience. We have also included an additional copy of this letter and envelope; we request that you return it now with a "received" stamp to confirm that you have received the filing.

Very truly yours,

Donald J. Beckel, CPCU, ARM
Assistant Regional Manager
Government Relations

DJB:dlb
Encl.

RECEIVED

JUL 08 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

| | | | | | |
|--|---|--------------|--|------------------|--|
| <p>1. Reserved for Insurance Dept. Use Only</p> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 20px;">FILED</div> <div style="text-align: center; font-size: 18px; font-weight: bold; margin-top: 5px;">JUL 08 2008</div> <div style="text-align: center; font-size: 12px; font-weight: bold; margin-top: 5px;">PROPERTY AND CASUALTY ARKANSAS INSURANCE DEPT.</div> | <p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p> | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
|----------------------|---------------------|

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|---------------------------------|----------|--------|------------|---------|
| Insurance Services Office, Inc. | DE | | 13-3131412 | |
| | | | | |
| | | | | |
| | | | | |

RECEIVED

1 JUL 08 2008

| | | |
|-----------------------------------|---------------|---|
| 5. Company Tracking Number | DP-2008-ODPRU | PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT |
|-----------------------------------|---------------|---|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|--|------------------------|----------------------------|----------------|-----------------|
| Donald J. Beckel Insurance Services Office, Inc. 2828 E. Trinity Mills Rd., Ste. 150 Carrollton, TX 75006 | Asst. Regional Manager | (214) 390-1825 Ext. 224 | (214) 390-1975 | DBECKEL@iso.com |
| | | | | |

7. Signature of authorized filer

8. Please print name of authorized filer: Donald J. Beckel

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

| | |
|--|--|
| 9. Type of Insurance (TOI) | 01.0 - Property |
| 10. Sub-Type of Insurance (Sub-TOI) | 01.0002 |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Dwelling Policy Program 2002 |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 01-01-2009 Renewal: 01-01-2009 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | Not Applicable |
| 17. Reference Organization # & Title | Not Applicable |
| 18. Company's Date of Filing | 6/27/08 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

2

Property & Casualty Transmittal Document---

| | | |
|------------|--|---------------|
| 20. | This filing transmittal is part of Company Tracking # | DP-2008-ODPRU |
|------------|--|---------------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

This filing revises Rule A1., Special State Requirements, in the Exception Pages to the Dwelling Policy Program Manual, to state that the Water Exclusion endorsements are for use with all Dwelling policies.

| | |
|------------|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|---|

Check #: 104948
Amount: \$50.00

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

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

| | | |
|----|---|---------------|
| 1. | This filing transmittal is part of Company Tracking # | DP-2008-ODPRU |
|----|---|---------------|

| | | |
|----|--|---------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | DP-2008-OWEFR |
|----|--|---------------|

Rate Increase Rate Decrease Rate Neutral (0%)

| | | |
|----|---|------------|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | File & Use |
|----|---|------------|

| 4a. Rate Change by Company (As Proposed) | | | | | | | |
|--|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
| Insurance Services Office, Inc. | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

| 4b. Rate Change by Company (As Accepted) For State Use Only | | | | | | | |
|---|--|-----------------------|---|--|----------------------------------|------------------|------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
| | | | | | | | |

| 5. Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|--|---|-------------|-----------|
| | | COMPANY USE | STATE USE |
| 5a. | Overall percentage rate indication (when applicable) | N/A | |
| 5b. | Overall percentage rate impact for this filing | N/A | |
| 5c. | Effect of Rate Filing – Written premium change for this program | N/A | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | N/A | |

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

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|----|---------------------------------------|---|--|
| 01 | Rule A1. Special State Requirements | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 02 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |

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Revision to Dwelling Policy Program Manual Exception Pages

About This Filing

This filing revises Rule A1., Special State Requirements, in the Exception Pages to the Dwelling Policy Program Manual, to state that the Water Exclusion endorsements are for use with all Dwelling policies.

Revised Rule

We are revising Rule A1., Special State Requirements.

We have used a format of ~~striking through~~ deletions, underlining additions and inserting a revision bar in the left margin to indicate changes. For the purposes of this filing, an asterisk (*) indicates designators may vary by jurisdiction and may be introduced as warranted upon distribution.

Related Filing(s)

Filing DP-2008-OWEFR contains the related forms filing.

Background

Companion Forms Filing DP-2008-OWEFR introduces multistate water exclusion endorsements for use in this jurisdiction.

Explanation of Changes

We have revised Rule A1., Special State Requirements, to state that DP 16 09 and DP 16 10 are to be used with all Dwelling policies.

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6

Paul

ADDITIONAL RULE(S)

RULE A1.
SPECIAL STATE REQUIREMENTS

*. Water Exclusion Endorsement

Use Endorsement DP 16 09 with all DP 00 02 policies.

Use Endorsement DP 16 10 with all DP 00 01 and DP 00 03 policies.

Page