

SERFF Tracking Number: CRUM-125715954 State: Arkansas
Filing Company: United States Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

Filing at a Glance

Company: United States Fire Insurance Company

Product Name: AR-PET END-USF

TOI: 09.0 Inland Marine

Sub-TOI: 09.0004 Pet Insurance Plans

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: CRUM-125715954 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Vera Harwell, Debbie

Deluccia, Howard DeBare, George

French

Date Submitted: 07/01/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi

Disposition Date: 07/07/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07/07/2008

State Status Changed: 07/02/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: UNITED STATES FIRE INSURANCE COMPANY

NAIC No: 0158-21113 13-5459190

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Pet Insurance Amendatory Endorsement PI-FM-08

Policy Forms: See List attached

SERFF Tracking Number: CRUM-125715954 State: Arkansas
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Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

We are attaching copies of the above referenced form for your approval.

The endorsement is to be used with our Pet Insurance Program that was approved by your Department on 12/06/06, Serff Tracking #CMPL-125042482, State Tracking Number AR-PC-06-022195.

Bracketed items are variable. This optional endorsement will be included or excluded, depending upon the desires of the individual purchasing the pet insurance plan.

The form is new and does not replace any form currently on file with your Department.

Should you require any further information, or have any questions, please feel free to contact me. Your review and approval of this form is appreciated.

Sincerely,

Eveanne Wood
Senior Compliance Analyst
Fairmont Specialty, a division of Crum & Forster
ewood@fairmontspecialty.com
(732)-918-6712

Company and Contact

Filing Contact Information

Vera Harwell, Compliance Manager vharwell@fairmontspecialty.com
5 Christopher Way (732) 918-6713 [Phone]
Eatontown, NJ 07724 (732) 918-4755[FAX]

Filing Company Information

United States Fire Insurance Company CoCode: 21113 State of Domicile: Delaware

SERFF Tracking Number: CRUM-125715954 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

305 MADISON AVENUE
MORRISTOWN, NJ 07962
(973) 490-6476 ext. [Phone]

Group Code: 158
Group Name:
FEIN Number: 13-5459190

Company Type:
State ID Number:

SERFF Tracking Number: CRUM-125715954 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Fire Insurance Company	\$50.00	07/01/2008	21202720

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	07/07/2008	07/07/2008

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	Becky Harrington	07/02/2008	07/02/2008	Vera Harwell	07/03/2008	07/03/2008

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Product Name: AR-PET END-USF
Project Name/Number: /

Disposition

Disposition Date: 07/07/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CRUM-125715954 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes

SERFF Tracking Number: CRUM-125715954 State: Arkansas
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Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/02/2008
Submitted Date 07/02/2008

Respond By Date
Dear Vera Harwell,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendatory Endorsement (Form)

Comment: The endorsement contains a deductible clause. The policy it attaches to also contains a deductible. Will both deductibles apply at the time of injury/illness?

Please feel free to contact me if you have questions.

Sincerely,
Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/03/2008
Submitted Date 07/03/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Good morning,

In response to your question, the policy deductible will apply only to conditions that are first manifest in that policy year. The endorsement covers only conditions that were first manifested in a prior policy year and will be applied only to treatment of those conditions. The current policy year deductible would not be applied to a condition that was first manifested in a previous policy year.

Sincerely,

SERFF Tracking Number: CRUM-125715954 *State:* Arkansas
Filing Company: United States Fire Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number:
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /
Eveanne Wood

Related Objection 1

Applies To:

- Amendatory Endorsement (Form)

Comment:

The endorsement contains a deductible clause. The policy it attaches to also contains a deductible. Will both deductibles apply at the time of injury/illness?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Debbie Deluccia, George French, Howard DeBare, Vera Harwell

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement	PI-FM-08		Endorsement/New Amendment/Conditions			PI-FM-08.pdf

UNITED STATES FIRE INSURANCE COMPANY
Administrative Office: 5 Christopher Way, Eatontown, New Jersey 07724

AMENDATORY ENDORSEMENT

This Amendatory Endorsement ("Endorsement") changes your Policy/Certificate. PLEASE READ IT CAREFULLY.

This Endorsement is effective on the Policy/Certificate effective date.

This Endorsement is provided in consideration of the payment of the required premium for this benefit. This Endorsement is made a part of the Policy/Certificate to which it is attached. This Endorsement is subject to all provisions, terms, definitions, exclusions and limitations of the Policy/Certificate that are not inconsistent with the provisions of this Endorsement. Endorsement benefits will only apply if you continue to purchase coverage for the Plan and the Endorsement for the current and successive **Plan Periods**.

Benefits will be paid during the subsequent **Plan Periods**, subject to the **Per Incident Maximum** and **Lifetime Maximum**, for treatment of eligible **illnesses** and/or **injuries** that first manifest during the current **Plan Period**.

The Endorsement Deductible is [\$100.00] per **Plan Period**.

The **Per Incident Maximum** payable under this Endorsement per eligible **illness** or **injury** is [\$1,000], inclusive of all eligible expenses related to the incident.

The **Lifetime Maximum Benefit** payable under this Endorsement is [\$2,500] inclusive of all eligible **illnesses** and/or **injuries**.

"**Per Incident**" means one **illness** or one **injury** that is eligible for benefits under this Endorsement.

Benefits in subsequent plan periods are payable on the same basis as conditions that first manifest during the current **Plan Period**.

All other terms, conditions and exclusions remain the same.



Joseph F. Braunstein, Jr.
President

SERFF Tracking Number: CRUM-125715954 State: Arkansas
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Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-PET END-USF
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07/07/2008

Comments:

See attached

Attachment:

P&C Form Transmittal.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only 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					

3. Group Name	Group NAIC #			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
United States Fire Insurance Company	DE	21113	13-5459190	

5. Company Tracking Number	CRUM-125715954
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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
Eveanne Wood	Sr Compliance Analyst	732-918-6712	732-918-4755	ewood@fairmontspecialty.com
7. Signature of authorized filer		<i>Eveanne Wood</i>		
8. Please print name of authorized filer		Eveanne Wood		

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

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0004 Pet Insurance Plan
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<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)
14. Effective Date(s) Requested	New: Approval: Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # **CRUM-125715954**

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

RE: **UNITED STATES FIRE INSURANCE COMPANY**

NAIC No: **0158-21113 13-5459190**

Pet Insurance Amendatory Endorsement PI-FM-08

Policy Forms: See List attached

We are attaching copies of the above referenced form for your approval.

The endorsement is to be used with our Pet Insurance Program that was approved by your Department on 12/06/06, Serff Tracking #CMPL-125042482, State Tracking Number AR-PC-06-022195.

Bracketed items are variable. This optional endorsement will be included or excluded, depending upon the desires of the individual purchasing the pet insurance plan.

The form is new and does not replace any form currently on file with your Department.

Should you require any further information, or have any questions, please feel free to contact me. Your review and approval of this form is appreciated.

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 #:

Amount: \$50.00 via EFT

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.)

1.	This filing transmittal is part of Company Tracking #	CRUM-125715954
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amendatory Endorsement	PI-FM-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1