

SERFF Tracking Number: STAT-125729387 State: Arkansas
Filing Company: State Auto Property and Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PC-DF-2008-270
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Arkansas Dwelling Fire Forms
Project Name/Number: Arkansas Dwelling Fire Forms/PC-DF-2008-270

Filing at a Glance

Company: State Auto Property and Casualty Insurance Company

Product Name: Arkansas Dwelling Fire Forms SERFF Tr Num: STAT-125729387 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: PC-DF-2008-270 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Authors: Doug Griffith, Terrie Wright Disposition Date: 07/16/2008
Date Submitted: 07/15/2008 Disposition Status: Approved
Effective Date Requested (New): 11/15/2008 Effective Date (New): 11/15/2008
Effective Date Requested (Renewal): 11/15/2008 Effective Date (Renewal): 11/15/2008

State Filing Description:

General Information

Project Name: Arkansas Dwelling Fire Forms Status of Filing in Domicile:
Project Number: PC-DF-2008-270 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 07/16/2008 Deemer Date:
State Status Changed: 07/16/2008
Corresponding Filing Tracking Number:
Filing Description:
With this filing we are revising our Dwelling Fire insurance program, as detailed in Exhibit I.

Copies of endorsements are attached.

SERFF Tracking Number: STAT-125729387 State: Arkansas
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Your consideration and approval of our filing to become effective November 15, 2008 will be very much appreciated.

Company and Contact

Filing Contact Information

Doug Griffith, Supervisor, State Filings doug.griffith@stateauto.com
 518 E. Broad Street (614) 917-5492 [Phone]
 Columbus, OH 43215 (614) 887-1615[FAX]

Filing Company Information

State Auto Property and Casualty Insurance CoCode: 25127 State of Domicile: Iowa
 Company
 1300 Woodland Ave Group Code: 175 Company Type: Property and
 Casualty
 PO Box 66150
 West Des Moines, IA 50265-0150 Group Name: State ID Number:
 (614) 464-5000 ext. [Phone] FEIN Number: 57-6010814

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Auto Property and Casualty Insurance Company	\$50.00	07/15/2008	21420791

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	07/16/2008	07/16/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exhibit I	Approved	Yes
Form	Earthquake	Approved	Yes
Form	Cap on Losses from Certified Terrorism Loss	Approved	Yes
Form	Dwelling Cover Sheet and Index	Approved	Yes
Form	Solid Fuel Questionnaire	Approved	Yes
Form	Windstorm or Hail Deductible	Approved	Yes
Form	Cap On Losses From Certified Acts Of Terrorism; Disclosure Pursuant To Terrorism Risk Insurance Act.	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Earthquake	DF0469	(12/02)	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: EQ0469 (12/02) Previous Filing #:		DF0469 (12-02).pdf
Approved	Cap on Losses from Certified Terrorism Loss	DP0538	(06/08)	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: DF2075 (01/06) Previous Filing #:		DP0538 (06-08).pdf
Approved	Dwelling Cover Sheet and Index	FI-36	(03/08)	Other	Replaced	Replaced Form #: FI-36 (09/07) Previous Filing #:		FI-36 (03-08).pdf
Approved	Solid Fuel Questionnaire	ACORD 73	(2000/08)	Other	New			ACORD 73 (2000-08).pdf
Approved	Windstorm or Hail Deductible	DF187	(04/00)	Endorsement/Amendment/Conditions	New			DF187 (04-00).pdf
Approved	Cap On Losses From Certified Acts Of Terrorism; Disclosure Pursuant To Terrorism Risk Insurance Act.	DL2489	(06/08)	Endorsement/Amendment/Conditions	New			DL2489 (06-08).pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARTHQUAKE

SCHEDULE*

Earthquake Deductible Percentage Amount:

Exterior Masonry Veneer Exclusion 1.

Check here only if this exclusion does not apply.

* Entries may be left blank if shown elsewhere in this policy for this coverage.

A. Coverage

1. We insure for direct physical loss to property covered under Coverages A, B or C caused by earthquake, including land shock waves or tremors before, during or after a volcanic eruption.
One or more earthquake shocks that occur within a seventy-two hour period constitute a single earthquake.
2. This coverage does not increase the limits of liability stated in this policy.

B. Special Deductible

The following replaces any other deductible provision in this policy with respect to loss covered under this endorsement:

We will pay only that part of the total of all loss payable under Coverages, except:

1. Coverage D - Fair Rental Value;
 2. Coverage E - Additional Living Expenses; and
 3. The Other Coverages;
- that exceeds the earthquake deductible.

We will pay only that part of the loss which exceeds %* of the amount of insurance that applies to the destroyed or damaged property. This deductible(s) will apply separately to loss under the various Coverages of this policy. If the limit of liability on certain property is increased by endorsement, and that property is destroyed or damaged, the total limit of liability will be used in calculating and applying the deductible.

The total deductible amount will not be less than \$250.

C. Special Exclusions

1. Exterior Masonry Veneer
We do not cover loss to exterior masonry veneer caused by earthquake. The value of exterior masonry veneer will be deducted before applying the earthquake deductible described above. For the purpose of this exclusion, stucco is not considered masonry veneer.
2. Flood
We do not cover loss resulting directly or indirectly from flood of any nature or tidal wave, whether:
 - a. Caused by;
 - b. Resulting from;
 - c. Contributed to by; or
 - d. Aggravated by; earthquake.
3. Filling Land
This coverage does not include the cost of filling land.
- D. Exception To The Earth Movement Exclusion
The Earth Movement Exclusion in this policy does not apply to loss caused by earthquake, including land shock waves or tremors before, during or after a volcanic eruption.

All other provisions of this policy apply.

DF0469 (12/02)

*/DF0469-200212

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM; DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts): \$0.00		
Additional information, if any, concerning the terrorism premium:		
Federal share of terrorism losses (Refer to Paragraph C. in this endorsement.)	%	Year:
Federal share of terrorism losses (Refer to Paragraph C. in this endorsement.)	%	Year:
Entries may be left blank if shown elsewhere in this policy for this coverage.		

- A. If:
1. Aggregate insured losses attributable to Terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31); and
 2. We have met our insurer deductible under The Terrorism Risk Insurance Act; we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.
 - (1) Human life;
 - (2) Property; or
 - (3) Infrastructure; and
- b. Is committed by an individual or individuals; and
- c. Is part of an effort:
 - (1) To coerce the civilian population of the United States; or
 - (2) To influence the policy or affect the conduct of the United States Government by coercion.
- B. Disclosure Of Premium
In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, which can be attributed to coverage for terrorist acts certified under that Act. The portion of your premium which can be attributed to such coverage is shown in the Schedule of this endorsement or the Declarations.
- C. Disclosure Of Federal Participation In Payment Of Terrorism Losses
The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals: 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.
- "Certified act of terrorism" means an 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 pursuant to the federal Terrorism Risk Insurance Act. The federal Terrorism Risk Insurance Act includes the following criteria in a "certified act of terrorism":
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:
 - a. Is violent or dangerous to:

DWELLING POLICY

STATE AUTO INSURANCE COMPANY

518 EAST BROAD STREET * COLUMBUS OHIO 43215 * 614-464-5000

STATE AUTO PROPERTY AND CASUALTY INSURANCE COMPANY

1300 WOODLAND AVENUE * WEST DES MOINES IOWA * 50265-0150 * 515-223-9438

CORPORATE OFFICE:

STATE AUTO INSURANCE COMPANIES * 518 EAST BROAD STREET * COLUMBUS, OH 43215-3976 * 614-464-5000

We have caused this policy to be signed by our authorized officers. The Company providing coverage is named on the Declarations.

Secretary



James A. Yano

President



Robert P. Restrepo

READ YOUR POLICY CAREFULLY. This policy index provides only a brief outline of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself is a legal contract between you and your insurance company and sets forth, in detail, the rights and obligations of both you and your insurance company. **IT IS THEREFORE IMPORTANT THAT YOU READ YOUR POLICY.**

YOUR DWELLING POLICY-QUICK REFERENCE

DECLARATIONS (Pages Numbered Separately)

Your Name
 Location of Your Residence
 Policy Period
 Coverages
 Amounts of Insurance
 Deductible

DP0001 12/02	DP0002 12/02	DP0003 12/02
Beginning on Page:		

AGREEMENT	1	1	1
DEFINITIONS	1	1	1
COVERAGES	1	1	1
Property Coverages			
Fair Rental Value			
Additional Living Expense (certain forms)			
Other Coverages			
Other Structures			
Debris Removal			
Improvements, Alterations and Additions			
World-Wide Coverage			
Rental Value			
Reasonable Repairs			
Property Removed			
Plants, Shrubs and Trees (certain forms)			
Fire Department Service Charge			
Collapse (certain forms)			
Safety Glazing (certain forms)			
PERILS INSURED AGAINST	3	4	4
EXCLUSIONS	4	6	7
CONDITIONS	5	7	8
Insurable Interest			
Concealment or Fraud			
Duties After Loss			
Loss Settlement			
Mortgage Clause			
Cancellation			
Non-Renewal			
(See coverage form for other conditions)			



SOLID FUEL QUESTIONNAIRE PERSONAL PROPERTY SUPPLEMENT

DATE

PRODUCER CODE AGENCY CUSTOMER ID	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP) COMPANY ACCOUNT NUMBER POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
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SOLID FUEL DEVICE

MANUFACTURER	BRAND NAME	MODEL NUMBER	FUEL
STOVE TYPE <input type="checkbox"/> RADIANT <input type="checkbox"/> CIRCULATING	DOES THE UNIT HAVE A TESTING LABORATORY LABEL? (UL, OTHER) <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE UNIT <input type="checkbox"/> FREE STANDING <input type="checkbox"/> FORCED AIR FURNACE	<input type="checkbox"/> CENTRAL HOT WATER FIREPLACE INSERT <input type="checkbox"/> ADD ON <input type="checkbox"/> BARREL TYPE <input type="checkbox"/> PELLET <input type="checkbox"/> FIREPLACE <input type="checkbox"/> OTHER (DESCRIBE):
CONSTRUCTION <input type="checkbox"/> CAST IRON <input type="checkbox"/> SHEET METAL	LOCATION <input type="checkbox"/> PLATE STEEL <input type="checkbox"/> OTHER	<input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR	<input type="checkbox"/> SECOND FLOOR <input type="checkbox"/> OTHER (DESCRIBE):
YEAR DEVICE INSTALLED	WAS INSTALLATION DONE BY A PROFESSIONAL INSTALLER SUCH AS A CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	INSTALLATION WAS INSPECTED BY <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> LOCAL BUILDING INSPECTOR	<input type="checkbox"/> OTHER: NOT INSPECTED
HEATING USE	WHAT OTHER TYPE OF HEATING SOURCE IS USED?		
<input type="checkbox"/> TOTAL (ONLY HEAT SOURCE) <input type="checkbox"/> PRIMARY (MAIN HEAT SOURCE)	<input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> OCCASIONAL	<input type="checkbox"/> GAS <input type="checkbox"/> OIL	<input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER (DESCRIBE):
IS THE DEVICE FREE FROM LARGE CRACKS AND/OR BROKEN PARTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CHIMNEY

IS THE STOVE VENTED INTO THE SAME CHIMNEY FLUE (DOUBLE VENTED) WITH A HEATING DEVICE USING A DIFFERENT TYPE FUEL? IF YES, LIST OTHER DEVICE(S) AND WHERE EACH IS ATTACHED ON CHIMNEY			<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHIMNEY CONSTRUCTION IS				
<input type="checkbox"/> MASONRY, WITHOUT A LINER	<input type="checkbox"/> METAL, TRIPLE WALL (CLASS A AND UL LISTED)	<input type="checkbox"/> METAL, SINGLE WALL (CLASS A AND UL LISTED)		
<input type="checkbox"/> MASONRY, WITH A LINER	<input type="checkbox"/> METAL, DOUBLE WALL INSULATED (CLASS A AND UL LISTED)	<input type="checkbox"/> OTHER:		
IF MASONRY: DOES TILE FLUE LINING EXTEND FROM BELOW THE STOVEPIPE ENTRY POINT TO THE TOP OF THE CHIMNEY?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF MASONRY: IS THE CHIMNEY BUILT FROM THE GROUND UP?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
WAS THE CHIMNEY INSTALLED AFTER THE HOUSE WAS BUILT AND FOR THIS SOLID FUEL HEATING DEVICE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS CHIMNEY "COVERED WITH" OR "HIDDEN BEHIND" A COMBUSTIBLE WALL? IF YES, GIVE DISTANCE FROM SMOKE PIPE TO EDGES OF OPENING IN THAT WALL OR COVER _____ INCHES			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DESCRIBE ANY THIMBLE OR MATERIAL PLACED TO PROTECT THE EDGES OF THAT OPENING				

STOVE PIPE

STOVE PIPE IS				
<input type="checkbox"/> SINGLE WALL METAL	<input type="checkbox"/> LABORATORY LISTED DOUBLE WALL OR INSULATED			
DOES THE SMOKE PIPE FIT SNUG INTO THE CHIMNEY OPENING?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE SMOKE PIPE HAVE A "WASTE HEAT COLLECTOR/CIRCULATOR", "HEAT RECLAIMER", "CATALYTIC CONVERTER", "HEAT EXTRACTOR", OR CIRCULATING FAN?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE STOVE PIPE CONNECTIONS SECURELY FASTENED TO EACH OTHER WITH SCREWS AT EACH CONNECTION?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE SMOKE PIPE PASS THROUGH ANY INTERIOR COMBUSTIBLE WALL, CEILING, CLOSET, OR CONCEALED AREA? IF YES, CHECK ONE OF THE FOLLOWING:			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> PASSES THROUGH A VENTILATED THIMBLE WITH A DIAMETER OF: _____ INCHES			<input type="checkbox"/> NO THIMBLE, DISTANCE FROM PIPE TO EDGES OF OPENING IS: _____ INCHES	

UNIT CLEARANCES

DOES THE STOVE INSTALLATION AND USE CONFORM TO ALL OF ITS MANUFACTURER'S SPECIFICATIONS AND LOCAL FIRE CODES? IF THERE ARE ANY VARIANCES, COMPLETE THE REMAINDER OF THIS SECTION AND EXPLAIN THE VARIANCES IN REMARKS.						<input type="checkbox"/> YES	<input type="checkbox"/> NO				
DISTANCE FROM UNIT TO:											
REAR WALL		LEFT WALL		RIGHT WALL		BOTTOM OF UNIT TO FLOOR		DIAMETER OF PIPE		FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION	
FEET INCHES		FEET INCHES		FEET INCHES		FEET INCHES		INCHES		FEET INCHES	
STOVE PIPE TO WALL		TOP OF PIPE TO CEILING		DIAMETER OF PIPE		SHORTEST DISTANCE FROM PIPE TO ANY WALL		TO THE CEILING			
FEET INCHES		FEET INCHES		FEET INCHES		FEET INCHES		FEET INCHES			
DISTANCE TO: FURNITURE, DRAPES, WOOD STORAGE OR OTHER COMBUSTIBLES FROM FRONT OF DEVICE											
FEET INCHES											
IS THERE PROTECTIVE MATERIAL ON IF YES, PLEASE DESCRIBE AND INDICATE WHETHER PROTECTIVE MATERIAL IS SPACED OUT AND IF SO HOW FAR											
<input type="checkbox"/> WALLS		<input type="checkbox"/> FLOOR									
<input type="checkbox"/> CEILING											
REMARKS:											

FIRE PROTECTION

IS THERE A FIRE EXTINGUISHER IN THE DWELLING?		YES	NO
IF YES, IS IT IN OPERATING CONDITION?		YES	NO
IS THERE A SMOKE DETECTOR IN THE DWELLING?		YES	NO
IS THERE A HEAT SENSOR IN THE DWELLING?		YES	NO
IS THERE A CARBON MONOXIDE (CO) DETECTOR IN THE DWELLING?		YES	NO

CLEANING

HOW OFTEN IS THE STOVE, CHIMNEY, AND STOVE/SMOKE PIPE CLEANED AND INSPECTED?	BY WHOM?	IS THIS PERSON A CERTIFIED CHIMNEY SWEEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LAST CLEANING
WHAT TYPE OF CONTAINER IS USED TO DISPOSE OF THE ASHES?		WHERE ARE THE ASHES STORED?	

PHOTOGRAPHS

1. ATTACH AT LEAST ONE PHOTO OF INTERIOR WITH STOVE INSTALLED, INCLUDE FLOOR PROTECTION
2. ATTACH AT LEAST ONE PHOTO OF EXTERIOR WITH CHIMNEY

SIGNATURE

SIGNATURE OF PERSON COMPLETING THIS FORM	DATE



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WINDSTORM OR HAIL DEDUCTIBLE

With respect to the peril of Windstorm or Hail, we will pay only that part of the total of all loss payable under the Property Coverages that exceeds the windstorm or hail deductible stated in the Declarations Page. No other deductible in the policy applies to loss caused by windstorm or hail.

All other provisions of this policy apply.

DF187 (04/00)

*/DF187-200004

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
**CAP ON LOSSES FROM CERTIFIED ACTS OF
TERRORISM; DISCLOSURE PURSUANT TO TERRORISM
RISK INSURANCE ACT
SCHEDULE**

Terrorism Premium (Certified Acts): \$0.00
Additional information, if any, concerning the terrorism premium:
Federal share of terrorism losses % Year: (Refer to Paragraph C. in this endorsement.)
Federal share of terrorism losses % Year: (Refer to Paragraph C. in this endorsement.)
Entries may be left blank if shown elsewhere in this policy for this coverage.

- A. If:
 - 1. Aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31); and
 - 2. We have met our insurer deductible under the Terrorism Risk Insurance Act:
We shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rate allocation in accordance with procedures established by the Secretary of the Treasury.
- a. Is violent or dangerous to:
 - (1) Human life;
 - (2) Property; or
 - (3) Infrastructure; and
- b. Is committed by an individual or individuals; and
- c. Is part of an effort:
 - (1) To coerce the civilian population of the United States; or
 - (2) To influence the policy or affect the conduct of the United States Government by coercion.

"Certified act of terrorism" means an 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 pursuant to the federal Terrorism Risk Insurance Act. The federal Terrorism Risk Insurance Act includes the following criteria in a "certified act of terrorism":

- 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:

- B. Disclosure Of Premium
In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, which can be attributed to coverage for terrorist acts certified under that Act. The portion of your premium which can be attributed to such coverage is shown in the Schedule of this endorsement or the Declarations.
- C. Disclosure Of Federal Participation In Payment Of Terrorism Losses
The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals: 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Bypass Reason: N/A
Comments:

Review Status:
Approved 07/16/2008

Satisfied -Name: Exhibit I
Comments:
Please see attached Exhibit I with complete list of forms.
Attachment:
Exhibit I.pdf

Review Status:
Approved 07/16/2008

Exhibit I
ARKANSAS Dwelling Fire
Effective Date: Nov-15-2008

New form # and edition date	Previous form # and edition date	Form Name and Description of Change for Filing	Replacement, Withdraw, New, Discontinued or N/A	Mandatory, Optional or Neither	Broaden, Restrict, or Clarify
DF0469 (12/02)	EQ0469 (12/02)	Earthquake -Will be introducing new optional deductibles.	R	O	C
DP0538 (06/08)	DF2075 (01/06)	Cap on Losses from Certified Terrorism Loss -Update to ISO's form.	R	M	C
FI-36 (03/08)	FI-36 (09/07)	Dwelling Cover Sheet and Index Form being updated to add appropriate officer signatures.	R	M	C
ACORD 73 (2000/08)	NA	Solid Fuel Questionnaire	N	N	NA
DF187 (04/00)	New	Windstorm or Hail Deductible-New Optional Deductible for Windstorm or Hail.	N	O	R
DL2489 (06/08)	New	Cap On Losses From Certified Acts Of Terrorism; Disclosure Pursuant To Terrorism Risk Insurance Act.	N	M	C
N/A	F11015 (03/07)	Endorsement-Form can be discontinued as being written in SA Property & Casualty	D	0	0
NA	DF2049 (05/05)	Amendment - Duties After Loss (Twelve Month Reporting Period for Hail Losses)	D	0	0
NA	DF2076 (01/06)	Exclusion of Certified Acts of Terrorism Comment-Form is being discontinued. No longer any option to reject coverage.	D	0	0
NA	DF2077 (01/07)	Conditional Exclusion of Terrorism (Relating to Disposition of Fed. Terrorism Risk Insurance Act)	D	0	0