

<i>SERFF Tracking Number:</i>	<i>UTCX-125742978</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>CP AR09914CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Printers Program</i>		
<i>Project Name/Number:</i>	<i>Printers Program/CP AR09914CGF01</i>		

## Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company		
Product Name: Printers Program	SERFF Tr Num: UTCX-125742978	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CP AR09914CGF01	State Status: Fees verified
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI UticaNational	Disposition Date: 07/28/2008
	Date Submitted: 07/22/2008	Disposition Status: Approved
Effective Date Requested (New): 12/01/2008		Effective Date (New): 12/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 12/01/2008

State Filing Description:

## General Information

Project Name: Printers Program	Status of Filing in Domicile:
Project Number: CP AR09914CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/28/2008	Deemer Date:
State Status Changed: 07/28/2008	
Corresponding Filing Tracking Number:	
Filing Description:	
Our companies would like to introduce our Graphic Arts Industries Extension Endorsement - Backup Of Sewers or Drains Coverage. This endorsement provides coverage for backup of sewers or drains not caused by or due to flood.	
This coverage was previously provided within our Graphic Arts Industries Extension Endorsement, which is being filed concurrently under separate cover.	

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<i>Company Tracking Number:</i>	<i>CP AR09914CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
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<i>Project Name/Number:</i>	<i>Printers Program/CP AR09914CGF01</i>		

This coverage is non-premium bearing, so no premium adjustment applies to this change.

## Company and Contact

### Filing Contact Information

Julie Garrabrant, Senior State Filings Coordinator 180 Genesee Street New Hartford, NY 13413	julie.garrabrant@uticanational.com  (315) 734-2000 [Phone] (315) 734-2252[FAX]
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### Filing Company Information

Utica Mutual Insurance Company 180 Genesee Street New Hartford, NY 13413  (315) 734-2000 ext. [Phone]	CoCode: 25976 Group Code: 201 Group Name: Utica National Insurance Group FEIN Number: 15-0476880 -----	State of Domicile: New York Company Type: State ID Number:
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Graphic Arts Mutual Insurance Company 180 Genesee Street New Hartford, NY 13413  (315) 734-2000 ext. [Phone]	CoCode: 25984 Group Code: 201 Group Name: Utica National Insurance Group FEIN Number: 13-5274760 -----	State of Domicile: New York Company Type: State ID Number:
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## Filing Fees

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

SERFF Tracking Number: UTCX-125742978 State: Arkansas  
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 Product Name: Printers Program  
 Project Name/Number: Printers Program/CP AR09914CGF01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/28/2008	07/28/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	SPI UticaNational	07/24/2008	07/24/2008
Filing Fee	Note To Reviewer	SPI UticaNational	07/22/2008	07/22/2008

SERFF Tracking Number: UTCX-125742978 State: Arkansas  
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Printers Program  
Project Name/Number: Printers Program/CP AR09914CGF01

## Disposition

Disposition Date: 07/28/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees \$50 the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: UTCX-125742978 State: Arkansas  
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 Company Tracking Number: CP AR09914CGF01  
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 Product Name: Printers Program  
 Project Name/Number: Printers Program/CP AR09914CGF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Backup Of Sewers or Drains Endorsement	Approved	Yes

*SERFF Tracking Number:* UTCX-125742978      *State:* Arkansas  
*First Filing Company:* Utica Mutual Insurance Company, ...      *State Tracking Number:* #? \$50  
*Company Tracking Number:* CP AR09914CGF01  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Printers Program  
*Project Name/Number:* Printers Program/CP AR09914CGF01

**Note To Reviewer**

**Created By:**

SPI UticaNational on 07/24/2008 12:03 PM

**Subject:**

Filing Fee

**Comments:**

Our filing fee of \$50.00, check #0000012885 dated 7/23/2008, has been put in the mail to your department.

Thank You.

*SERFF Tracking Number:* UTCX-125742978      *State:* Arkansas  
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*Company Tracking Number:* CP AR09914CGF01  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Printers Program  
*Project Name/Number:* Printers Program/CP AR09914CGF01

**Note To Reviewer**

**Created By:**

SPI UticaNational on 07/22/2008 12:34 PM

**Subject:**

Filing Fee

**Comments:**

In error, our filing fee was not sent via EFT. A \$50.00 filing fee will be sent by mail as soon as possible.

Sorry for any inconvenience this may have caused.

SERFF Tracking Number: UTCX-125742978 State: Arkansas  
 First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$50  
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 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Printers Program  
 Project Name/Number: Printers Program/CP AR09914CGF01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Backup Of Sewers or Drains Endorsement	8-E-3609	Ed. 1-2007	Endorsement/New Amendment/Conditions		0.00	8-E-3609.PDF

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

**BACKUP OF SEWERS OR DRAINS COVERAGE  
(NOT FLOOD - RELATED)**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
CAUSES OF LOSS - SPECIAL FORM

**SCHEDULE\***

Premises Number	Building Number	Revised Limit of Insurance

\*Information required to complete the Schedule, if not shown on this endorsement, will be shown in the Declarations.

- A. We will pay for direct physical loss of or damage to Covered Property solely caused by or resulting from water that backs up or overflows from a sewer, drain or sump. However, the coverage provided by this endorsement is not flood insurance and does not apply to any loss or damage that is induced by or caused directly or indirectly by flood, surface water or the overflow of a river, stream, or other body of water.
- B. The most we will pay under this endorsement in any one occurrence is the applicable Limit of Insurance for Covered Property shown in the Declarations, unless a Revised Limit of Insurance is shown in the Schedule above.
- C. Only with respect to the insurance provided by this endorsement, to the extent that part **(3)** of the Water Exclusion in the Causes of Loss Form applicable to this coverage part conflicts with the coverage provided by this endorsement, that part does not apply.
- D. If any excluded cause or event contributes concurrently or in any sequence to the loss, we will not pay for the loss caused directly or indirectly by such excluded cause or event under this endorsement.

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*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Printers Program  
*Project Name/Number:* Printers Program/CP AR09914CGF01

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UTCX-125742978 State: Arkansas  
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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Printers Program  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/28/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.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					

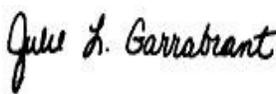
<b>3. Group Name</b>	<b>Group NAIC #</b>
Utica National Insurance Group	0201

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

<b>5. Company Tracking Number</b>	CP AR09914CGF01
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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
	Julie L. Garrabrant 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2324	315-734-2252	julie.garrabrant@uticanational.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Julie L. Garrabrant

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

<b>9.</b>	Type of Insurance (TOI)	01.0 Property
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	Graphic Arts Industries Extension Endorsement - Backup of Sewers or Drains Coverage
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 12/01/2008      Renewal: 12/01/2008
<b>15.</b>	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	
<b>17.</b>	Reference Organization # & Title	
<b>18.</b>	Company's Date of Filing	07/22/2008
<b>19.</b>	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



## 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>	CP AR09914CGF01
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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)	
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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	Backup Of Sewers or Drains Endorsement	8-E-3609 Ed. 1-2007	<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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		