

<i>SERFF Tracking Number:</i>	<i>XLAM-125723391</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Greenwich Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08GD-IS-CP17-MU-AL</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>Schedule of Locations</i>		
<i>Project Name/Number:</i>	<i>Schedule of Locations Form Filing/08GD-IS-CP17-MU-AR</i>		

Filing at a Glance

Company: Greenwich Insurance Company

Product Name: Schedule of Locations

TOI: 01.0 Property

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: XLAM-125723391 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: 08GD-IS-CP17-MU-AL State Status: Fees verified and received

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Arshay Brown

Disposition Date: 07/07/2008

Date Submitted: 07/07/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07/07/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
07/07/2008

State Filing Description:

General Information

Project Name: Schedule of Locations Form Filing

Project Number: 08GD-IS-CP17-MU-AR

Reference Organization:

Reference Title:

Filing Status Changed: 07/07/2008

State Status Changed: 07/07/2008

Corresponding Filing Tracking Number:

Filing Description:

RE:Greenwich Insurance Company NAIC: #1285-22322/ FEIN: # 95-1479095

Commercial Property

Schedule of Locations Endorsement

Proposed Effective Date: Upon Approval

Our Filing Number: 08GD-IS-CP17-MU-AR

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: XLAM-125723391 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08GD-IS-CP17-MU-AL
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Schedule of Locations
Project Name/Number: Schedule of Locations Form Filing/08GD-IS-CP17-MU-AR

1201 North Market Street (302) 661-7048 [Phone]
Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company CoCode: 22322 State of Domicile: Delaware
1201 North Market street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(866) 304-3079 ext. [Phone] FEIN Number: 95-1479095

SERFF Tracking Number: XLAM-125723391 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$50.00	07/07/2008	21270491

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: XLAM-125723391 State: Arkansas
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Disposition

Disposition Date: 07/07/2008

Effective Date (New): 07/07/2008

Effective Date (Renewal): 07/07/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *XLAM-125723391* State: *Arkansas*
 Filing Company: *Greenwich Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *08GD-IS-CP17-MU-AL*
 TOI: *01.0 Property* Sub-TOI: *01.0001 Commercial Property (Fire and Allied Lines)*
 Product Name: *Schedule of Locations*
 Project Name/Number: *Schedule of Locations Form Filing/08GD-IS-CP17-MU-AR*

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Schedule of Locations	XIP 300	06 08	Other	New		0.00	XIP 300 0608 Schedule of Locations _2_.pdf



Schedule of Locations

Blanket Number	Location Number	Address	City	State	Zip	Construction	Occupancy

Blanket Number	Location Number	Address	City	State	Zip	Construction	Occupancy

Blanket Number	Location Number	Address	City	State	Zip	Construction	Occupancy

SERFF Tracking Number: *XLAM-125723391* *State:* *Arkansas*
Filing Company: *Greenwich Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08GD-IS-CP17-MU-AL*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Schedule of Locations*
Project Name/Number: *Schedule of Locations Form Filing/08GD-IS-CP17-MU-AR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125723391 State: Arkansas
Filing Company: Greenwich Insurance Company State Tracking Number: EFT \$50
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Supporting Document Schedules

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

Comments:
Attachments:
NAIC Transmittal.pdf
Filing Schedule.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Greenwich Insurance Company	Delaware	22322	95-1479095	

5. Company Tracking Number	08GD-IS-CP17-MU-AR
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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
	Arshay Brown 1201 N. Market Street Wilmington, DE 19801	State Filings Analyst	302-661-7048	302-778-4190	Arshay.Brown@xlgroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Arshay Brown

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

9. Type of Insurance (TOI)	Commercial Property
10. Sub-Type of Insurance (Sub-TOI)	Commercial Property
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: Upon Approval Renewal: Upon Approval
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	7/7/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08GD-IS-CP17-MU-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Greenwich Insurance Company is submitting for your review and approval a new Schedule of Locations Endorsement, form XIP 300 0608. This Schedule was developed to support policy issuance of blanket coverage for Commercial Property coverage and will also be used with package policies. This is a new form and does not replace any previously filed form.

Form XIP 300 0608 will be used with the following Declarations pages which were previously filed with your department and approved; Common Policy Declarations Page XII 000 0207 and Commercial Property Coverage Part Declarations Page XIP 000 0408 and Supplemental Declarations Page XIP 001 0406.

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 #: EFT
Amount: EFT

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

Effective March 1, 2007

*****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 #	08GD-IS-CP17-MU-AR			
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	Schedule of Locations	XIP 300 06 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		