

SERFF Tracking Number: ZURC-125751958 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW-IM-27576
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Commercial Inland Marine AAIS EDP and Miscellaneous Schedule Property Filing
Project Name/Number: /

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: Commercial Inland Marine AAIS SERFF Tr Num: ZURC-125751958 State: Arkansas
EDP and Miscellaneous Schedule Property

Filing

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland

Co Tr Num: CW-IM-27576

State Status: Fees verified and received

Marine

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Llyweyia Rawlins

Author: Roderick Veranga

Disposition Date: 07/30/2008

Date Submitted: 07/29/2008

Disposition Status: Approved

Effective Date Requested (New): 09/15/2008

Effective Date (New): 09/15/2008

Effective Date Requested (Renewal): 09/15/2008

Effective Date (Renewal):
09/15/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/30/2008

State Status Changed: 07/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Property & Casualty Section:

In accordance with the filing requirements of your state, we have enclosed for your review and approval the appropriate filing memorandum, forms, and transmittals in support of our Commercial Inland Marine adoption of AAIS amendatory endorsement CL 0100 03 99 (Common Policy Conditions).

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We request an effective date of September 15, 2008.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Roderick Veranga

Business Analyst

Regulatory Services

Phone: (847) 413-3054

Fax: (847) 605-7768

Email: roderick.veranga@zurichna.com

Company and Contact

Filing Contact Information

Roderick Veranga, Business Analyst roderick.veranga@zurichna.com
1400 American Lane (847) 413-3054 [Phone]
Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
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1400 American Lane
Schaumburg, IL 60196
(847) 605-6000 ext. [Phone]

Group Code: 212
Group Name:
FEIN Number: 36-2781080

Company Type:
State ID Number:

Zurich American Insurance Company
1400 American Lane
Schaumburg, IL 60102
(847) 605-6000 ext. [Phone]

CoCode: 16535
Group Code: 212
Group Name:
FEIN Number: 36-4233459

State of Domicile: New York
Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR Form fee is \$50 per submission
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	07/29/2008	21652640
American Guarantee and Liability Insurance Company	\$0.00	07/29/2008	
Zurich American Insurance Company of Illinois	\$0.00	07/29/2008	
Zurich American Insurance Company	\$0.00	07/29/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/30/2008	07/30/2008

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Disposition

Disposition Date: 07/30/2008
Effective Date (New): 09/15/2008
Effective Date (Renewal): 09/15/2008
Status: Approved
Comment:

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Commercial Policy Conditions	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Policy Conditions	CL 0100	03 99	Policy/CoveNew rage Form			CL0100 0399 Common Policy Conditions.p df

COMMON POLICY CONDITIONS

1. **Assignment** -- This policy may not be assigned without "our" written consent.
2. **Cancellation** -- "You" may cancel this policy by returning the policy to "us" or by giving "us" written notice and stating at what future date coverage is to stop.

"We" may cancel this policy, or one or more of its parts, by written notice sent to "you" at "your" last mailing address known to "us". If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

If "we" cancel this policy for nonpayment of premium, "we" will give "you" notice at least ten days before the cancellation is effective. If "we" cancel this policy for any other reason, "we" will give "you" notice at least 30 days in advance of cancellation. The notice will state the time that the cancellation is to take effect.

"Your" return premium, if any, will be calculated according to "our" rules. It will be refunded to "you" with the cancellation notice or within a reasonable time. Payment or tender of the unearned premium is not a condition of cancellation.

3. **Change, Modification, or Waiver of Policy Terms** -- A waiver or change of the "terms" of this policy must be issued by "us" in writing to be valid.
4. **Inspections** -- "We" have the right, but are not obligated, to inspect "your" property and operations at any time. This inspection may be made by "us" or may be made on "our" behalf. An inspection or its resulting advice or report does not warrant that "your" property or operations are safe, healthful, or in compliance with laws, rules, or regulations. Inspections or reports are for "our" benefit only.
5. **Examination of Books and Records** -- "We" may examine and audit "your" books and records that relate to this policy during the policy period and within three years after the policy has expired.

CL 0100 03 99

Copyright, American Association of Insurance Services,
1998

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Product Name: *Commercial Inland Marine AAIS EDP and Miscellaneous Schedule Property Filing*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/30/2008

Comments:

Attachment:

CW-IM-27576 P&C Trans.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 07/30/2008

Comments:

Attachment:

CL0100 memo.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 #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Guarantee & Liability Insurance Co.	NY	26247	36-6071400	0212
American Zurich Insurance Company	IL	40142	36-3141762	0212
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	0212
Zurich American Insurance Company	NY	16535	36-4233459	0212

5. Company Tracking Number	CW-IM-27576
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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
	Roderick Veranga 1400 American Lane Schaumburg, IL 60196	Business Analyst	847-413-3054	847-605-7768	Roderick.veranga@zurichna.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Roderick Veranga		

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

9. Type of Insurance (TOI)	Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Commercial Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	0.9
12. Company Program Title (Marketing title)	AAIS Amendatory Endorsement Filing
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: September 15, 2008 Renewal: September 15, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	July 29, 2008
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 #	CW-IM-27576
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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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Dear Property & Casualty Section:

In accordance with the filing requirements of your state, we have enclosed for your review and approval the appropriate filing memorandum, forms, and transmittals in support of our Commercial Inland Marine adoption of AAIS amendatory endorsement CL 0100 03 99 (Common Policy Conditions).

We request an effective date of September 15, 2008.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,
Roderick Veranga
Business Analyst
Regulatory Services
Phone: (847) 413-3054
Fax: (847) 605-7768
Email: roderick.veranga@zurichna.com

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: \$50

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.)**

We are submitting an AAIS amendatory endorsement for use in your state.

CL 0100 0399 Commercial Policy Conditions is a mandatory endorsement that will be used with all AAIS Inland Marine coverages.