

SERFF Tracking Number: CAPC-125788975 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50  
Company Tracking Number: 08-INTER-FO-CW-088  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Interline Dec Changes Filing  
Project Name/Number: Interline Dec Changes Filing/08-INTER-FO-CW-088

## Filing at a Glance

Company: Capitol Indemnity Corporation  
Product Name: Interline Dec Changes Filing SERFF Tr Num: CAPC-125788975 State: Arkansas  
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 08-INTER-FO-CW-088 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Amanda Mullen Disposition Date: 08/25/2008  
Date Submitted: 08/25/2008 Disposition Status: Approved  
Effective Date Requested (New): 11/01/2008 Effective Date (New): 11/01/2008  
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name: Interline Dec Changes Filing Status of Filing in Domicile: Authorized  
Project Number: 08-INTER-FO-CW-088 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/25/2008  
State Status Changed: 08/25/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Common Policy Declarations CIG 174 (06-08)  
Filing Number: 08-INTER-FO-CW-088  
Effective Date: 11/01/08 new business, 01/01/09 renewal business  
NAIC Number: 10472

Please replace Common Policy Declarations CIG 174 (01-08) with the attached final printed copy of Common Policy

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Declarations CIG 174 (06-08)

## Explanatory Memo

We have moved the phrase "12:01 A.M. Standard Time at the address of the insured stated herein" under the Policy Period in the information section of the page. We have also removed the wording "Policy Period" in the body of the page.

This dec page is mandatory.

Thank you for your time and consideration of this filing.

Amanda Mullen  
Product Analyst

## Company and Contact

### Filing Contact Information

Amanda Mullen, akmullen@capitolindemnity.com  
PO Box 5900 (608) 829-4839 [Phone]  
Madison, WI 53705 (608) 829-7402[FAX]

### Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin  
PO Box 5900 Group Code: 501 Company Type:  
Madison, WI 53705 Group Name: State ID Number:  
(608) 829-4200 ext. [Phone] FEIN Number: 39-0971527  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: One forms filing @ \$50.

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**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	08/25/2008	22108007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/25/2008	08/25/2008

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## **Disposition**

Disposition Date: 08/25/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* CAPC-125788975      *State:* Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Side By Side Comparison	Approved	Yes
<b>Form</b>	Common Policy Declarations	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Declarations	CICG 174	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICG 174 (01-08) Previous Filing #:	VIII	CICG174 06-08 Filing Copy.pdf

[Insert Company Name]  
[Insert Company Mailing Address]

**COMMON POLICY DECLARATIONS**

**RENEWAL OF NUMBER:**

<b>POLICY NUMBER</b>	<b>POLICY PERIOD</b>	<b>AGENCY</b>
12:01 A.M. Standard Time at the address of the insured stated herein		
<b>NAMED INSURED AND ADDRESS</b>	<b>AGENT</b>	

**BUSINESS DESCRIPTION:**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

**[Insert Coverage Part(s) and Premium** **\$**

**TOTAL ADVANCE PREMIUM** **\$ ]**

Premium shown is payable: **\$**  
TERRORISM RISK INSURANCE ACT OF [insert year] **\$**

\* THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT. ADDITIONAL OR RETURN PREMIUMS MAY BE DUE.

FORMS APPLICABLE TO ALL COVERAGE PARTS: See Attached Policy Coverage Part Form Schedule

Countersigned

By \_\_\_\_\_  
Authorized Representative

*SERFF Tracking Number:*      *CAPC-125788975*                      *State:*                      *Arkansas*  
*Filing Company:*              *Capitol Indemnity Corporation*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-INTER-FO-CW-088*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*              *Interline Dec Changes Filing*  
*Project Name/Number:*      *Interline Dec Changes Filing/08-INTER-FO-CW-088*

## **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 08/25/2008

**Comments:**

**Attachment:**

AR Int Trans Doc.pdf

**Satisfied -Name:** Side By Side Comparison **Review Status:** Approved 08/25/2008

**Comments:**

**Attachment:**

CICG 174 Comparison.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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:

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.)

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## 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>	
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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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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input 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

[Insert Company Name]  
[Insert Company Mailing Address]

## COMMON POLICY DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
---------------	---------------	--------

NAMED INSURED AND ADDRESS	AGENT
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~~POLICY PERIOD:~~

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[Insert Coverage Part(s) and Premium]	\$
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<b>TOTAL ADVANCE PREMIUM</b>	<b>\$ ]</b>
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Premium shown is payable:	\$
TERRORISM RISK INSURANCE ACT OF [insert year]	\$

\* THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT. ADDITIONAL OR RETURN PREMIUMS MAY BE DUE.

FORMS APPLICABLE TO ALL COVERAGE PARTS: See Attached Policy Coverage Part Form Schedule

Countersigned

By \_\_\_\_\_  
Authorized Representative

[Insert Company Name]  
[Insert Company Mailing Address]

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**TOTAL ADVANCE PREMIUM** \$ ]

Premium shown is payable: \$  
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Countersigned

By \_\_\_\_\_  
Authorized Representative