

SERFF Tracking Number: PERR-125777689 State: Arkansas  
Filing Company: New Hampshire Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: AIC-08-IM-05  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Public Storage Program  
Project Name/Number: AIC-08-IM-05 /AIC-08-IM-05

## Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Public Storage Program

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: PERR-125777689 State: Arkansas

SERFF Status: Closed

Co Tr Num: AIC-08-IM-05

Co Status:

Author: Lance Julian

Date Submitted: 08/25/2008

State Tr Num: #? \$50

State Status: Fees verified

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 08/27/2008

Disposition Status: Approved

Effective Date Requested (New): 11/15/2008

Effective Date Requested (Renewal):

Effective Date (New): 11/15/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: AIC-08-IM-05

Project Number: AIC-08-IM-05

Reference Organization:

Reference Title:

Filing Status Changed: 08/27/2008

State Status Changed: 08/27/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of New Hampshire Insurance Company ("The Company"), we are filing to introduce the Public Storage Program. This program is designed to provide Commercial Inland Marine coverage on a monoline basis. Public Storage Insurance Company is a captive. They write a countrywide insurance program for Public Storage, Inc. mini-storage facilities, and have requested that the New Hampshire Insurance Company issue policies for its members. This is a new program to the New Hampshire Insurance Company.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We respectfully request the filing to be effective on November 15, 2008.

SERFF Tracking Number: PERR-125777689 State: Arkansas  
Filing Company: New Hampshire Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: AIC-08-IM-05  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Public Storage Program  
Project Name/Number: AIC-08-IM-05 /AIC-08-IM-05

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

Please contact me directly if you have any questions regarding this submission. Thank you.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lance Julian, State Filings Project Coordinator doi@perrknight.com  
881 Alma Real Drive ste 205 (888) 201-5123 [Phone]  
Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania  
2704 Commerce Drive Group Code: 12 Company Type: Property Casualty  
Suite B  
Harrisburg, PA 17110 Group Name: American Int'l Companies State ID Number:  
(617) 330-4339 ext. [Phone] FEIN Number: 02-0172170  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per form filing  
Per Company: No

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Product Name: Public Storage Program  
Project Name/Number: AIC-08-IM-05 /AIC-08-IM-05

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$0.00	08/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103785	\$50.00	08/25/2008

SERFF Tracking Number: PERR-125777689 State: Arkansas  
Filing Company: New Hampshire Insurance Company State Tracking Number: #? \$50  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Public Storage Program  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/27/2008	08/27/2008

*SERFF Tracking Number:* PERR-125777689      *State:* Arkansas  
*Filing Company:* New Hampshire Insurance Company      *State Tracking Number:* #? \$50  
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*TOI:* 09.0 Inland Marine      *Sub-TOI:* 09.0005 Other Commercial Inland Marine  
*Product Name:* Public Storage Program  
*Project Name/Number:* AIC-08-IM-05 /AIC-08-IM-05

## **Disposition**

Disposition Date: 08/27/2008

Effective Date (New): 11/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

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

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125777689 State: Arkansas  
 Filing Company: New Hampshire Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: AIC-08-IM-05  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
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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 & Letter of Authority	Approved	Yes
Form	ARKANSAS CERTIFICATE OF STORAGE INSURANCE	Approved	Yes

SERFF Tracking Number: PERR-125777689 State: Arkansas  
 Filing Company: New Hampshire Insurance Company State Tracking Number: #? \$50  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	ARKANSAS CERTIFICATE OF STORAGE INSURANCE	99140	(7/08)	Certificate	New			Arkansas Certificate.p df

# ARKANSAS CERTIFICATE OF STORAGE INSURANCE

New Hampshire Insurance Company  
70 Pine Street, New York, NY 10270  
Master Policy # \_\_\_\_\_

This Certificate of Storage Insurance (hereinafter "Certificate") provides evidence of coverage under Master Policy # \_\_\_\_\_ (hereinafter "Policy"). Various provisions in this Policy restrict coverage. Read the entire Certificate carefully to determine rights, duties, and what is and is not covered. In this Certificate, the person who is named as a tenant in the **Rental Agreement** and has elected insurance coverage under this Policy will be referred to as "you" and "your". The words "we," "us" and "our" refer to the Company providing this insurance. Other words and phrases that appear in bold type have special meaning. Refer to the **DEFINITIONS** section at the end of this Certificate.

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**INSURING AGREEMENT:** We will provide insurance under this Policy in consideration of your payment of the **Premium** shown in the **Rental Agreement**. The most we will pay is the **Amount of Insurance** shown in the **Rental Agreement**, in excess of the \$100 deductible. We will not pay more than the **Amount of Insurance** per occurrence for all insured property while in storage within the enclosed storage space described in the **Rental Agreement**. For the purpose of identification and reference, the printed number on your **Rental Agreement** is deemed to be the Certificate Number assigned to this Certificate.

**CERTIFICATE PERIOD:** The insurance coverage will become effective under this Policy immediately upon completion of the application in the **Rental Agreement** and payment of the **Premium**. The insurance attaches from such time until the termination of the **Rental Agreement** between you and the **Owner**, or when cancelled as provided herein.

**PROPERTY INSURED:** The personal property insured under this Policy consists of your personal property while in storage within the enclosed storage space described in the **Rental Agreement**. We will also cover the personal property of others for which you may be liable or have assumed liability prior to a loss while in storage within the enclosed storage space described in the **Rental Agreement**. However, we will not cover the property of **Owner** whether it is within or outside such enclosed storage space.

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**COVERED CAUSES OF LOSS:** We cover direct physical loss to property insured only while within the enclosed storage space and caused by the following:

1. Fire.
2. Lightning.
3. Windstorm or Hail, but not including: (a) Frost or cold weather; (b) Ice (other than hail), snow or sleet, whether driven by wind or not; or (c) Loss or damage to the interior of any building or structure, or the property inside the building or structure, caused by rain, snow, sand or dust, whether driven by wind or not, unless the building or structure first sustains wind or hail damage to its roof or walls through which the rain, snow, sand or dust enters.
4. Explosion or Sonic Boom.
5. Riot or Civil Commotion, including: (a) Acts of striking employees; and (b) Looting occurring at the time and place of a riot or civil commotion.
6. Aircraft or Vehicles, meaning only physical contact of an aircraft, a spacecraft, a self-propelled missile, a vehicle or an object thrown up by a vehicle with the property insured or with the building or structure containing the property insured. This cause of loss includes loss or damage by objects falling from aircraft.
7. Smoke causing sudden and accidental loss or damage.
8. Vandalism, meaning willful and malicious damage to, or destruction of, the described property.
9. Falling Objects, provided the exterior of the building containing the property is first damaged by such falling objects.
10. Weight of Ice, Snow or Sleet.
11. Water Damage except as excluded under subparagraphs 2.b., 2.c., 2.d. and 2.e. in **EXCLUSIONS**.
12. Sinkhole Collapse, meaning loss or damage caused by the sudden sinking or collapse of land into underground empty spaces created by the action of water on limestone or dolomite. This cause of loss does not include: (a) The cost of filling sinkholes; or (b) Sinking or collapse of land into man-made underground cavities.
13. Collapse of Buildings containing the property, other than by earthquake.

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**ADDITIONAL COVERAGES:** We will also provide these additional coverages up to the amounts stated below, subject to the \$100 Deductible. These additional coverages do not increase the **Amount of Insurance**.

1. **Burglary:** We will pay up to 100% of the **Amount of Insurance** for loss by Burglary. The term Burglary means the act of stealing property by forcible entry into the storage space described in the **Rental Agreement**, and must be evidenced by visible signs of forced entry. However, this coverage only applies when such storage space is securely locked at the time of the forcible entry, and does not apply to the lien enforcement procedures by the **Owner**. A missing lock, or the presence of a lock different than the lock placed by you on the storage space, is not sufficient, standing alone, to establish forcible entry. In the event of a burglary claim, you will bear the burden of proof to establish that a burglary has occurred.
2. **Debris Removal:** We will pay your reasonable expense to remove debris of property insured caused by or resulting from a covered cause of loss up to 20% of the **Amount of Insurance**.
3. **Transit:** We will pay up to 100% of the **Amount of Insurance** for loss by fire or by the collision or overturn of a motor vehicle or trailer upon which covered property is being transported while such property is in transit to or from the storage facility, provided such transit is within 100 miles of the described storage facility.
4. **Extra Rental Expense:** We will pay up to 20% of the Amount of Insurance to cover the reasonable extra expense necessarily incurred by you for the rental of substitute storage when occupancy of the described storage space is prevented as a result of direct physical loss or damage to the storage space as a result of a covered cause of loss.
5. **Vermin:** We will pay up to \$250 under this Policy to cover damage by Vermin to insured property while in the enclosed storage space. The term Vermin is defined as various small animals, including but not limited to rodents, and/or insects that are destructive. Coverage is excluded when any food, food product, or ingestible is stored in the enclosed storage space with the insured property.

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**EXCLUSIONS:**

1. **Property insured does not include**
  - a. Accounts, bills, currency, deeds, food stamps or other evidences of debt, money, notes or securities. Lottery tickets held for sale are not securities.
  - b. Animals;
  - c. Jewelry, watches, semi-precious/precious stones, and furs;
  - d. Broken glass or similar fragile articles;
  - e. Contraband, explosives or property in the course of illegal transportation or trade;
  - f. Valuable papers and records, including those which exist as electronic data;
  - g. Property in units in which the **Owner** has begun lien enforcement procedures;
  - h. Property not placed within the enclosed storage space described in the **Rental Agreement** (except as provided under **Transit** in **ADDITIONAL COVERAGES**).

(EXCLUSIONS continued on Page 2)

**EXCLUSIONS (CONTINUED)**

2. We will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss:
- a. Wear and tear, gradual deterioration, decay, inherent vice, latent defect, vermin (except as provided under **Vermin in ADDITIONAL COVERAGES**).
  - b. Presence, growth, proliferation, spread or any activity of fungus (including mold or mildew and any mycotoxins, spores, scents or by-products produced or released by fungi), wet or dry rot or bacteria, atmospheric condition or changes in temperature.
  - c. Loss of use or loss of market.
  - d. Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not.
  - e. Earthquake, including any earth sinking, rising or shifting related to such event. But if earthquake results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.
  - f. War, including undeclared or civil war, or warlike action by a military force, including action in hindering, or defending against an actual, or expected attack, by any government, sovereign or other authority using military personnel or naval or other agents; war, including undeclared or civil war.
  - g. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering, or defending against any of these.
  - h. Nuclear reaction or radiation, or radioactive contamination, however caused. But if nuclear reaction or radiation, or radioactive contamination, results in fire, we will pay for the loss or damage caused by that fire.
  - i. Intentional loss, meaning any loss arising out of any act you commit or conspires to commit with the intent to cause a loss.
  - j. Seizure or destruction of property by order of governmental authority. But we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread, if the fire would be covered under this Policy.

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**DEDUCTIBLE:** We will not pay for loss until the amount of the loss exceeds the Deductible amount of \$100. We will pay the amount of the loss in excess of the Deductible up to the applicable **Amount of Insurance**.

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**VALUATION:** The value of the insured property will be determined at the time of the loss or damage and will be the least of the following amounts: (1) The actual cash value of the insured property; (2) The cost of repairs to the insured property; (3) The cost of replacing the insured property with other property of like kind and quality.

**PAIR, SET OR PARTS:** (1) In case of loss to any part of a pair or set we may: (a) repair or replace any part to restore the pair or set to its valuation before the loss; or (b) pay the difference between the actual cash value of the pair or set before and after the loss. (2) In case of loss to any part of covered property, consisting of several parts when complete, we will pay only for the valuation of the lost or damaged part.

**OTHER INSURANCE:** If a loss covered by this Policy is also covered by other insurance, this insurance shall be primary over any other valid and collectible insurance available to you, unless elected otherwise by you.

**DUTIES IN THE EVENT OF LOSS OR DAMAGE:** You must do the following in the event of loss or damage to the insured property: (1) Notify the police if a law has been broken. (2) Give us or an authorized claim representative prompt notice of the loss or damage. Include a description of the property involved and your interest in the property. (3) Give us a description of how, when and where the loss or damage occurred, including the names addresses and telephone numbers of any witnesses.

**CONCEALMENT, MISREPRESENTATION AND FRAUD:** This Policy is void in any case of fraud by you as it relates to this Policy at any time. It is also void if you at any time intentionally conceal or misrepresent a material fact concerning: (1) This Policy; (2) The insured property; or (3) Your interest in the insured property.

**EXAMINATION UNDER OATH:** Before recovering for any loss, if requested you will: (1) Permit us to inspect the damaged property before it is disposed of or repaired; (2) Send us a sworn statement of loss containing the information we request to settle a claim within 60 days of our request; (3) Agree to examinations under oath at our request; (4) Produce others for examination under oath at our request; (5) Provide us with all pertinent records needed to prove the loss; and (6) Cooperate with us in the investigation or settlement of the loss.

**APPRAISAL:** If you and we disagree on the value of the insured property or the amount of the loss, either may make written request for an appraisal of the loss. However, an appraisal will be made only if both we and you agree, voluntarily, to have the loss appraised. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of the loss. If they fail to agree, they will submit their differences to the umpire. An appraisal decision will not be binding on either party. Each party will: (1) Pay its chosen appraiser; and (2) Bear the other expenses of the appraisal and umpire equally. If there is an appraisal, we will still retain our right to deny the claim.

**LOSS PAYMENT, OTHER RECOVERIES:** We will pay for covered loss or damage within 30 days after we have reached agreement with you on the amount of the loss, or an appraisal award has been made, or the filing of any arbitration award, whichever is earlier. We will not be liable for any part of a loss which has been paid by others.

**LEGAL ACTION AGAINST US:** No one may bring a legal action against us unless there has been full compliance with all the terms of this insurance and such action is brought within two years after the date on which the physical loss or damage occurred.

**TRANSFER RIGHTS OF RECOVERY AGAINST US:** If any person or organization to or for whom we make payment under this insurance has rights to recover damages from another, those rights are transferred to us to the extent of our payment. That person or organization must do everything necessary to secure our rights and must do nothing after the loss to impair them.

**CHANGES:** This Certificate contains agreements between you and us concerning the insurance afforded under the Policy. This Policy's terms can be amended or waived only by endorsement issued by us and made a part of this Policy.

**AUTOMATIC TERMINATION OF CERTIFICATE:** The insurance evidenced by this Certificate will automatically terminate without notice to you on the date the **Rental Agreement** between you and the **Owner** is terminated.

**CANCELLATION OF CERTIFICATE:** (1) You may cancel the Certificate by mailing or delivering to us advance written notice of cancellation. (2) If this Certificate has been in effect more than 60 days, we may cancel only for one or more of the following reasons: (a) Nonpayment of **Premium**; (b) Fraud or material misrepresentation made by you or with your knowledge in obtaining the Certificate, continuing the Certificate or in presenting a claim under the Certificate; (c) The occurrence of a material change in the risk which substantially increases any hazard insured against after Certificate issuance; (d) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or its occupancy which substantially increases any hazard insured against under the Certificate; or (e) A material violation of a material provision of the Certificate. (3) If this Certificate is cancelled, we will send you any **Premium** refund due. (4) We will refund the pro rata unearned **Premium** if the Certificate is: (a) Cancelled by us or at our request; (b) Cancelled but rewritten with us or in our company group; (c) Cancelled because you no longer have an insurable interest in the property or business operation that is the subject of this insurance; or (d) Cancelled after the first year of a prepaid Certificate that was written for a term of more than one year. (5) If the Certificate is cancelled at your request, other than a cancellation described in (2) (b), (c) or (d) above, we will refund 90% of the pro rata unearned **Premium**. However, the refund will be less than 90% of the pro rata unearned **Premium** if the refund of such amount would reduce the **Premium** retained by us to an amount less than the minimum **Premium** for this Certificate. (6) We may cancel this Certificate by mailing or delivering to you written notice of cancellation at least: (a) 10 days before the effective date of cancellation if we cancel for nonpayment of **Premium**; or (b) 45 days before the effective date of cancellation if we cancel for any other reason. (7) We will mail or deliver our notice to you at the address shown in the **Rental Agreement**. (8) Notice of cancellation will state the effective date of cancellation. The Certificate period will end on that date. (9) The cancellation will be effective even if we have not made or offered a refund. (10) If notice is mailed, proof of mailing will be sufficient proof of notice.

**CONFORMITY WITH STATE STATUTES:** If the terms of this Certificate are in conflict with the laws of the state wherein the Certificate is issued, they are hereby amended to conform to such statutes.

**DEFINITIONS:** (1) **Owner:** means the owner, landlord or operator of the self-storage facility. (2) **Rental Agreement:** means the Lease Rental Agreement, including the Addendum pertaining to storage insurance, executed and in effect between you and the **Owner**. (3) **Amount of Insurance:** means the **Amount of Insurance** that you have designated by your initials in the **Rental Agreement**. (4) **Premium:** means the amount shown in the **Rental Agreement** as the **Premium** for your insurance.

Producer: Willis Insurance Services of California, Inc., (CA License #0371719)  
PO Box 811128, Los Angeles CA 90081  
Telephone Toll Free (877) 878-6730.

\_\_\_\_\_  
Authorized Signature

*SERFF Tracking Number:*      *PERR-125777689*                      *State:*                      *Arkansas*  
*Filing Company:*              *New Hampshire Insurance Company*              *State Tracking Number:*      *#? \$50*  
*Company Tracking Number:*      *AIC-08-IM-05*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *Public Storage Program*  
*Project Name/Number:*      *AIC-08-IM-05 /AIC-08-IM-05*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125777689 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/27/2008

**Comments:**

**Attachments:**

NAIC FFS.pdf  
NAIC PCTD.pdf

**Satisfied -Name:** Filing Memorandum & Letter of Authority **Review Status:** Approved 08/27/2008

**Comments:**

**Attachments:**

Explanatory Memo.pdf  
Letter of Authority.pdf

## 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>	AIC-08-IM-05			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
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	ARKANSAS CERTIFICATE OF STORAGE INSURANCE	99140 (7/08)	<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		



## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AIC-08-IM-05
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of New Hampshire Insurance Company ("The Company"), we are filing to introduce the Public Storage Program. This program is designed to provide Commercial Inland Marine coverage on a monoline basis.

Public Storage Insurance Company is a captive. They write a countrywide insurance program for Public Storage, Inc. mini-storage facilities, and have requested that the New Hampshire Insurance Company issue policies for its members. This is a new program to the New Hampshire Insurance Company.

We respectfully request the filing to be effective on 11/15/2008.

<b>22. Filing Fees</b> (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]
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**Check #:** 103785

**Amount:** \$50.00

**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.)**

**Explanatory Memorandum  
AIC-08-IM-05  
New Hampshire Insurance Company  
Commercial Inland Marine  
Public Storage Program**

**Background**

Public Storage Insurance Company is a captive. They write a countrywide insurance program for Public Storage, Inc. mini-storage facilities, and have requested that the New Hampshire Insurance Company issue policies for its members. This is a new program to the New Hampshire Insurance Company.

**Lines of Insurance**

This program is designed to provide Commercial Inland Marine coverage on a monoline basis.

**Form and Endorsements**

The filing consists of a Certificate of Storage Insurance that is provided to each policyholder. The Master Policy is filed in the State of California. The first named insured is Public Storage Inc.

**Rates and Rules**

The premium charge for the Self-Storage customized coverage form is a flat charge based upon the limit of insurance.



**AIG Programs**

A Division of American International Companies®  
100 Summer Street  
Boston, MA 02110

August 7, 2008

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of the New Hampshire Insurance Company.

This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339 x120  
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

Paul H. Hershey, CPCU  
Chief Underwriting Officer/Vice President  
AIG Specialty Program Division  
100 Summer Street  
19th Floor  
Boston, MA 02110

Phone 617-772-4552  
Fax 617-330-8595  
PaulHershey@aig.com