

SERFF Tracking Number: ALSX-125823414 State: Arkansas
Filing Company: First Colonial Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AF-00066
TOI: 21.6 Motor Vehicle Service Contracts Sub-TOI: 21.6000 Motor Vehicle Service Contracts
Product Name: Contractual Liability Insurance
Project Name/Number: Form Filing/AF-00066

Filing at a Glance

Company: First Colonial Insurance Company

Product Name: Contractual Liability Insurance

TOI: 21.6 Motor Vehicle Service Contracts

Sub-TOI: 21.6000 Motor Vehicle Service
Contracts

Filing Type: Form

SERFF Tr Num: ALSX-125823414 State: Arkansas

SERFF Status: Closed

Co Tr Num: AF-00066

Co Status:

Author: SPI AllState

Date Submitted: 09/18/2008

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Alexa Grissom, Betty
Montesi

Disposition Date: 09/23/2008

Disposition Status: Approved

Effective Date Requested (New): 10/15/2008

Effective Date Requested (Renewal):

Effective Date (New): 10/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Form Filing

Project Number: AF-00066

Reference Organization:

Reference Title:

Filing Status Changed: 09/23/2008

State Status Changed: 09/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Enclosed for your review and approval is the initial filing of forms for a Vehicle Protection Product Program. This is a new filing for our company and will not replace any existing filing. The endorsements will be attached to the Service Contract Reimbursement Insurance Policy VSC-REIMCLIP-AR (12/04), which was approved by your department on February 22, 2005 and Contractual Liability Insurance Policy for Designated Contracts UCLIP (01/07), which was approved by your department on January 18, 2008.

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Company and Contact

Filing Contact Information

Chris Ewing,
 2775 Sanders Road (847) 402-5000 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

First Colonial Insurance Company CoCode: 29980 State of Domicile: Florida
 1776 American Heritage Life Drive Group Code: 8 Company Type: Property and
 Jacksonville, FL 32224 Group Name: Allstate Casualty
 (847) 402-5000 ext. [Phone] FEIN Number: 59-2773658 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Colonial Insurance Company	\$50.00	09/18/2008	22594912

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/23/2008	09/23/2008

SERFF Tracking Number: *ALSX-125823414* *State:* *Arkansas*
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Disposition

Disposition Date: 09/23/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Interest Endorsement	REIMCLIP-0708-AI		Endorsement/Amendment/Conditions		0.00	REIMCLIP-AI.PDF
Approved	Amendatory Endorsement	VPP-REIMCLIP-01	0708	Endorsement/Amendment/Conditions		0.00	VPP-REIMCLIP-01.PDF



FIRST COLONIAL INSURANCE COMPANY

[1776 American Heritage Life Drive
Jacksonville, Florida 32224]
[904-992-2543]

**CONTRACTUAL LIABILITY REIMBURSEMENT INSURANCE POLICY
Additional Interest Endorsement**

This Coverage Endorsement is attached to and forms a part of Policy No. _____ and is subject to all the terms and conditions of the Policy not inconsistent herewith.

Issued to _____

Effective Date of Endorsement _____ Date of Issue _____

Name and Address of Person or Organization [_____]
[_____]

The above named person or organization shall be entitled to the following rights under this policy:

A. NOTICE OF CANCELLATION

1. If we cancel the policy, we will mail notice to the person or organization in accordance with the Cancellation Condition of the policy.
2. If the named insured cancels the policy, we will mail notice to the person or organization as to the date specified by the named insured.
3. Cancellation shall end all rights granted under this endorsement.

B. ADDITIONAL CONDITIONS

Such rights granted by this endorsement are applicable only to his/her/its interest in service contracts or vehicle protection product warranties issued by such person or organization and which are reported to the Company in accordance with the Condition titled Record Keeping and Reporting.

This endorsement does not vary, alter, waive or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached other than as stated above. This endorsement is subject to the provisions of the policy and endorsements to which it is attached except where amended by this endorsement.

[_____]

Secretary



FIRST COLONIAL INSURANCE COMPANY

[1776 American Heritage Life Drive
Jacksonville, Florida 32224]
[904-992-2543]

**Vehicle Protection Product
Amendatory Endorsement**

The policy to which this endorsement is attached is amended as follows:

SECTION II. DEFINITIONS, is revised to add the following definitions:

- I. Vehicle Protection Product means a vehicle protection devise, system, or service that is all of the following:
 - a. Installed on or applied to a vehicle
 - b. Is designed to prevent loss or damage to a vehicle from a specific cause
 - c. Includes a written warranty

Vehicle protection product shall include, without limitation, alarm systems, body part marking products, steering locks, window etch products, pedal and ignition locks, fuel and ignition kill switches, and electronic, radio, and satellite tracking devices.

- J. Incidental Costs mean expenses specified in the Warranty incurred by the Warranty Holder related to the failure of the vehicle protection product to perform as provided in the Warranty. Incidental costs may include, without limitation, insurance policy deductibles, rental vehicle charges, the difference between the actual value of the stolen vehicle at the time of theft and the cost of a replacement vehicle, sales taxes, registration fees, transaction fees and mechanical inspection fees.

SECTION II. DEFINITIONS, B, D & H, are deleted in their entirety and replaced with the following:

- B. Warranty Holder means the person who purchases a vehicle protection product or who is a permitted transferee.
- D. Vehicle Protection Product Warrantor or Warrantor means a person who is contractually obligated to the Warranty Holder under the terms of the vehicle protection product warranty agreement. The Warrantor is named on the Declarations or any endorsements which are attached to the Policy.
- H. Vehicle Protection Product Warranty or Warranty means a written agreement by a Warrantor that provides if the vehicle protection product fails to prevent loss or damage to a vehicle from a specific cause, the Warranty Holder shall be paid specified Incidental Costs by the Warrantor as a result of the failure of the vehicle protection product to perform pursuant to the terms of the Warranty.

This endorsement does not vary, alter, waive or extend any of the terms, conditions or limitations of the policy to which this endorsement is attached other than as stated above. This endorsement is subject to the provisions of the policy and endorsements to which it is attached except where amended by this endorsement.

[Secretary]

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<i>Product Name:</i>	<i>Contractual Liability Insurance</i>		
<i>Project Name/Number:</i>	<i>Form Filing/AF-00066</i>		

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

09/23/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM 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 #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
First Colonial Insurance Company	FL	29980	59-2773658	

5. Company Tracking Number	AF-00066
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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
	Chris Ewing 2775 Sanders Road, Suite A5 Northbrook IL 60062		800-366-2958 Ext. 27309	847-402-9757	

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

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

9.	Type of Insurance (TOI)	21.6 Motor Vehicle Service Contracts
10.	Sub-Type of Insurance (Sub-TOI)	21.6000 Motor Vehicle Service Contracts
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Contractual Liability Insurance
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: 10/15/2008 Renewal: n/a
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	09/18/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" 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.)

1.	This filing transmittal is part of Company Tracking #	AF-00066
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2.	This filing corresponds to rate/rule filing number (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	Additional Interest Endorsement	REIMCLIP-AI 0708	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Amendatory Endorsement	VPP-REIMCLIP-01 0708	<input checked="" 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		