

SERFF Tracking Number: CAPC-125794226 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-PROP-FO-CW-092
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Property Dec Changes Filing
Project Name/Number: Property Dec Changes Filing/08-PROP-FO-CW-092

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Property Dec Changes Filing

TOI: 01.0 Property

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

Filing Type: Form

SERFF Tr Num: CAPC-125794226 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: 08-PROP-FO-CW-092

State Status: Fees verified and received

Co Status:

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

Author: Amanda Mullen

Disposition Date: 09/02/2008

Date Submitted: 08/27/2008

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: Property Dec Changes Filing

Project Number: 08-PROP-FO-CW-092

Reference Organization:

Reference Title:

Filing Status Changed: 09/02/2008

State Status Changed: 09/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Commercial Property Coverage Part Supplemental Declarations CICIP 003 (06-08)

Filing Number: 08-PROP-FO-CW-092

Effective Date: 11/01/08 new business, 01/01/09 renewal business

NAIC Number: 10472

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Please replace Commercial Property Coverage Part Supplemental Declarations CICP 003 (10-93) with the attached final printed copy of Commercial Property Coverage Part Supplemental Declarations CICP 003 (06-08).

Explanatory Memo

We have replaced the Company name and address with placeholders for the Company name and address. We added the phrase "12:01 A.M. Standard Time at the address of the insured stated herein" to the Policy Period in the information section of the page. We have also changed the wording "Policy Period" to "Effective Date of Change" in the body of the dec page to avoid confusion.

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, akullen@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

Filing Fees

SERFF Tracking Number: CAPC-125794226 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: One forms filing @ \$50 each
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	08/27/2008	22167866

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/02/2008	09/02/2008

SERFF Tracking Number: CAPC-125794226 *State:* Arkansas
Filing Company: Capitol Indemnity Corporation *State Tracking Number:* EFT \$50
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TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Property Dec Changes Filing
Project Name/Number: Property Dec Changes Filing/08-PROP-FO-CW-092

Disposition

Disposition Date: 09/02/2008

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-125794226 State: Arkansas
 Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
 Company Tracking Number: 08-PROP-FO-CW-092
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Property Dec Changes Filing
 Project Name/Number: Property Dec Changes Filing/08-PROP-FO-CW-092

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	CICP 003 Comparison	Approved	Yes
Form	Commercial Property Coverage Part Supplemental Declarations	Approved	Yes

SERFF Tracking Number: CAPC-125794226 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Property Coverage Part Supplemental Declarations	CICP 003	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICP 003 (10-93) Previous Filing #:		VIII CICP003 0608 Filing Copy.pdf

[Insert Company Name]
[Insert Company Mailing Address]

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

EFFECTIVE DATE OF CHANGE: -
12:01 A.M. Standard Time at the address of the insured stated herein

DESCRIPTION OF PREMISES - ADDRESSES

Premis. No.	Street	City	St	Zip
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DESCRIPTION OF PREMISES – OCCUPANCY AND CONSTRUCTION

Premis. No.	Bldg. No.	Occupancy	Construction	Protection
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COVERAGES PROVIDED

Premis. No.	Bldg. No.	Covered	Limit of Insurance	Covered Causes of Loss	Coins	Ded	Premium
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OPTIONAL COVERAGES (Only applicable if completed below)

Premis. No.	Bldg. No.	Coverage	Agreed Value Exp Date	Amount	Replacement Incl	Cost Stock	Inflation Guard
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OPTIONAL COVERAGES (Only applicable if completed below)

Premis. No.	Bldg. No.	Extra Expense %	Mo. Indemnity	Limit of Indemnity	APPLIES TO BUSINESS INCOME ONLY	Max. Period of Indemnity	Extended Period (Days)
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MORTGAGE HOLDERS –

FORMS AND ENDORSEMENTS – SEE COMMERCIAL PROPERTY COVERAGE PART FORM SCHEDULE #CICP 005

SERFF Tracking Number: *CAPC-125794226* *State:* *Arkansas*
Filing Company: *Capitol Indemnity Corporation* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-PROP-FO-CW-092*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Property Dec Changes Filing*
Project Name/Number: *Property Dec Changes Filing/08-PROP-FO-CW-092*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125794226 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/02/2008

Comments:

Attachment:

AR Prop Trans Doc.pdf

Satisfied -Name: CICP 003 Comparison **Review Status:** Approved 09/02/2008

Comments:

Attachment:

CICP 003 Comparison.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
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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.)

PC TD-1 pg 2 of 2

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 #	
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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			<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]

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

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Premis. No.	Bldg. No.	Coverage	Agreed Value Exp Date	Amount	Replacement Incl	Cost Stock	Inflation Guard
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Premis. No.	Bldg. No.	Extra Expense %	Mo. Indemnity	Limit of	APPLIES TO BUSINESS INCOME ONLY	Max. Period of	Extended Period
						Indemnity	(Days)

MORTGAGE HOLDERS –

FORMS AND ENDORSEMENTS – SEE COMMERCIAL PROPERTY COVERAGE PART FORM SCHEDULE #CICP 005

DATE -
CICP 003 (06-08)