

SERFF Tracking Number: CAPC-125801690 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-CRIME-FO-CW-089
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: Crime Dec Changes Filing
Project Name/Number: Crime Dec Changes Filing/08-CRIME-FO-CW-089

Filing at a Glance

Company: Capitol Indemnity Corporation
Product Name: Crime Dec Changes Filing SERFF Tr Num: CAPC-125801690 State: Arkansas
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 08-CRIME-FO-CW-089 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Amanda Mullen Disposition Date: 09/05/2008
Date Submitted: 09/04/2008 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: Crime Dec Changes Filing Status of Filing in Domicile: Authorized
Project Number: 08-CRIME-FO-CW-089 Domicile Status Comments: Approved
08/22/2008
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/05/2008
State Status Changed: 09/05/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Commercial Crime Coverage Part Supplemental Declarations CICC 002 (06-08)
Filing Number: 08-CRIME-FO-CW-089
Effective Date: 11/01/08 new business, 01/01/09 renewal business
NAIC Number: 10472

SERFF Tracking Number: CAPC-125801690 State: Arkansas
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Please replace Commercial Crime Coverage Part Supplemental Declarations CICC 002 (06-04) with the attached final printed copy of Commercial Crime Coverage Part Supplemental Declarations CICC 002 (06-08).

Explanatory Memo

We have replaced the Company name and address with placeholders for the Company name and address. We have added 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 added a place to enter "Employee Benefit Plan(s) as Insureds" in the body of the page. We have also added the wording "See Commercial Crime Coverage Part Form Schedule #CICC003" under Forms and Endorsements.

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

Filing Fees

SERFF Tracking Number: CAPC-125801690 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	09/04/2008	22280646

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/05/2008	09/05/2008

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Disposition

Disposition Date: 09/05/2008

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-125801690 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	CICC 002 Side by Side	Approved	Yes
Form	Commercial Crime Coverage Part Supplemental 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	Commercial Crime Coverage Part Supplemental Declarations	CICC 002	(06-08)	Declaration Replaced s/Schedule	Replaced Form #:0.00 CICC 002 (06-04) Previous Filing #:		VIII CICC002 0608 Filing Copy.pdf

[Insert Company Name]
[Insert Company Mailing Address]

**COMMERCIAL CRIME COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
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12:01 A.M. Standard Time at the address of the insured stated herein

NAMED INSURED AND ADDRESS	AGENT
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CRIME DECLARATIONS

THE CRIME COVERAGE CONSISTS OF THIS DECLARATIONS FORM, THE COMMERCIAL CRIME COVERAGE FORM, AND THE ENDORSEMENTS INDICATED AS APPLICABLE.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSUREDS:

INSURING AGREEMENTS, LIMITS OF INSURANCE, DEDUCTIBLES, AND PREMIUM

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence	PREMIUM
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FORMS AND ENDORSEMENTS: SEE COMMERCIAL CRIME COVERAGE PART FROM SCHEDULE #CICC 003

Countersigned

By _____
Authorized Representative

SERFF Tracking Number: CAPC-125801690 *State:* Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/05/2008

Comments:

Attachment:

AR Crime Trans Doc.pdf

Satisfied -Name: CICC 002 Side by Side **Review Status:** Approved 09/05/2008

Comments:

Attachment:

CICC 002 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

~~Capitol Indemnity Corporation~~
~~P.O. Box 5900 Madison, WI 53705~~

COMMERCIAL CRIME COVERAGE PART
SUPPLEMENTAL DECLARATIONS

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
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NAMED INSURED AND ADDRESS	AGENT
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INSURING AGREEMENTS, LIMITS OF INSURANCE, DEDUCTIBLES, AND PREMIUM

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence	PREMIUM
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TOTAL

TOTAL ADVANCED PREMIUM

FORMS AND ENDORSEMENTS:

Countersigned

By _____
Authorized Representative

CICC 002 (06-04)

[Insert Company Name]

[Insert Company Mailing Address]

**COMMERCIAL CRIME COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

RENEWAL OF NUMBER:

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

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TOTAL

TOTAL ADVANCED PREMIUM

FORMS AND ENDORSEMENTS: SEE COMMERCIAL CRIME COVERAGE PART FROM SCHEDULE #CICC 003

Countersigned

By _____

Authorized Representative