

SERFF Tracking Number: CAPC-125836083 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$25  
Company Tracking Number: 08-PROP-FO-CW-113  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: ISO Delay Adopt Property Forms  
Project Name/Number: ISO Delay Adopt Property Forms/08-PROP-FO-CW-113

## Filing at a Glance

Company: Capitol Indemnity Corporation  
Product Name: ISO Delay Adopt Property Forms SERFF Tr Num: CAPC-125836083 State: Arkansas  
TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: 08-PROP-FO-CW-113 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Amanda Mullen Disposition Date: 09/30/2008  
Date Submitted: 09/29/2008 Disposition Status: Approved  
Effective Date Requested (New): 12/01/2008 Effective Date (New): 12/01/2008  
Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

## General Information

Project Name: ISO Delay Adopt Property Forms Status of Filing in Domicile:  
Project Number: 08-PROP-FO-CW-113 Domicile Status Comments:  
Reference Organization: ISO Reference Number: CF-2007-OFR07  
Reference Title: Advisory Org. Circular: LI-CF-2007-103  
Filing Status Changed: 09/30/2008  
State Status Changed: 09/30/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
RE: ISO Divison Five - Fire and Allied Lines - Multistate Forms  
Forms - CF-2007-OFR07  
Company File Number: 08-PROP-FO-CW-113  
Capitol Indemnity Corporation, NAIC # 10472

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 FEIN 39-0971527

Please accept this filing as notice that our effective dates for the above referenced multistate forms filing will differ from those given by ISO. Our effective dates will be 12/01/08 new business and 02/01/09 renewal business.

Thank you for your time and consideration of this filing.

## 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: \$25.00  
 Retaliatory? No  
 Fee Explanation: Delay adoption of ISO - \$25.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$25.00	09/29/2008	22800477

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/30/2008	09/30/2008

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## **Disposition**

Disposition Date: 09/30/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 02/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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

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## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/30/2008

**Comments:**

**Attachment:**

AR Forms Transmittal Doc.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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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