

SERFF Tracking Number: CRUM-125829517 State: Arkansas
Filing Company: United States Fire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0004 Pet Insurance Plans
Product Name: AR-Dec Page-USF
Project Name/Number: /

Filing at a Glance

Company: United States Fire Insurance Company

Product Name: AR-Dec Page-USF

TOI: 09.0 Inland Marine

Sub-TOI: 09.0004 Pet Insurance Plans

Filing Type: Form

SERFF Tr Num: CRUM-125829517 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Vera Harwell, Debbie

Deluccia, Howard DeBare, George

French

Date Submitted: 09/25/2008

State Tr Num: EFT \$50

State Status: Fees received

Reviewer(s): Becky Harrington,
Betty Montesi

Disposition Date: 09/26/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date Requested (Renewal):

State Filing Description:

Effective Date (New): 10/25/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 09/26/2008

State Status Changed: 09/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Please refer to the cover letter located under the supporting documents tab for more information regarding this filing.

Company and Contact

Filing Contact Information

Vera Harwell, Compliance Manager

vharwell@fairmontspecialty.com

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5 Christopher Way (732) 918-6713 [Phone]
Eatontown, NJ 07724 (732) 918-4755[FAX]

Filing Company Information

United States Fire Insurance Company
305 MADISON AVENUE
MORRISTOWN, NJ 07962
(973) 490-6476 ext. [Phone]

CoCode: 21113
Group Code: 158
Group Name:
FEIN Number: 13-5459190

State of Domicile: Delaware
Company Type:
State ID Number:

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Fire Insurance Company	\$50.00	09/25/2008	22709987

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/26/2008	09/26/2008

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Disposition

Disposition Date: 09/26/2008

Effective Date (New): 10/25/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Form	Dec page	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dec page	PI-DEC-06 Ed. 08		Declaration New s/Schedule			Master Policy Dec Page 081508 (FINAL).pdf

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/26/2008

Comments:

Attachment:

NAIC.pdf

Satisfied -Name: Cover letter **Review Status:** Approved 09/26/2008

Comments:

Attachments:

Ltr.pdf

PET.Form List Group.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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	



September 23, 2008

Commissioner Julie Benafield Bowman
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

RE: United States Fire Insurance Company NAIC # 0158-21113
FEIN # 13-5459190
Form No. PI-DEC-06 Ed. 08 Declaration Page

Dear Commissioner Bowman:

Enclosed please find our Initial Filing of an amended Declaration Page to go with our Pet Insurance policies that were approved by your Department on December 6, 2006 under SERFF tracking number CMPL-125042482.

This amended Declaration Page allows for more information to be given to the insured regarding the coverage they have selected.

Filing fees have been sent via EFT.

Should you require any further information, please contact the undersigned.

Sincerely,

Rebecca R. Booth
Contract & Compliance Administrator
Accident & Health Division
United States Fire Insurance Company
rbooth@fairmontspecialty.com
732-918-6724

UNITED STATES FIRE INSURANCE COMPANY
PET INSURANCE FORM NUMBER

PI-DEC-06 Ed. 08 DECLARATION PAGE