

SERFF Tracking Number: HART-125825524 State: Arkansas
First Filing Company: Hartford Underwriters Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: FF.14.001.2008.01
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Form HW 05 58 07 07 Water Back Up and Sump Discharge or Overflow
Project Name/Number: Homeowners Multi Peril/FF.14.001.2008.01

Filing at a Glance

Companies: Hartford Underwriters Insurance Company, Sentinel Insurance Company Limited, Twin City Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Fire Insurance Company

Product Name: Form HW 05 58 07 07 Water Back Up and Sump Discharge or Overflow SERFF Tr Num: HART-125825524 State: Arkansas

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Co Tr Num: FF.14.001.2008.01

State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Filing

Reviewer(s): Becky Harrington, Betty Montesi

Authors: Joyce Driscoll, Marilu Gonzalez, David Logan, Sima Nizami, Angela Isaac

Disposition Date: 09/24/2008

Date Submitted: 09/22/2008

Disposition Status: Approved

Effective Date Requested (New): 01/08/2009

Effective Date (New): 01/08/2009

Effective Date Requested (Renewal): 02/20/2009

Effective Date (Renewal): 02/20/2009

State Filing Description:

General Information

Project Name: Homeowners Multi Peril

Status of Filing in Domicile:

Project Number: FF.14.001.2008.01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/24/2008

State Status Changed: 09/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We herewith submit for approval Form HW 05 58 07 07 Water Back Up and Sump Discharge or Overflow as described in the Explanatory Memorandum prepared by Marie Gomez, Product Consultant.

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Company and Contact

Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com
 1 Hartford Plaza (860) 547-3468 [Phone]
 Hartford, CT 06155 (860) 547-5941[FAX]

Filing Company Information

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383030	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue	Group Name:	State ID Number:
Hartford, CT 06115	FEIN Number: 06-0383750	
(860) 547-5000 ext. [Phone]	-----	

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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 #
Hartford Underwriters Insurance Company	\$50.00	09/22/2008	22634731
Sentinel Insurance Company Limited	\$0.00	09/22/2008	
Twin City Fire Insurance Company	\$0.00	09/22/2008	
Hartford Accident and Indemnity Company	\$0.00	09/22/2008	
Hartford Fire Insurance Company	\$0.00	09/22/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/24/2008	09/24/2008

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Disposition

Disposition Date: 09/24/2008
Effective Date (New): 01/08/2009
Effective Date (Renewal): 02/20/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Water Back Up and Sump Discharge or Overflow	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Water Back Up and Sump Discharge or Overflow	HW 05 58 07 07		Endorsement/Amendment/Conditions			HW 05 58 07 07.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

Note: Coverage under this endorsement is subject to all other provisions of the policy to which it attaches except as expressly provided herein.

A. Coverage

We will pay up to the amount shown in the Declarations, for direct physical loss or damage to property covered under Section I caused by water, or water-borne material, which:

1. Backs up through sewers or drains, but not as a direct result from flood or surface water.
2. Overflows or is discharged from a:
 - a. Sump, sump pump; or
 - b. Related equipment;even if such overflow or discharge results from mechanical breakdown or off premises power failure but not as a direct result of flood or surface water. This coverage does not apply to direct physical loss of the sump pump, or related equipment, which is caused by mechanical breakdown.

This coverage does not increase the limits of liability for Coverages A, B, C or D stated in the Declarations.

B. Section I - Perils Insured Against

With respect to the coverage described in A. above, Paragraph:

A.2.c.(6)(b) in Form HO 00 03;

A.2.e.(2) in Form HO 00 05;

2.j.(2) in Endorsement HO 05 24;

3.j.(2) in Endorsement HO 17 31; and

2.c.(6)(b) in Endorsement HO 17 32;

is deleted and replaced by the following:

Latent defect, inherent vice, or any quality in property that causes it to damage or destroy itself;

C. Special Deductible

The following replaces any other deductible provision in this policy with respect to loss covered under this endorsement.

We will pay only that part of the total of all loss payable under Section I that exceeds \$ * . No other deductible applies to this coverage. This deductible does not apply with respect to Coverage D – Loss of Use.

D. Exclusions

1. With respect to coverage provided under this endorsement, Exclusion **A.3.b. (3.b.)** in HO 00 04 and HO 00 06), of the **Water Damage** exclusion is deleted.
2. With respect to coverage provided under this endorsement, Exclusion **A.4. (4.)** in HO 00 04 and HO 00 06), **Power Failure** is deleted.

*** May be left blank if endorsement deductible is shown in the Declarations.**

All other provisions of this policy apply.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/24/2008

Comments:

Attached is the Uniform Transmittal Document-Property & Casualty and the Form Filing Schedule.

Attachments:

PC-TD-1 2007.pdf

PC-FFS-1 2007.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 09/24/2008

Comments:

Attached is the Explanatory Memorandum.

Attachment:

WSB EXPLANATORY MEMORANDUM Arkansas.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 #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	0091-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	0091-22357	06-0383030	
Hartford Underwriters Ins. Co.	Connecticut	0091-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	0091-29459	06-0732738	
Sentinel Insurance Company, Ltd.	Connecticut	0091-11000	06-1552103	

5. Company Tracking Number	FF.14.001.2008.01
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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
	Joyce Driscoll, Technical Services, T-1-54	Filing Analyst			
	1 Hartford Plaza, Hartford, CT 06155		860-547-3468	860-547-5941	Joyce.Driscoll@TheHartford.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Joyce Driscoll		

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

9. Type of Insurance (TOI)	04 Homeowners Multi Peril
10. Sub-Type of Insurance (Sub-TOI)	Homeowners
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 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: 1/8/09 Renewal: 2/20/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	September 22, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	FF.14.001.2008.01
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We herewith submit for approval form HW 05 58 07 07 Water Back Up and Sump Discharge or Overflow as described in the Explanatory Memorandum prepared by Marie Gomez, Product Consultant.

Also included in the Form Schedule.

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 #: EFT
Amount: \$50.00

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.)**

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 #	FF.14.001.2008.01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Water Back Up and Sump Discharge or Overflow	HW 05 58 07 07	<input checked="" 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		

**EXPLANATORY MEMORANDUM
Homeowners**

ARKANSAS

**Hartford Fire Insurance Company
Hartford Accident and Indemnity Company
Twin City Fire Insurance Company
Hartford Underwriters Insurance Company
Sentinel Insurance Company, Ltd.**

September 22, 2008

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

Form HW 05 58 07 07

For the above mentioned companies we are filing endorsement HW 05 58 07 07 WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW endorsement. This endorsement is identical in language to the filed and approved form HW 04 18 07 07. On endorsement HW 05 58 07 07 we have replaced the fixed dollar deductible of \$250 with a blank line and asterisk that links to an asterisk and statement "Entries may be left blank if endorsement deductible is shown in the Declarations." The information on the declarations page will be considered fill in for programming. This will allow us to offer and write higher deductibles if requested by the policyholders.

Respectfully submitted

Marie Gomez

Marie Gomez

Product Consultant

The Hartford Financial Services Group