

SERFF Tracking Number: ZURC-125814572 State: Arkansas
 First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$25
 Company Tracking Number: CW-CL-26909
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Interline Delayed Adoption of ISO's Multistate Interline Forms Revision and State Supplement
 Project Name/Number: Commercial Interline Delayed Adoption of ISO's Multistate Interline Forms Revision and State Supplement/CW-CL-26909

Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company
 Product Name: Commercial Interline Delayed Adoption of ISO's Multistate Interline Forms Revision and State Supplement
 SERFF Tr Num: ZURC-125814572 State: Arkansas

TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: CW-CL-26909	State Status: Fees verified and received
Filing Type: Form	Co Status: Not Applicable	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Diane Zaborowski	Disposition Date: 09/12/2008
	Date Submitted: 09/12/2008	Disposition Status: Filed
Effective Date Requested (New): 03/01/2009		Effective Date (New): 03/01/2009
Effective Date Requested (Renewal): 03/01/2009		Effective Date (Renewal): 03/01/2009

State Filing Description:

General Information

Project Name: Commercial Interline Delayed Adoption of ISO's Multistate Interline Forms Revision and State Supplement	Status of Filing in Domicile: Authorized
Project Number: CW-CL-26909	Domicile Status Comments: States of domicile: MD - Approved NY - Pending Bureau Approval
Reference Organization: ISO	Reference Number: CL-2007-OPR07
Reference Title: Multistate Interline Forms Revision Of Coverage Part	Advisory Org. Circular: LI-CL-2007-113, LI-CL-2008-038, LI-CL-2008-129
References Approved In Arkansas	
Filing Status Changed: 09/12/2008	
State Status Changed: 09/12/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	

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In accordance with your state's filing requirements, please be advised that we wish to delay the adoption of ISO's Commercial Lines Multistate Interline Forms Revision and State Supplement for Commercial Auto and Commercial Inland Marine as outlined in ISO's Filing Designation Number CL-2007-OPR07.

Please note, we wish to delay the effective date of this filing from ISO's date of January 1, 2009 to March 1, 2009.

This filing is being submitted electronically through SERFF. If you have any questions or concerns, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

Diane Zaborowski, Product Analyst diane.zaborowski@zurichna.com
1400 American Lane (847) 605-6187 [Phone]
Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

Assurance Company of America CoCode: 19305 State of Domicile: New York
1400 American Lane Group Code: 212 Company Type:
Schaumburg, IL 60196 Group Name: State ID Number:
(847) 605-6000 ext. [Phone] FEIN Number: 13-6081895

Northern Insurance Company of New York CoCode: 19372 State of Domicile: New York
1400 American Lane Group Code: 212 Company Type:
Schaumburg, IL 60196 Group Name: State ID Number:
(847) 605-6000 ext. [Phone] FEIN Number: 13-5283360

Maryland Casualty Company CoCode: 19356 State of Domicile: Maryland
1400 American Lane Group Code: 212 Company Type:
Schaumburg, IL 60196 Group Name: State ID Number:
(847) 605-6000 ext. [Phone] FEIN Number: 52-0403120

Filing Fees

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	09/12/2008	09/12/2008

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Disposition

Disposition Date: 09/12/2008
Effective Date (New): 03/01/2009
Effective Date (Renewal): 03/01/2009
Status: Filed
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 &Filed Casualty		Yes

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Filed	09/12/2008
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Comments:

Attachments:

AR NAIC P-C Trans Doc.pdf

AR F Filing Sch.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 #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Maryland Casualty Company	MD	212-19356	52-0403120	
Assurance Company of America	NY	212-19305	13-6081895	
Northern Insurance Company of New York	NY	212-19372	13-5283360	

5. Company Tracking Number	CW-CL-26909
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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
	Diane M. Zaborowski, AIS Zurich North America 1400 American Lane Schaumburg, IL 60196-1056	Product Analyst	(847) 605-6187	(847) 605-7768	Diane.zaborowski@zurichna.com
	7. Signature of authorized filer		<i>Diane M. Zaborowski</i>		
	8. Please print name of authorized filer		Diane M. Zaborowski, AIS		

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

9. Type of Insurance (TOI)	35.0000
10. Sub-Type of Insurance (Sub-TOI)	35.0002
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Interline Forms Revision
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: 03/01/2009 Renewal: 03/01/2009
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	CL-2007-OPR07
18.	Company's Date of Filing	09/12/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW-CL-26909
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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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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]
<p>Check #: N/A - EFT Amount: \$25.00</p> <p>\$25.00 fee for reference filing of advisory organization endorsements</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****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 #	CW-CL-26909			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Calculation of Premium	IL 00 03 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 00 03 09 07	unknown
02	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 00 21 07 02	unknown
03	Arkansas Changes - Cancellation and Nonrenewal	IL 02 31 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 02 31 09 07	unknown
04	Arkansas Changes - Transfer of Rights of Recovery Against Others To Us	IL 01 99 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 01 99 07 02	unknown
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		