

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: NARAB0109  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Business Coverage Identity Recovery Coverage  
Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

## Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: American Business Coverage SERFF Tr Num: FFDC-125982257 State: Arkansas

Identity Recovery Coverage

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: NARAB0109

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Michelle Davanzo

Disposition Date: 01/12/2009

Date Submitted: 01/12/2009

Disposition Status: Approved

Effective Date Requested (New): 06/01/2009

Effective Date (New): 06/01/2009

Effective Date Requested (Renewal): 06/01/2009

Effective Date (Renewal): 06/01/2009

State Filing Description:

## General Information

Project Name: American Business Coverage Identity Recovery Coverage

Status of Filing in Domicile:

Project Number: NWAB0109

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review is a new coverage form for Commercial Inland Marine (non-filed class) that will be added to our ABC Package policies that currently have our Inland Marine Data Compromise Coverage form attached to the policy.

Identity theft has been one of the fastest growing crimes in America. Many individuals are looking for services that will

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: NARAB0109  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Business Coverage Identity Recovery Coverage  
Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

either protect their identities or help to restore them after an identity theft event.

While there are ways to reduce one's exposure to identity theft, it is a crime that can strike anyone. Those who are victims of this crime need to make identity recovery a top priority, because otherwise:

- Credit rating can be ruined
- Arrest warrants can be issued against the victim
- Liens can be applied against the victim's assets

While many financial institutions provide protections to consumers for the actual fraud loss, most individuals have no help for the time and expense required to restore their personal identities.

Enclosed in support of this filing are the following items:

1. American Business Coverage Explanatory Memorandum
2. Identity Recovery Coverage Endorsement AB 93 59 11 08
3. State checklists/forms

Your approval of this filing, which has a proposed effective date of June 1, 2009, would be appreciated.

## Company and Contact

### Filing Contact Information

Michelle Davanzo, Regulatory Services Senior Analyst  
mdavanzo@ffic.com

777 San Marin Drive (415) 899-2660 [Phone]  
Novato, CA 94998 (866) 290-0671[FAX]

### Filing Company Information

American Automobile Insurance Company	CoCode: 21849	State of Domicile: Missouri
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1608585	

-----

Associated Indemnity Corporation	CoCode: 21865	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: NARAB0109  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Business Coverage Identity Recovery Coverage  
Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

Novato, CA 94998 Group Name: State ID Number:  
(415) 899-2817 ext. [Phone] FEIN Number: 22-1708002  
-----

Fireman's Fund Insurance Company CoCode: 21873 State of Domicile: California  
777 San Marin Drive Group Code: 761 Company Type:  
Novato, CA 94998 Group Name: State ID Number:  
(415) 899-3290 ext. [Phone] FEIN Number: 94-1610280  
-----

National Surety Corporation CoCode: 21881 State of Domicile: Illinois  
777 San Marin Drive Group Code: 761 Company Type:  
Novato, CA 94998 Group Name: State ID Number:  
(415) 899-2817 ext. [Phone] FEIN Number: 36-2704643  
-----

The American Insurance Company CoCode: 21857 State of Domicile: Nebraska  
777 San Marin Drive Group Code: 761 Company Type:  
Novato, CA 94998 Group Name: State ID Number:  
(415) 899-2817 ext. [Phone] FEIN Number: 22-0731810  
-----

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: NARAB0109  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Business Coverage Identity Recovery Coverage  
Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Automobile Insurance Company	\$50.00	01/12/2009	24947941
Associated Indemnity Corporation	\$0.00	01/12/2009	
Fireman's Fund Insurance Company	\$0.00	01/12/2009	
National Surety Corporation	\$0.00	01/12/2009	
The American Insurance Company	\$0.00	01/12/2009	

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: NARAB0109  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Business Coverage Identity Recovery Coverage  
Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/12/2009	01/12/2009

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: NARAB0109  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Business Coverage Identity Recovery Coverage  
Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

## Disposition

Disposition Date: 01/12/2009  
Effective Date (New): 06/01/2009  
Effective Date (Renewal): 06/01/2009  
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

*SERFF Tracking Number:* FFDC-125982257      *State:* Arkansas  
*First Filing Company:* American Automobile Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* NARAB0109  
*TOI:* 09.0 Inland Marine      *Sub-TOI:* 09.0005 Other Commercial Inland Marine  
*Product Name:* American Business Coverage Identity Recovery Coverage  
*Project Name/Number:* American Business Coverage Identity Recovery Coverage/NWAB0109

<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
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Explanatory memorandum	Approved	Yes
<b>Form</b>	Identity Recovery Coverage	Approved	Yes

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
 First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: NARAB0109  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: American Business Coverage Identity Recovery Coverage  
 Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Identity Recovery Coverage	AB9359	11 08	Endorsement/Amendment/Conditions		0.00	AB9359 Identity Recovery with changes.pdf

# Identity Recovery Coverage Form – AB 93 59 11 08

Policy Amendment(s)

Section I. Property Coverages, Part A. Coverage, Paragraph 5. Additional Coverages, is amended to add the following:

## u. Identity Recovery Coverage

We will provide Case Management Service and Expense Reimbursement as indicated below, but only if all of the following requirements are met:

- (1) There has been an **identity theft** involving the personal identity of an **identity recovery insured**; and
- (2) Such **identity theft** is first discovered by the **identity recovery insured** during the policy period for which this Identity Recovery Coverage is applicable; and
- (3) Such **identity theft** is reported to us within 60 days after it is first discovered by the **identity recovery insured**.

If all three of the requirements listed above have been met, then we will provide the following to the **identity recovery insured**:

### (1) Case Management Service

Services of an **identity recovery case manager** as needed to respond to the **identity theft**; and

### (2) Expense Reimbursement

Reimbursement of necessary and reasonable **identity recovery expenses** incurred by the **identity recovery insured** as a direct result of the **identity theft**.

## EXCLUSIONS

The following additional exclusions apply to this coverage:

We do not cover loss or expense arising from any of the following:

1. The theft of a professional or business identity.
2. Any fraudulent, dishonest or criminal act by an **identity recovery insured** or any person aiding or abetting an **identity recovery insured**, or by any authorized representative of an **identity recovery insured**, whether acting alone or in collusion with others. However, this exclusion shall not apply to the interests of an **identity recovery insured** who has no knowledge of or involvement in such fraud, dishonesty or criminal act.
3. An **identity theft** that has not been reported in writing to the police.

## LIMITS

(1) Case Management Service is available as needed for any one **identity theft** for up to 12 consecutive months from the inception of the service. Expenses we incur to provide Case Management Service do not reduce the amount of limit available for Expense Reimbursement coverage.

(2) Expense Reimbursement coverage is subject to a \$15,000 annual aggregate limit per **identity recovery insured**. Regardless of the number of claims, this limit is the most we will pay for the total of all loss or expense arising out of all **identity thefts** to any one **identity recovery insured** which are first discovered by the **identity recovery insured** during any one 12-month policy period. If an **identity theft** is first discovered in one policy period and continues into other policy periods, all loss and expense arising from such **identity theft** will be subject to the aggregate limit applicable to the policy period when the **identity theft** was first discovered.

This Form must be attached to Change Endorsement when issued after the policy is written. One of the **Fireman's Fund Insurance Companies** as named in the policy.



Secretary



President

(3) Legal costs as provided under item (4) of the definition of **identity recovery expenses** are part of, and not in addition to, the Expense Reimbursement coverage limit.

(4) Item (5) (Lost Wages) and item (6) (Child and Elder Care Expenses) of the definition of **identity recovery expenses** are jointly subject to a sublimit of \$5,000. This sublimit is part of, and not in addition to, the Expense Reimbursement coverage limit. Coverage is limited to wages lost and expenses incurred within 12 months after the first discovery of the **identity theft** by the **identity recovery insured**.

(5) Item (7) (Mental Health Counseling) of the definition of **identity recovery expenses** is subject to a sublimit of \$1,000. This sublimit is part of, and not in addition to, the Expense Reimbursement coverage limit. Coverage is limited to counseling that takes place within 12 months after the first discovery of the **identity theft** by the **identity recovery insured**.

(6) Item (8) (Miscellaneous Unnamed Costs) of the definition of **identity recovery expenses** is subject to a sublimit of \$1,000. This sublimit is part of, and not in addition to, the Expenses Reimbursement coverage limit. Coverage is limited to costs incurred within 12 months after the first discovery of the **identity theft** by the **identity recovery insured**.

## DEDUCTIBLE

(1) Case Management Service is not subject to a deductible.

(2) Expense Reimbursement coverage is subject to a deductible of \$100. Any one **identity recovery insured** shall be responsible for only one deductible under this Identity Recovery Coverage during any one policy period.

## CONDITIONS

The following additional conditions apply to this coverage:

### (1).Help Line

For assistance, the **identity recovery insured** should call the **Identity Recovery Help Line** at **1-877-800-5037**.

(2) The **Identity Recovery Help Line** can provide the **identity recovery insured** with:

(a) Information and advice for how to respond to a possible **identity theft**; and

(b) Instructions for how to submit a service request for Case Management Service, a claim form for Expense Reimbursement Coverage, or both.

(c) In some cases, we may elect to provide Case Management services at our expense to an **identity recovery insured** prior to a determination that a covered **identity theft** has occurred. Our provision of such services is not an admission of coverage under the policy. We reserve the right to deny further coverage or service if, after investigation, we determine that a covered **identity theft** has not occurred.

(d) As respects Expense Reimbursement Coverage, the **identity recovery insured** must send to us, within 60 days after our request, receipts, bills or other records that support his or her claim for **identity recovery expenses**.

### ((2) Services

The following conditions apply as respects any services provided by us or our designees to any **identity recovery insured** under this endorsement:

(a) Our ability to provide helpful services in the event of an **identity theft** is conditioned on the cooperation, permission and assistance of the **identity recovery insured**.

(b) All services may not be available or applicable to all individuals. For example, "identity recovery insureds" who are minors or foreign nationals may not have credit records that can be provided or monitored. Service in Canada will be different from service in the United States and Puerto Rico in accordance with local conditions.

(c) We do not warrant or guarantee that our services will end or eliminate problems associated with an **identity theft** or prevent future **identity thefts**.

## DEFINITIONS

With respect to the provisions of this endorsement only, the following definitions are added:

- (a) **Identity Recovery Case Manager** means one or more individuals assigned by us to assist an **identity recovery insured** with communications we deem necessary for re-establishing the integrity of the personal identity of the **identity recovery insured**. This includes, subject to the permission and cooperation of the **identity recovery insured**, written and telephone communications with law enforcement authorities, governmental agencies, credit agencies and individual creditors and businesses.
- (b) **Identity Recovery Expenses** means the following when they are reasonable and necessary expenses that are incurred by an **identity recovery insured** as a direct result of an **identity theft**:
- (1) Costs for re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of an **identity theft**.
  - (2) Costs for notarizing affidavits or other similar documents, long distance telephone calls and postage incurred solely as a result of an **identity recovery insured's** efforts to report an **identity theft** or amend or rectify records as to the **identity recovery insured's** true name or identity as a result of an **identity theft**.
  - (3) Costs for credit reports from established credit bureaus.
  - (4) Fees and expenses for an attorney approved by us for the following:
    - (i) The defense of any civil suit brought against an **identity recovery insured**.
    - (ii) The removal of any civil judgment wrongfully entered against an **identity recovery insured**.
    - (iii) Legal assistance for an **identity recovery insured** at an audit or hearing by a governmental agency.
    - (iv) Legal assistance in challenging the accuracy of the **identity recovery insured's** consumer credit report.
  - (v) The defense of any criminal charges brought against an **identity recovery insured** arising from the actions of a third party using the personal identity of the **identity recovery insured**.
- (5) Actual lost wages of the **identity recovery insured** for time reasonably and necessarily taken away from work and away from the work premises. Time away from work includes partial or whole work days. Actual lost wages may include payment for vacation days, discretionary days, floating holidays and paid personal days. Actual lost wages does not include sick days or any loss arising from time taken away from self employment. Necessary time off does not include time off to do tasks that could reasonably have been done during non-working hours.
- (6) Actual costs for supervision of children or elderly or infirm relatives or dependants of the **identity recovery insured** during time reasonably and necessarily taken away from such supervision. Such care must be provided by a professional care provider who is not a relative of the **identity recovery insured**.
- (7) Actual costs for counseling provided to an **identity recovery insured** from a licensed mental health professional. Such care must be provided by a professional care provider who is not a relative of the **identity recovery insured**.
- (8) Any other reasonable costs necessarily incurred by an **identity recovery insured** as a direct result of the **identity theft**. Such costs include:
  - (i) Costs incurred by the **identity recovery insured** to recover control over his or her personal identity.
  - (ii) Deductibles or service fees from financial institutions.
  - (iii) Such costs do not include:
    - a. Costs to avoid, prevent or detect **identity theft** or any other loss.

- b. Monies lost or stolen.
  - c. Costs that are restricted or excluded elsewhere in this endorsement or policy.
- (c) **Identity Recovery Insured** means the following:
- (1) If the entity insured under this policy is a sole proprietorship, then the **identity recovery insured** is the individual person who is the sole proprietor of the insured entity.
  - (2) If the entity insured under this policy is a partnership, then the **identity recovery insureds** are the current partners.
  - (3) If the entity insured under this policy is a corporation or other organization, then the **identity recovery insureds** are all individuals having an ownership interest of 20% or more of the insured entity. However, if and only if there is no one who has such an ownership position, then the **identity recovery insured** is:
    - (i) The chief executive of the insured entity; or
    - (ii) As respects a religious institution, the senior ministerial employee.
  - (4) An **identity recovery insured** must always be an individual person. Any entity insured under this policy is not an **identity recovery insured**.
4. **Identity Theft** means the fraudulent use of the Social Security number or other method of identifying an **identity recovery insured**. This includes fraudulently using the personal identity of an **identity recovery insured** to establish credit accounts, secure loans, enter into contracts or commit crimes.

**Identity theft** does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.

This endorsement is otherwise subject to all other terms, conditions, provisions and stipulations of the policy to which it is attached.

*SERFF Tracking Number:* FFDC-125982257      *State:* Arkansas  
*First Filing Company:* American Automobile Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* NARAB0109  
*TOI:* 09.0 Inland Marine      *Sub-TOI:* 09.0005 Other Commercial Inland Marine  
*Product Name:* American Business Coverage Identity Recovery Coverage  
*Project Name/Number:* American Business Coverage Identity Recovery Coverage/NWAB0109

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FFDC-125982257 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: NARAB0109  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Business Coverage Identity Recovery Coverage  
Project Name/Number: American Business Coverage Identity Recovery Coverage/NWAB0109

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/12/2009

**Comments:**

**Attachments:**

NAIC Transmittal.pdf  
Form Filing Schedule.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 01/12/2009

**Comments:**

**Attachment:**

Cover Letter NWAB0109.pdf

**Satisfied -Name:** Explanatory memorandum **Review Status:** Approved 01/12/2009

**Comments:**

**Attachment:**

Explanatory Memorandum.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>
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Fireman's Fund Insurance Company	CA	21873	94-1610280	
National Surety Corporation	IL	21881	36-2704643	
The American Insurance Company	NE	21857	22-0731810	
Associated Indemnity Corporation	CA	21865	22-1708002	
American Automobile Insurance Compnay	MO	21849	22-1608585	

<b>5. Company Tracking Number</b>	NARAB0109
-----------------------------------	-----------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Michelle A. Davanzo	Regulatory Analyst	(415) 899-2660	866-290-0671	Michelle.davanzo@ffic.com

7. Signature of authorized filer	<i>Michelle A. Davanzo</i>
8. Please print name of authorized filer	Michelle A. Davanzo

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

9. Type of Insurance (TOI)	Commercial Inland Marine (09.0)
10. Sub-Type of Insurance (Sub-TOI)	Commercial Inland Marine (09.0005)
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: 06-01-2009      Renewal: 06-01-2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	01-12-09
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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	NARAB0109
------------	--	-----------

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Enclosed for your review is a new coverage form for Commercial Inland Marine (non-filed class) that will be added to our ABC Package policies that currently have our Inland Marine Data Compromise Coverage form attached to the policy.

Identity theft has been one of the fastest growing crimes in America. Many individuals are looking for services that will either protect their identities or help to restore them after an identity theft event.

While there are ways to reduce one's exposure to identity theft, it is a crime that can strike anyone. Those who are victims of this crime need to make identity recovery a top priority, because otherwise:

- Credit rating can be ruined
- Arrest warrants can be issued against the victim
- Liens can be applied against the victim's assets

While many financial institutions provide protections to consumers for the actual fraud loss, most individuals have no help for the time and expense required to restore their personal identities.

Enclosed in support of this filing are the following items:

1. American Business Coverage Explanatory Memorandum
2. Identity Recovery Coverage Endorsement AB 93 59 11 08
3. State checklists/forms

Your approval of this filing, which has a proposed effective date of June 1, 2009, would be appreciated.

<b>22.</b>	<b>Filing Fees</b> (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

**PROPERTY & CASUALTY 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 the state.)

This filing transmittal is part of Company Tracking #			NARAB0109		
This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)					
	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)
1	Identity Recovery Coverage Endorsement	AB9359 11 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Effective March 1, 2007

12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS - 1

Fireman's Fund  
Insurance Company



January 12, 2009

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE: AMERICAN BUSINESS COVERAGE  
COMMERCIAL INLAND MARINE  
IDENTITY RECOVERY COVERAGE ENDORSEMENT  
FORM FILING  
Fireman's Fund Insurance Company 0761-21873  
The American Insurance Company 0761-21857  
National Surety Corporation 0761-21881  
Associated Indemnity Corporation 0761-21865  
American Automobile Insurance Company 0761-21849  
Company Filing #NARAB0109

Dear Sir or Madam:

Enclosed for your review is a new coverage form for Commercial Inland Marine (non-filed class) that will be added to our ABC Package policies that currently have our Inland Marine Data Compromise Coverage form attached to the policy.

Identity theft has been one of the fastest growing crimes in America. Many individuals are looking for services that will either protect their identities or help to restore them after an identity theft event.

While there are ways to reduce one's exposure to identity theft, it is a crime that can strike anyone. Those who are victims of this crime need to make identity recovery a top priority, because otherwise:

- Credit rating can be ruined
- Arrest warrants can be issued against the victim
- Liens can be applied against the victim's assets

While many financial institutions provide protections to consumers for the actual fraud loss, most individuals have no help for the time and expense required to restore their personal identities.

Enclosed in support of this filing are the following items:

1. American Business Coverage Explanatory Memorandum
2. Identity Recovery Coverage Endorsement AB 93 59 11 08
3. State checklists/forms

Your approval of this filing, which has a proposed effective date of June 1, 2009, would be appreciated.

777 San Marin Drive  
Novato, CA 94998  
Phone 415.899.2000

**Allianz Group**

Sincerely,

*Michelle A. Davanzo*

Michelle A. Davanzo  
Regulatory Analyst  
Commercial Business  
Fireman's Fund Insurance Company  
415-899-2660 (p)  
866-290-0671 (f)  
mdavanzo@ffic.com

**Explanatory Memorandum  
Commercial Inland Marine  
Identity Recovery Coverage Endorsement**

This is a new coverage offering. It does not replace or supersede any other coverage form or coverage.

Identity theft has been the one of the fastest growing crimes in America. Many individuals are looking for services that will either protect their identities or help to restore them after an identity theft event.

While there are ways to reduce one's exposure to identity theft, it is a crime that can strike anyone. Those who are victims of this crime need to make identity recovery a top priority, because otherwise:

- Credit rating can be ruined
- Arrest warrants can be issued against the victim
- Liens can be applied against the victim's assets

While many financial institutions provide protections to consumers for the actual fraud loss, most individuals have no help for the time and expense required to restore their personal identities.

The program we have created in response to this need is called Identity Recovery Coverage because it combines includes both indemnity coverage for expenses and a significant service component to help the insured identity theft victim.

Insureds who are victims of covered identity thefts are assigned a case manager who provides a wide range of identity recovery services on behalf of the insured victim. This is a key service, and is designed to dramatically reduce the personal time necessary to restore one's identity – which can take hundreds of hours. Services include letter writing, phone calls, credit report requests, follow up and record keeping.

The program also includes insurance coverage for various expenses arising from the identity theft. These expenses include various legal costs and other out-of-pocket costs associated with the identity restoration process, as well as lost wages and child and elder care costs for time taken away from work or away from caring for family members. The expense reimbursement coverage is subject to an annual aggregate limit of \$15,000 per insured. Expenses incurred by Fireman's Fund Insurance Company to provide case management services do not reduce the limit available for insurance recovery.

Coverage and service under the endorsement applies to an "identity recovery insured" as defined in the form. If such individuals become identity theft victims, the drain on their time and attention could have a serious impact on the insured entities. The services and insurance provided by this program will reduce the time demands and stress of being an identity theft victim, enabling these individuals to contribute more effectively to the success of the insured business or organization.