

SERFF Tracking Number: JMIC-125981804 State: Arkansas
Filing Company: Jewelers Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 7509UPDATEFM
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: BOP
Project Name/Number: policy updates/

Filing at a Glance

Company: Jewelers Mutual Insurance Company

Product Name: BOP

SERFF Tr Num: JMIC-125981804 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability &
Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners

Co Tr Num: 7509UPDATEFM

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Courtney Krause

Disposition Date: 01/12/2009

Date Submitted: 01/09/2009

Disposition Status: Approved

Effective Date Requested (New): 07/01/2009

Effective Date (New): 07/01/2009

Effective Date Requested (Renewal): 07/01/2009

Effective Date (Renewal):
07/01/2009

State Filing Description:

General Information

Project Name: policy updates

Project Number:

Status of Filing in Domicile: Authorized

Domicile Status Comments: Our state of
domicile, WI, approved the filing on 1-6-09.

Reference Organization: AAIS

Reference Title:

Reference Number:

Advisory Org. Circular:

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Jewelers Mutual Insurance Company is the only insurer in the United States dedicated to protecting the jewelry industry. We provide insurance coverage for the jewelry industry including retail, wholesale, manufacturing, and repair operations.

The purpose of this filing is to submit four mandatory endorsement forms for approval.

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Company and Contact

Filing Contact Information

Courtney Krause, Regulatory Compliance Analyst
 ckrause@jminsure.com
 24 Jewelers Park (800) 336-5642 [Phone]
 Neenah, WI 54957 (920) 969-7227[FAX]

Filing Company Information

Jewelers Mutual Insurance Company CoCode: 14354 State of Domicile: Wisconsin
 24 Jewelers Park Dr Group Code: Company Type:
 Neenah, WI 54914 Group Name: State ID Number:
 (800) 336-5642 ext. [Phone] FEIN Number: 39-0493890

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jewelers Mutual Insurance Company	\$50.00	01/09/2009	24929200

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 01/12/2009

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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
Form	War and Military Action Endorsement	Approved	Yes
Form	Virus or Bacteria Exclusion	Approved	Yes
Form	Nuclear, Biological, Chemical, and Radiological Hazards Endorsement	Approved	Yes
Form	Change Endorsement General Amendment	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	War and Military Action Endorsement	BP200WM01-09 A		Endorsement/Amendment/Conditions		0.00	BP200WMA 01-09 War and Military Action Endorsement.pdf
Approved	Virus or Bacteria Exclusion	BP0850	10-06	Endorsement/Amendment/Conditions		0.00	BP0850 10-06 Virus of Bacteria Exclusion.pdf
Approved	Nuclear, Biological, Chemical, and Radiological Hazards Endorsement	BP200NB CR	01-09	Endorsement/Amendment/Conditions		0.00	BP200NBCR 01-09 NBCR Hazard Endorsement.pdf
Approved	Change Endorsement General Amendment	BP200A	01-09	Endorsement/Amendment/Conditions	Replaced Form #:0.00 BP200A 03-05 Previous Filing #: 7505QHITSFM01		BP200A 01-09 Change Endorsement General Amendment.pdf

The PROPERTY COVERAGES section of the BUSINESSOWNERS SPECIAL POLICY, Form BP-200, is amended as follows:

PERILS EXCLUDED

Item 6., entitled War, is deleted and replaced by the following:

6. **War And Military Action** – “We” do not pay for loss or damage caused directly or indirectly by the following:
- a. war, including undeclared or civil war; or
 - b. warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, personnel or other agents; or
 - c. insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

With respect to any action that comes within the “terms” of this exclusion and involves nuclear reaction, radiation, radioactive contamination, biological contamination, or chemical contamination, this War And Military Action Exclusion supersedes the Nuclear, Biological, Chemical, and Radiological Hazards Exclusion.

The COMMERCIAL LIABILITY COVERAGES section of the BUSINESSOWNERS SPECIAL POLICY, Form BP-200, is amended as follows:

EXCLUSIONS

EXCLUSIONS THAT APPLY TO BODILY INJURY, PROPERTY DAMAGE, PERSONAL INJURY, AND/OR ADVERTISING INJURY

Item 7. is deleted and replaced by the following:

7. “We” do not pay for “bodily injury”, “property damage”, “personal injury”, or “advertising injury” caused directly or indirectly by the following:
- a. war, including undeclared or civil war; or
 - b. warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents; or
 - c. insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

Such injury or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

VIRUS OR BACTERIA EXCLUSION

The following provisions are added with respect to all property coverages provided by this policy. All other "terms" of the policy apply, except as amended by this endorsement.

1. When "fungus or related perils" is a defined "term", that definition is deleted and replaced by the following, but only with respect to the Property Coverages provided by this policy.

"Fungus or related perils" means:

- a. a fungus, including but not limited to mildew and mold;
 - b. a protist, including but not limited to algae and slime mold;
 - c. wet rot;
 - d. dry rot; or
 - e. a chemical, matter, or compound produced or released by a fungus, a protist, wet rot, or dry rot, including but not limited to toxins, spores, fragments, and metabolites such as microbial volatile organic compounds.
2. The following exclusion is added under Perils Excluded. It applies to all coverages, coverage extensions, supplemental coverages, optional coverages, and endorsements that are provided by the policy to which this endorsement is attached, including, but not limited to, those that provide coverage for property, earnings, extra expense, or interruption by civil authority.

Virus or Bacteria -- "We" do not pay for loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

This exclusion applies to, but is not limited to, any loss, cost, or expense as a result of:

- a. any contamination by any virus, bacterium, or other microorganism; or
 - b. any denial of access to property because of any virus, bacterium, or other microorganism.
3. The Virus or Bacteria exclusion set forth by this endorsement supersedes the "terms" of any other exclusions referring to "pollutants" or to contamination with respect to any loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.
 4. The "terms" of this endorsement, whether or not applicable to any loss, cost, or expense, cannot be construed to provide coverage for a loss, cost, or expense that would otherwise be excluded under the policy to which this endorsement is attached.

BP 0850 10 06

Nuclear, Biological, Chemical, and Radiological Hazards Endorsement

The PROPERTY COVERAGES section of the BUSINESSOWNERS SPECIAL POLICY, Form BP-200, is amended as follows:

DEFINITIONS

Item 7., is deleted and replaced by the following:

7. "Pollutants" means:
- a. any solid, liquid, gaseous, thermal, or radioactive irritant, including acids, alkalis, fumes, smoke, soot, vapor, and waste. Waste includes materials to be disposed of as well as recycled, reclaimed, or reconditioned.
 - b. electrical or magnetic emissions, whether visible or invisible, and sound emissions.

PERILS EXCLUDED

Item 3., entitled Nuclear Hazard, is deleted and replaced by the following:

3. **Nuclear, Biological, Chemical, and Radiological Hazards** – "We" do not pay for loss, damage, loss of income, cost, or expense caused directly or indirectly by or resulting from:
- a. a nuclear reaction, nuclear radiation, radioactive contamination, biological contamination, or chemical contamination:
 - 1) whether controlled or uncontrolled; or
 - 2) whether caused by, contributed to, or aggravated by a covered peril; or
 - 3) whether caused by a natural, accidental, or artificial means; or
 - b. the use, dispersal or application of pathogenic or poisonous biological or chemical materials whether actual, alleged, or threatened; or
 - c. the release of pathogenic or poisonous biological or chemical materials, or radioactive materials.

Loss caused by nuclear, biological, chemical, or radiological hazards is not considered loss caused by fire, explosion, or smoke. Direct physical loss by fire resulting from the nuclear, biological, chemical, or radiological hazard is covered.

"We" pay up to \$10,000 for any loss or damage to covered property involving the accidental spilling of chemicals used in the normal course of "your" jewelry operations, costs incurred to clean up the chemical spill, and any loss of income that results.

ADDITIONAL EXCLUSIONS

Item 3., entitled Contamination or Deterioration, is deleted and replaced by the following:

3. **Contamination or Deterioration** – "We" do not pay for loss caused by contamination or deterioration including corrosion, decay, fungus, mildew, mold, rot, rust, or any quality, fault, or weakness in property that causes it to damage or destroy itself. Except as excluded in the Perils Excluded for Nuclear, Biological, Chemical, and Radiological Hazards, "we" do pay for any resulting breakage of building glass or loss caused by a "specified peril".

The Businessowners Coverages are changed as follows:

The PROPERTY COVERAGES section of the BUSINESSOWNERS SPECIAL POLICY, Form BP-200, is amended as follows:

PROPERTY COVERED

ADDITIONAL COVERAGES

The following item is added.

Loss of Income Accounting Expense – “We” will pay up to \$1,500 to cover accounting expenses of a retained accounting firm that “you” incur to present a claim for Loss of Income caused by a covered peril. “You” must contact “us” to authorize these expenses in advance.

“We” do not pay for:

- a. any expenses incurred under the Appraisal provisions in the Other Property Coverage Conditions section of this policy, or
- b. any public adjusters’ fees.

VALUATION OF PROPERTY LOSSES

Item 2.d., Personal Property of Others, is deleted.

The COMMERCIAL LIABILITY COVERAGES section of the BUSINESSOWNERS SPECIAL POLICY, Form BP-200, is amended as follows:

DEFINITIONS

The following definition is added:

“Location” means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

PRINCIPAL COVERAGES

COVERAGE 0 – FIRE LEGAL LIABILITY is extended to include damage caused by perils in addition to fire and explosion for which you are legally liable, up to the limit shown on the Declarations page for Coverage 0 – Fire Legal Liability.

DEFENSE COVERAGE

Item 3.c. is deleted and replaced with the following:

- c. The actual loss of earnings by the “insured” for the time spent away from work at “our” request. “We” pay up to \$250 per day.

HOW MUCH WE PAY

Item 2. is deleted and replaced with the following:

2. The General Aggregate Limit is the most “we” will pay during a policy period for the sum of:
 - a. all “damages” under Coverage L, except “damages” due to “bodily injury” or “property damage” included under Coverage N;
 - b. all medical expenses under Coverage M;
 - c. all “damages” under Coverage O; and
 - d. all “damages” under Coverage P.

The General Aggregate Limit applies separately to each of “your” “locations” owned by or rented to “you.”

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/12/2009

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent BOP.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.)

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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