

SERFF Tracking Number: KEMP-125959874 State: Arkansas
Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FDFDEC0209F
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire Policy Form
Project Name/Number: Declaration Pages 2009/FDFDEC0209F

Filing at a Glance

Company: Trinity Universal Insurance Company

Product Name: Dwelling Fire Policy Form SERFF Tr Num: KEMP-125959874 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: FDFDEC0209F State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Michele Sturgeon Disposition Date: 01/02/2009
Date Submitted: 12/22/2008 Disposition Status: Approved
Effective Date Requested (New): 01/23/2009 Effective Date (New): 01/23/2009
Effective Date Requested (Renewal): 01/23/2009 Effective Date (Renewal): 01/23/2009

State Filing Description:

General Information

Project Name: Declaration Pages 2009
Project Number: FDFDEC0209F
Reference Organization:
Reference Title:
Filing Status Changed: 01/02/2009
State Status Changed: 01/02/2009
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Pending
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

The above captioned company, an associate of Unitrin, is hereby filing Dwelling Policy Declarations Pages for use in our dwelling fire program. The proposed effective date for the change is 1/23/09. The Declaration Pages will be used for all Dwelling Policy transactions processed on or after 1/23/09.

If you have any questions, please feel free to contact me at 904-245-5771 or E-Mail me at msturjeon@ekemper.com.

SERFF Tracking Number: KEMP-125959874 State: Arkansas
 Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: FDFDEC0209F
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Dwelling Fire Policy Form
 Project Name/Number: Declaration Pages 2009/FDFDEC0209F

Company and Contact

Filing Contact Information

Michelle Sturgeon, Forms Specialist msturgeon@eKemper.com
 12926 Gran Bay Pkwy. W. (904) 245-5771 [Phone]
 Jacksonville, FL 32258 (904) 245-5601[FAX]

Filing Company Information

Trinity Universal Insurance Company CoCode: 19887 State of Domicile: Texas
 12926 Gran Bay Parkway West Group Code: 215 Company Type:
 Jacksonville, FL 32258 Group Name: State ID Number:
 (904) 245-5600 ext. [Phone] FEIN Number: 75-0620550

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trinity Universal Insurance Company	\$50.00	12/22/2008	24660800

SERFF Tracking Number: KEMP-125959874 State: Arkansas
Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FDFDEC0209F
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire Policy Form
Project Name/Number: Declaration Pages 2009/FDFDEC0209F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/02/2009	01/02/2009

SERFF Tracking Number: *KEMP-125959874* *State:* *Arkansas*
Filing Company: *Trinity Universal Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *FDFDEC0209F*
TOI: *01.0 Property* *Sub-TOI:* *01.0002 Personal Property (Fire and Allied Lines)*

Product Name: *Dwelling Fire Policy Form*
Project Name/Number: *Declaration Pages 2009/FDFDEC0209F*

Disposition

Disposition Date: 01/02/2009

Effective Date (New): 01/23/2009

Effective Date (Renewal): 01/23/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *KEMP-125959874* State: *Arkansas*
 Filing Company: *Trinity Universal Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *FDFDEC0209F*
 TOI: *01.0 Property* Sub-TOI: *01.0002 Personal Property (Fire and Allied Lines)*
 Product Name: *Dwelling Fire Policy Form*
 Project Name/Number: *Declaration Pages 2009/FDFDEC0209F*

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

SERFF Tracking Number: *KEMP-125959874* State: *Arkansas*
 Filing Company: *Trinity Universal Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *FDFDEC0209F*
 TOI: *01.0 Property* Sub-TOI: *01.0002 Personal Property (Fire and Allied Lines)*
 Product Name: *Dwelling Fire Policy Form*
 Project Name/Number: *Declaration Pages 2009/FDFDEC0209F*

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Declarations page	AK 4529	0209	Declaration New s/Schedule			AR DFDC3 sample dec page.pdf

Named Insured: TEST POLICY

Policy Number: XX123123

DWELLING RATING INFORMATION

Form:	DP0003	No. of Families:	1	Owner Occupied:	NO	Ft. from Hydrant:	
Prot Class:	3	Year of Const:	2000	Seasonal:	NO	Miles from F.D.:	
Territory:	2	Structure Type:	DWELLING	Const Type:	FRAME	Fire Dist:	

MORTGAGEE INFORMATION

DWELLING ENDORSEMENTS AND ATTACHMENTS

Number	Edition Date	Description	Annual Premium
AK5376*	02/08	DWELLING POLICY JACKET	
DP0003	07/88	DWELLING PROPERTY SPECIAL FORM	
AK5167 *	01/06	PRIVACY STATEMENT	

SERFF Tracking Number: KEMP-125959874 State: Arkansas
Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FDFDEC0209F
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire Policy Form
Project Name/Number: Declaration Pages 2009/FDFDEC0209F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/02/2009

Comments:

Attachment:

Uniform Transmittal.pdf

Property & Casualty Transmittal Document

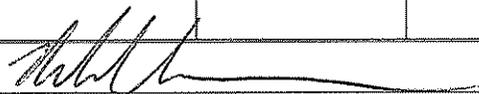
Reset Form

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3.	Group Name	Group NAIC #			
	Kemper, A Unitrin Business	215			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Trinity Universal Insurance Company	TX	19887	75-0620550	

5.	Company Tracking Number	FDDEC0209F
-----------	--------------------------------	------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Michele Sturgeon 12926 Gran Bay Pkwy W Jacksonville FL 322258	Forms Specialist	904-245-5771	904-245-5622	msturgeon@ekemper.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Michele Sturgeon		

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

9.	Type of Insurance (TOI)	01.0 Property
10.	Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Fire and Allied Lines)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Dwelling Fire Policy Program
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: 01/23/2009 Renewal: 01/23/2009
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	December 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 #

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

The above captioned company, an associate of Unitrin, is hereby filing Dwelling Policy Declarations Pages for use in our dwelling fire program. The proposed effective date for the change is 1/23/09. The Declaration Pages will be used for all Dwelling Policy transactions processed on or after 1/23/09.

If you have any questions, please feel free to contact me at 904-245-5771 or E-Mail me at msturgeon@ekemper.com.

[View Complete Filing Description](#)

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:

Submitted via EFT in SERFF

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 #				
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Declarations Page	AK 4529 0209	<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		

PC FFS-1