

SERFF Tracking Number: PHXN-125923718 State: Arkansas
Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: #? \$50
Company Tracking Number: DF-AR112008OS
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Fire
Project Name/Number: Other Structures Exclusion/DF-AR112008OS

Filing at a Glance

Company: American Hallmark Insurance Company of Texas

Product Name: Dwelling Fire SERFF Tr Num: PHXN-125923718 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #? \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: DF-AR112008OS State Status: Fees verified
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Chris Tsakiris Disposition Date: 01/14/2009
Date Submitted: 01/08/2009 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Other Structures Exclusion Status of Filing in Domicile: Authorized
Project Number: DF-AR112008OS Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/14/2009 Deemer Date:
State Status Changed: 01/14/2009
Corresponding Filing Tracking Number:
Filing Description:
American Hallmark Insurance Company of Texas is submitting an Other Structures Exclusion and Modified Loss Settlement Endorsement for your approval.

Company and Contact

Filing Contact Information

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Chris Tsakiris, Underwriting Manager ctsakiris@phoenixautoins.com
14651 Dallas Parkway (800) 486-5616 [Phone]
Dallas, TX 75254

Filing Company Information

American Hallmark Insurance Company of Texas CoCode: 43494 State of Domicile: Texas
14651 Dallas Parkway Group Code: 3478 Company Type: Property & Casualty
Suite 400
Dallas, TX 75254 Group Name: Hallmark Insurance State ID Number:
Group
(972) 934-2400 ext. 5762[Phone] FEIN Number: 75-1817901

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/14/2009	01/14/2009

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Disposition

Disposition Date: 01/14/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: effective upon receipt of filing fees

Rate data does NOT apply to filing.

SERFF Tracking Number: PHXN-125923718 State: Arkansas
 Filing Company: American Hallmark Insurance Company of Texas State Tracking Number: #? \$50
 Company Tracking Number: DF-AR1120080S
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Dwelling Fire
 Project Name/Number: Other Structures Exclusion/DF-AR1120080S

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	MODIFIED LOSS SETTLEMENT	Approved	Yes
Form	OTHER STRUCTURES EXCLUSION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	MODIFIED LOSS SETTLEMENT	DP 0008	12 02	Endorsement/Amendment/Conditions	New		DP0008 12 02 MODIFIED LOSS SETTLEMENT.pdf
Approved	OTHER STRUCTURES EXCLUSION	HDF 0009	11 08	Endorsement/Amendment/Conditions	New		HDF 0009 11 08-OTHER STRUCTURES EXCLUSION.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MODIFIED LOSS SETTLEMENT

FORM DP 00 01 ONLY

CONDITIONS

Paragraph **E. Loss Settlement** is deleted and replaced by the following:

E. Loss Settlement

Covered property losses are settled as follows:

1. Property of the following types:
 - a. Personal property;
 - b. Awnings, carpeting, household appliances, outdoor antennas and outdoor equipment, whether or not attached to buildings; and
 - c. Structures that are not buildings;
at actual cash value at the time of loss but not more than the amount required to repair or replace.
2. Buildings under Coverage **A** or **B**:
 - a. If you repair or replace the loss to restore the building structure for the same occupancy and use at the same site within 180 days of the date of loss, we will pay the lesser of the following amounts:
 - (1) The limit of liability that applies to the damaged or destroyed building structure; or
 - (2) The necessary amount actually spent to repair or replace the loss to the building structure but no more than the cost of using common construction materials and methods where functionally equivalent to and less costly than obsolete, antique, or custom construction materials and methods.

b. If you do not make claim under Paragraph **a.** above, we will pay the least of the following amounts:

- (1) The limit of liability that applies to the damaged or destroyed building structure;
- (2) The market value at the time of loss of the damaged or destroyed building structure exclusive of land value; or
- (3) The amount which it would cost to repair or replace that part of the building structure damaged or destroyed with material of like kind and quality less allowance for physical deterioration and depreciation.

In this provision, the terms "repair" or "replace" do not include the increased costs incurred to comply with the enforcement of any ordinance or law, except to the extent that coverage for these increased costs is added to this policy.

All other provisions of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OTHER STRUCTURES EXCLUSION

FOR USE WITH FORMS DP 00 01, DP 00 02, AND DP 00 03

Description Of Excluded Structure(s)

* Entries may be left blank if shown elsewhere in this policy for this coverage.

Under SECTION I- PROPERTY COVERAGES, Coverage B – Other Structures, there is no coverage provided for the Other Structures listed on this endorsement.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/14/2009

Comments:
Attachment:
AR DF OS.pdf

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

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 #			
	American Hallmark Insurance Company of Texas	3478-43494			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	American Hallmark Insurance Co. of Texas	TX	3478-43494	75-1817901	

5.	Company Tracking Number	DF-AR112008OS
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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
	Chris Tsakiris P.O. Box 250200 Plano, Texas 75025	Underwriting Manager	800-486-5616, Ext. 5761	800-876-6960	ctsakiris@hallmarkgrp.com
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)	01.0 Property
10.	Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Fire and Allied Lines)
	applicable to state specific requirements	
12.	Company Program Title (Marketing title)	Homeowners
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: on approval Renewal:
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	1/9/2009
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input 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 # DF-AR112008OS

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

American Hallmark Insurance Company of Texas is submitting for your approval an Other Structures Exclusion Endorsement and a Modified Loss Settlement (DP1) endorsement for use with our Dwelling Fire program.

[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: \$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.)

Effective March 1, 2007

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 #	DF-AR112008OS
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	Exclusion		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Modified Loss Settlement	DP 0008 12 02	<input checked="" 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

