

SERFF Tracking Number: ALSX-125301848 State: Arkansas
Filing Company: Allstate Indemnity Company State Tracking Number: AR-PC-07-026183
Company Tracking Number: BF0980
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: 2007 - Adopt ISO Forms/BF0980

Filing at a Glance

Company: Allstate Indemnity Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: ALSX-125301848 State: Arkansas

SERFF Status: Closed

Co Tr Num: BF0980

Co Status:

Author: SPI AllState

Date Submitted: 09/24/2007

State Tr Num: AR-PC-07-026183

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 09/28/2007

Disposition Status: Approved

Effective Date (New): 12/03/2007

Effective Date (Renewal):
12/03/2007

Effective Date Requested (New): 12/03/2007

Effective Date Requested (Renewal): 12/03/2007

General Information

Project Name: 2007 - Adopt ISO Forms

Project Number: BF0980

Reference Organization:

Reference Title:

Filing Status Changed: 09/28/2007

State Status Changed: 09/24/2007

Corresponding Filing Tracking Number:

Filing Description:

ISO Reference Filing No. CL-2006-OLOB1

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Description of Filing:

We are filing to adopt the Arkansas Supplement to the Multistate Interline Forms Revision of Coverage Part References Approved. We are; however, not able to meet the Insurance Services Office (ISO) effective date of October 1, 2007.

We are requesting to adopt these forms to new business and renewals effective on or after December 3, 2007.

SERFF Tracking Number: ALSX-125301848 State: Arkansas
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Company and Contact

Filing Contact Information

Kelly Urban, State Filings Analyst kurban@allstate.com
 2775 Sanders Road (847) 402-0157 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Indemnity Company CoCode: 19240 State of Domicile: Illinois
 2775 Sanders Road Group Code: 8 Company Type:
 Suite A5
 Northbrook, IL 60062 Group Name: Allstate State ID Number:
 (847) 402-5000 ext. [Phone] FEIN Number: 36-6115679

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Indemnity Company	\$20.00	09/24/2007	15773228

SERFF Tracking Number: ALSX-125301848

State: Arkansas

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

SERFF Tracking Number: *ALSX-125301848*

State: *Arkansas*

Filing Company: *Allstate Indemnity Company*

State Tracking Number: *AR-PC-07-026183*

Company Tracking Number: *BF0980*

TOI: *20.0 Commercial Auto*

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Product Name: *Commercial Auto*

Project Name/Number: *2007 - Adopt ISO Forms/BF0980*

Disposition

Disposition Date: 09/28/2007

Effective Date (New): 12/03/2007

Effective Date (Renewal): 12/03/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALSX-125301848 State: Arkansas
Filing Company: Allstate Indemnity Company State Tracking Number: AR-PC-07-026183
Company Tracking Number: BF0980
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
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Project Name/Number: 2007 - Adopt ISO Forms/BF0980

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

SERFF Tracking Number: *ALSX-125301848*

State: *Arkansas*

Filing Company: *Allstate Indemnity Company*

State Tracking Number: *AR-PC-07-026183*

Company Tracking Number: *BF0980*

TOI: *20.0 Commercial Auto*

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Rate Information

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SERFF Tracking Number: ALSX-125301848

State: Arkansas

Filing Company: Allstate Indemnity Company

State Tracking Number: AR-PC-07-026183

Company Tracking Number: BF0980

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: 2007 - Adopt ISO Forms/BF0980

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

09/28/2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

3.	Group Name	Group NAIC #			
	Allstate	008			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Allstate Indemnity Company	IL	19240	36-6115679	

5. Company Tracking Number	BF0980
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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
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Kelly Urban		

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

9.	Type of Insurance (TOI)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
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: 12-3-2007 Renewal: 12-3-2007
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	CL-2006-OLOB1 - Arkansas Supplement to the Multistate Interline Forms Revision of Coverage Part References Approved
18.	Company's Date of Filing	9-24-2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Effective March 1, 2007

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BF0980
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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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ISO Reference Filing No. CL-2006-OLOB1

Description of Filing:

We are filing to adopt the Arkansas Supplement to the Multistate Interline Forms Revision of Coverage Part References Approved. We are; however, not able to meet the Insurance Services Office (ISO) effective date of October 1, 2007.

We are requesting to adopt these forms to new business and renewals effective on or after December 3, 2007.

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 #: EFT Amount: \$20.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

***Refer to 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 #	BF0980
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A - ISO Adopt
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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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		