

**State:** Missouri **Filing Company:** Amica Mutual Insurance Company  
**TOI/Sub-TOI:** 04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations  
**Product Name:** AMICA-MO-HO-13-1  
**Project Name/Number:** Certificates of Insurance/

## Filing at a Glance

Company: Amica Mutual Insurance Company  
Product Name: AMICA-MO-HO-13-1  
State: Missouri  
TOI: 04.0 Homeowners  
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Filing Type: Form  
Date Submitted: 02/05/2013  
SERFF Tr Num: AMMA-128879963  
SERFF Status: Closed-REVIEWED  
State Tr Num:  
State Status: REVIEWED  
Co Tr Num: AMICA-MO-HO-13-1  
  
Effective Date: 08/01/2013  
Requested (New):  
Effective Date: 08/01/2013  
Requested (Renewal):  
Author(s): Stephen Curtis  
Reviewer(s): Karen Rimel (primary)  
Disposition Date: 02/05/2013  
Disposition Status: REVIEWED  
Effective Date (New): 08/01/2013  
Effective Date (Renewal): 08/01/2013

**State:** Missouri **Filing Company:** Amica Mutual Insurance Company  
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## General Information

Project Name: Certificates of Insurance	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/05/2013	
State Status Changed: 02/05/2013	Deemer Date:
Created By: Stephen Curtis	Submitted By: Stephen Curtis
Corresponding Filing Tracking Number:	
State TOI: 04.0 Homeowners	State Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

### Filing Description:

In response to section 379.108 of the Missouri insurance code, we are filing for approval our Certificates of Insurance:

Certificate of Insurance AH 00 30 01 12

We propose an effective date of August 1, 2013 for new business and renewal policies.

## Company and Contact

### Filing Contact Information

Shannon Shallcross, Assistant Vice President	sshallcross@amica.com
P.O. Box 6008	800-652-6422 [Phone] 24245 [Ext]
Providence, RI 02940	401-334-6518 [FAX]

### Filing Company Information

Amica Mutual Insurance Company	CoCode: 19976	State of Domicile: Rhode Island
P.O. Box 6008	Group Code: 28	
Providence, RI 02940	Group Name: Amica Mutual	Company Type:
(800) 652-6422 ext. [Phone]	FEIN Number: 05-0348344	State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 filing x \$50.00/filing = \$50.00

## State Specific

NAIC Number: 028-19976  
 Have you reviewed the General Instructions document? (yes/no)(General Instructions updated 9/14/07): Yes  
 If this is a rate filing, was rate data added on the rate/rule schedule? (yes/no): N/A

SERFF Tracking #:

AMMA-128879963

State Tracking #:

Company Tracking #:

AMICA-MO-HO-13-1

State:

Missouri

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
REVIEWED	Karen Rimel	02/05/2013	02/05/2013

SERFF Tracking #:

AMMA-128879963

State Tracking #:

Company Tracking #:

AMICA-MO-HO-13-1

State:

Missouri

Filing Company:

Amica Mutual Insurance Company

TOI/Sub-TOI:

04.0 Homeowners/04.0000 Homeowners Sub-TOI Combinations

Product Name:

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## Disposition

Disposition Date: 02/05/2013

Effective Date (New): 08/01/2013

Effective Date (Renewal): 08/01/2013

Status: REVIEWED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Filing Memorandum	REVIEWED	Yes
Form	Certificate of Insurance	REVIEWED	Yes

State: Missouri

Filing Company: Amica Mutual Insurance Company

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	REVIEWED 02/05/2013	Certificate of Insurance	AH 00 30	01 12	CER	New			AH 00 30 01 12.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other



**Certificate of Insurance**

This is to certify that Amica has issued to:

Name of Insured

Address

a policy of dwelling liability insurance which provides, subject to the provisions, conditions and limitations contained therein, and during its effective period:

**COVERAGE**

**LIMIT OF LIABILITY**

**SECTION I COVERAGES**

Dwelling \$

Other Structures \$

**SECTION II COVERAGES**

Personal Liability \$ Each Occurrence

Medical Payments To Others \$ Each Person

Policy No.

Effective Date

Expiration Date

**This document is issued as a matter of information only and confers no rights upon the document holder. This Certificate of Insurance does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein.**

Dated

*Authorized Representative*

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State Tracking #:

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Filing Memorandum	REVIEWED	02/05/2013
Comments:			
Attachment(s):			
Explanatory Memorandum.pdf			

## **EXPLANATORY MEMORANDUM**

In response to section 379.108 of the Missouri insurance code, we are filing for approval our Certificates of Insurance:

**Certificate of Insurance**

**AH 00 30 01 12**