

SERFF Tracking Number: GTWY-125309024 State: Arkansas
Filing Company: Gateway Insurance Company State Tracking Number: AR-PC-07-026277
Company Tracking Number: AR GL IND FORMS 10-2007 UPDATE
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: General Liability
Project Name/Number: AR GL Ind Forms 10-2007 Update/AR GL Ind Forms 10-2007 Update

Filing at a Glance

Company: Gateway Insurance Company

Product Name: General Liability

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2001 Commercial General Liability
Co Tr Num: AR GL IND FORMS
10-2007 UPDATE

Filing Type: Form

SERFF Tr Num: GTWY-125309024 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-026277

State Status:

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Laura Ellsworth

Disposition Date: 10/10/2007

Date Submitted: 10/01/2007

Disposition Status: Approved

Effective Date Requested (New): 11/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 11/01/2007

Effective Date (Renewal):

General Information

Project Name: AR GL Ind Forms 10-2007 Update

Project Number: AR GL Ind Forms 10-2007 Update

Reference Organization:

Reference Title:

Filing Status Changed: 10/10/2007

State Status Changed: 10/01/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We wish to update our Commercial General Liability filing to include the following 3 independent endorsements:

1. Ownership or Use of a Firearm Exclusion,
2. Ownership, Harboring, Keeping or Use of a Dog Exclusion, and
3. Exclusion - Assault or Battery.

This filing is Prior Approval with a November 1, 2007 requested effective date.

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Company and Contact

Filing Contact Information

Laura Ellsworth, lellsworth@gicauto.com
 1401 S. Brentwood Blvd. Suite 1000 (800) 779-3600 [Phone]
 St. Louis, MO 63144 (314) 373-4444[FAX]

Filing Company Information

Gateway Insurance Company CoCode: 28339 State of Domicile: Missouri
 1401 S. Brentwood Blvd Group Code: Company Type:
 St. Louis, MO 63144 Group Name: State ID Number:
 (800) 779-3600 ext. 262[Phone] FEIN Number: 43-0762309

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gateway Insurance Company	\$50.00	10/01/2007	15888376

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/10/2007	10/10/2007

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Disposition

Disposition Date: 10/10/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GTWY-125309024 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Filing Schedule	Approved	Yes
Form	Exclusion - Assault or Battery	Approved	Yes
Form	Ownership or Use of a Firearm Exclusion	Approved	Yes
Form	Ownership, Harboring, Keeping or Use of a Dog 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	Exclusion - Assault or Battery	GL 00 12	09 07	Endorsement/Amendment/Conditions New		39.70	GL 00 12 09 07 - Exclusion - Assault or Battery.pdf
Approved	Ownership or Use of a Firearm Exclusion	GL 00 13	09 07	Endorsement/Amendment/Conditions New		45.50	GL 00 13 09 07 - Ownership or Use Of A Firearm Exclusion.pdf
Approved	Ownership, Harboring, Keeping or Use of a Dog Exclusion	GL 00 14	09 07	Endorsement/Amendment/Conditions New		44.60	GL 00 14 09 07 - Ownership, Harboring, Keeping or Use Of A Dog Exclusion.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – ASSAULT OR BATTERY

Exclusion a under COVERAGE A (Section 1) is replaced by the following:

- a. “Bodily injury” or “property damage”:
 - (1) Expected or intended from the standpoint of any insured; or
 - (2) Arising out of an assault or battery, provoked or unprovoked, or out of any act or omission in connection with prevention or suppression of an assault or battery, committed by any insured or an employee or agent of the insured.

The following exclusion is added to COVERAGE B (Section 1).

This insurance does not apply to “personal and advertising injury”:

- (1) Expected or intended from the standpoint of any insured; or
- (2) Arising out of an assault or battery, provoked or unprovoked , or out of any act or omission in connection with prevention or suppression of an assault or battery, committed by any insured or an employee or agent of the insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OWNERSHIP OR USE OF A FIREARM EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability:

2. Exclusions

This insurance does not apply to:

Ownership or use of a firearm

- a.** “Bodily injury” arising, in whole or in part, out of any insured’s ownership or use of a firearm.

B. The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability:

2. Exclusions

This insurance does not apply to:

Ownership or use of a firearm

- a.** “Personal and Advertising injury” arising, in whole or in part, out of any insured’s ownership or use of a firearm.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OWNERSHIP, HARBORING, KEEPING OR USE OF A DOG
EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability:

2. Exclusions

This insurance does not apply to:

Ownership or use of a dog

- a. “Bodily injury” arising, in whole or in part, out of any insured’s ownership, harboring, keeping or use of a dog.**
- b. “Property damage” arising, in whole or in part, out of any insured’s ownership, harboring, keeping or use of a dog.**

B. The following exclusion is added to Paragraph 2., Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability:

2. Exclusions

This insurance does not apply to:

Ownership or use of a dog

- a. “Personal and Advertising injury” arising, in whole or in part, out of any insured’s ownership, harboring, keeping or use of a dog.**

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/10/2007

Comments:

Attachment:

P&C Trans Doc AR GL Ind Forms 10-2007 Update.pdf

Satisfied -Name: Form Filing Schedule **Review Status:** Approved 10/10/2007

Comments:

Attachment:

Form Filing Sch AR GL Ind Forms 10-2007 Update.pdf

Property & Casualty Transmittal Document

Reset Form

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 border="1" style="width: 100%;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Gateway Insurance Company	Missouri	28339	430762309	

5. Company Tracking Number	AR GL IND FORMS 10-2007 UPDATE
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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
Laura Ellsworth 1401 S. Brentwood Blvd., 10th Floor, St. Louis, MO 63144	Compliance Dept. Project Manager	800-779-3600 x241	314-373-5867	l Ellsworth@gicauto.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Laura Ellsworth		

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

9. Type of Insurance (TOI)	17.2 Other Liability-Occ Only
10. Sub-Type of Insurance (Sub-TOI)	17.2001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	N/A
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: 11/01/2007 Renewal: 11/01/2007
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	10/01/2007
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 # AR GL IND FORMS 10-2007 UPDATE

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

We wish to update our Commercial General Liability filing to include the following 3 independent endorsements:

1. Ownership or Use of a Firearm Exclusion,
2. Ownership, Harboring, Keeping or Use of a Dog Exclusion, and
3. Exclusion - Assault or Battery.

This filing is Prior Approval with a November 1, 2007 requested effective date.

[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:

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.)

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 #	AR GL IND FORMS 10-2007 UPDATE
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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	Exclusion - Assault or Battery	GL 00 12 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Ownership or Use of a Firearm Exclusion	GL 00 13 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Ownership, Harboring, Keeping or Use of a Dog Exclusion	GL 00 14 09 07	<input checked="" 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