

SERFF Tracking Number: HNST-125296766 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: AR-PC-07-026211
Company Tracking Number: 2007AR19CA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Truckers Program Form Filing
Project Name/Number: Truckers Program Form Filing /2007AR19CA

Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: Truckers Program Form Filing SERFF Tr Num: HNST-125296766 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-026211
Sub-TOI: 20.0004 Truckers Co Tr Num: 2007AR19CA State Status:
Filing Type: Form Co Status: Phyllis Rakittke Reviewer(s): Betty Montesi,
Llyweyia Rawlins
Author: Phyllis Rakittke Disposition Date: 10/01/2007
Date Submitted: 09/25/2007 Disposition Status: Approved
Effective Date Requested (New): 11/01/2007 Effective Date (New): 11/01/2007
Effective Date Requested (Renewal): 11/01/2007 Effective Date (Renewal):
11/01/2007

General Information

Project Name: Truckers Program Form Filing
Project Number: 2007AR19CA
Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 10/01/2007
State Status Changed: 09/25/2007
Corresponding Filing Tracking Number: N/A

Status of Filing in Domicile: Authorized
Domicile Status Comments: N/A
Reference Number: N/A
Advisory Org. Circular: N/A

Deemer Date:

Filing Description:

LGIC is filing a revision to the Commercial Auto Liability and Physical Damage Trucking Program. We would like to file revisions to an existing Policy Reporting Form.

Company and Contact

Filing Contact Information

Phyllis Rakittke, Product Analyst
150 Northwest Point Blvd
Elk Grove Village, IL 60007-1015

phyllis.rakittke@lincolngeneral.com
(877) 717-5442 [Phone]
(847) 700-8607[FAX]

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Filing Company Information

Lincoln General Insurance Company CoCode: 33855 State of Domicile: Pennsylvania
P.O. Box 3709 Group Code: 1326 Company Type: Property & Casualty

3501 Concord Rd
York, PA 17402 Group Name: Kingsway Financial State ID Number:
Group
(717) 757-0000 ext. [Phone] FEIN Number: 23-2023242

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Form Filing @ \$50 Each
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$50.00	09/25/2007	15798582

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/01/2007	10/01/2007

SERFF Tracking Number: *HNST-125296766* *State:* *Arkansas*
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Project Name/Number: *Truckers Program Form Filing /2007AR19CA*

Disposition

Disposition Date: 10/01/2007

Effective Date (New): 11/01/2007

Effective Date (Renewal): 11/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HNST-125296766 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policy Reporting Form	Approved	Yes
Form	Policy Reporting Form	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Reporting Form	L1249	1106	Policy/Coverage Replaced Form	Replaced Form #:0.00 L1249 0205 Previous Filing #: AR-PC-05-01400		L 1249 11 06 final.pdf
Approved	Policy Reporting Form	L1099	0205	Policy/Coverage Withdrawn Form	Replaced Form #:0.00 Previous Filing #: AR-PC-05-01400		L 1099 0205.pdf

POLICY REPORTING FORM
(composite rating form)

(TYPE OF COVERAGE GOES HERE)

Schedule of Computation

- 1. Estimated
- 2. Annual Rate Per \$
- 3. Estimated Annual Premium \$
- 4. Escrow Deposit \$
- 5. Due Date for Escrow Deposit – upon issuance of this policy
- 6. Annual Minimum Premium \$
- 7. Reporting Period: Rate: Monthly Minimum Premium \$

From To Report Due by

1.

Countersigned by: _____
(Authorized Representative)

REPORTING CONDITIONS

If "you" have a reporting policy, the following conditions apply:

- 1) The Escrow Deposit shown on the front of this form is due upon issuance of this policy. The Escrow Deposit may take the form of Cash Collateral, or an acceptable Letter of Credit.
- 2) All additions, deletions or changes which effect coverage must be reported each reporting period.
- 3) Each report, based on the method of reporting, will be due and the premium payable within ten (10) days after the end of each reporting period.
- 4) "We" compute "your" premium by multiplying the applicable rate(s) shown on the front of this form by the premium basis "you" have reported (or which was determined by "us" at audit), as of the last day for which coverage was afforded, subject to the applicable monthly and/or annual minimum premium.
- 5) "You" must keep an accurate record of all information pertaining to this insurance for the period of coverage. "We" have the right to audit your books and other records at any time during the policy period and up to one (1) year thereafter.
- 6) If "your" policy is cancelled prior to the expiration, "you" must furnish "us" "your" final report which shall be inclusive up to 12:01 a.m. of the cancellation date.
- 7) Whether "your" policy is cancelled or remains in effect until expiration, the final adjustment of premium will be made as follows:
 - a) "we" will hold "your" Escrow Deposit until a final audit can be conducted after the cancellation or expiration date of the policy;
 - b) "we" will compare the total audited premium to the sum of the Escrow Deposit and all billed premium;
 - c) if the final audited premium is more than the billed premium, "you" must pay "us" the difference; "We" may utilize all or a portion of "your" Escrow Deposit to satisfy the final audited premium.
 - i) If "your" Escrow Deposit covers the entire additional premium due, "we" will refund (if Cash Collateral) or release (if Letter of Credit) any excess Escrow Deposit.
 - ii) If "your" Escrow Deposit does not cover the entire additional premium due, "you" must pay "us" the additional excess premium due.
 - d) if the final audited premium (after application of any annual minimum premium charge) is less than the billed premium, "we" will refund the difference; In this case, "we" will also refund (if Cash Collateral) or release (if Letter of Credit) "your" Escrow Deposit.
 - e) If the final audited premium (after application of any annual minimum premium charge) is equal to the billed premium, "we" will refund (if Cash Collateral) or release (if Letter of Credit) "your" Escrow Deposit.

DEFINITIONS

When used as a premium basis:

GROSS RECEIPTS

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker".

Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own Federal or State authority.
- B. Advertising Revenue
- C. Taxes which you collect as a separate item and remit directly to a governmental division
- D. C.O.D. collections for cost of mail or merchandise including collection fees
- E. Warehouse storage fees
- F. Fuel Surcharges

MILEAGE

Mileage means the total miles operated by all autos, loaded or unloaded, during the policy period. Mileage shall include the total miles developed from the rental of equipment, with or without drivers.

NUMBER OF AUTOS

Number of autos is all automobiles covered by the policy owned by others, but operated in the insured's trucking business (commonly referred to as Owner Operators).

VALUE

Value is original cost new if written on an "ACV" basis or the current value if written on a stated amount basis of all autos covered by the policy as provided by the insured.

POLICY REPORTING FORM

(composite rating form)

(TYPE OF COVERAGE GOES HERE)

Schedule of Computation

- | | | | | | |
|--|--------|--|-----------------|--|----|
| 1. Estimated | | | | | \$ |
| 2. Annual Rate Per | | | | | \$ |
| 3. Estimated Annual Premium | | | | | \$ |
| 4. Cash Collateral | | | | | \$ |
| 5. Due Date for Cash Collateral – upon issuance of this policy | | | | | |
| 6. Annual Minimum Premium | | | | | \$ |
| 7. Reporting Period : | Rate : | | Minimum Premium | | \$ |

	From	To	Report Due by
1.			

Countersigned by: _____
(Authorized Representative)

REPORTING CONDITIONS

If "you" have a reporting policy, the following conditions apply:

1. The Cash Collateral shown on "your" POLICY REPORTING FORM, Schedule of Computation, and endorsement are due upon issuance of this policy.
2. All additions, deletions or changes which effect coverage must be reported each reporting period.
3. Each report, based on the method of reporting, will be due and the premium payable within ten (10) days after the end of each reporting period.
4. "You" must keep an accurate record of all information pertaining to this insurance for the period of coverage. "We" have the right to audit your books and other records at any time during the policy period and up to one (1) year thereafter.
5. If "your" policy is cancelled prior to the expiration, "you" must furnish "us" "your" final report which shall be inclusive up to 12:01 a.m. of the cancellation date.
6. If "your" policy remains in effect until expiration, the final adjustment of premium will be made as follows:
 - a. "we" will hold "your" Cash Collateral until the expiration of the policy;
 - b. "we" will compare the total annual computed premium to the sum of the Cash Collateral and all billed premium;
 - c. if the final annual computed premium is more than the sum of the Cash Collateral and all billed premium, "you" must pay "us" the difference;
 - d. if the final annual computed premium is less than the sum of the Cash Collateral and all billed premium, "we" will refund the difference. We will pay you for this difference within 30 days following the date you cancel the policy.
7. "We" compute "your" premium by multiplying the applicable rate(s) shown on "your" POLICY REPORTING FORM, Schedule of Computation, endorsement by the premium basis "you" have reported (or which was determined by "us" at audit), as of the last day for which coverage was afforded, subject to the applicable minimum premium.

DEFINITIONS

GROSS RECEIPTS

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

MILEAGE

Mileage mean the actual miles traveled by all covered "autos", loaded or unloaded, during the policy period whether the shipment was made with you or another trucker. Mileage shall include the actual mileage developed from rented "autos", with or without drivers.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/01/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: _____ 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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input 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]

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.)

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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 #	
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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			<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		

PC FFS-1