

SERFF Tracking Number: HRLV-125334919 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: AR-PC-07-026556
Company Tracking Number: GLSA031307-3
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: GL
Project Name/Number: GL-2007 Multistate Rev/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: GL

SERFF Tr Num: HRLV-125334919 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-026556

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GLSA031307-3

State Status:

Filing Type: Form

Co Status: Submitted to State

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

Author: Carol Zwoyer

Disposition Date: 10/29/2007

Date Submitted: 10/25/2007

Disposition Status: Accepted For
Informational Purposes

Effective Date Requested (New): 12/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):

General Information

Project Name: GL-2007 Multistate Rev

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: ISO

Reference Number: GL-2006-OCTFR

Reference Title: 2007 General Liability Multistate Forms Revision

Advisory Org. Circular: LI-GL-2006-255

Filing Status Changed: 10/29/2007

State Status Changed: 10/26/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Deferring ISO revision GL-2006-OCTFR

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst

czwoyer@harleysvillegroup.com

355 Maple Avenue

(215) 256-5735 [Phone]

Harleysville, PA 19438-2297

(215) 256-5678[FAX]

SERFF Tracking Number: HRLV-125334919 State: Arkansas
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Product Name: GL
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Filing Company Information

Harleysville Mutual Insurance Company
355 Maple Avenue
Harleysville, PA 19438
(215) 256-5000 ext. [Phone]

CoCode: 14168
Group Code: 253
Group Name:
FEIN Number: 23-0902325

State of Domicile: Pennsylvania
Company Type:
State ID Number:

SERFF Tracking Number: HRLV-125334919 State: Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	10/25/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		10/29/2007	10/29/2007

SERFF Tracking Number: *HRLV-125334919* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-026556*
Company Tracking Number: *GLSA031307-3*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *GL*
Project Name/Number: *GL-2007 Multistate Rev/*

Disposition

Disposition Date: 10/29/2007

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125334919 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	cover letter	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *HRLV-125334919* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-026556*
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TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
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Rate Information

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SERFF Tracking Number: HRLV-125334919 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Accepted for Informational 10/29/2007
Purposes

Comments:

Attachment:

AR NAIC 2007.pdf

Satisfied -Name: cover letter

Review Status: Accepted for Informational 10/29/2007
Purposes

Comments:

Attachment:

AR Multistate forms.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125334919
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Carol Zwoyer
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial General Liability
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 checked="" type="checkbox"/> Other (give description) deferral
14. Effective Date(s) Requested	New: 12/01/2007 Renewal: 12/01/2007

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	GL-2006-OCTFR
18.	Company's Date of Filing	10/25/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	125334919
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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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Insurance Services Offices, Inc has announced the implementation of the 2007 General Liability Multistate Forms Revision.

Harleysville Mutual Insurance Company does not wish to implement this change at this time and therefore requests approval to defer ISO revision GL-2006-OCTFR.

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 #: N/A Amount: N/A</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.)**

HARLEYSVILLE MUTUAL INSURANCE COMPANY

355 Maple Avenue
Harleysville PA 19438-2297
www.harleysvillegroup.com

October 25, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168

COMMERCIAL GENERAL LIABILITY

ISO Reference Filing Numbers: GL-2006-OCTFR
Company Tracking Number: 125334919

Dear Mr. Bowman:

Insurance Services Offices, Inc has announced the implementation of the 2007 General Liability Multistate Forms Revision.

Harleysville Mutual Insurance Company does not wish to implement this change at this time and therefore requests approval to defer the above captioned filing.

Your favorable consideration will be appreciated.

Very truly yours



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735

czwoyer@harleysvillegroup.com

CC: Susan Arbogast, Lisa Berke