

SERFF Tracking Number: IATH-125330033 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: AR-PC-07-026566
Company Tracking Number:
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Truck
Project Name/Number: /2156-F

Filing at a Glance

Company: Harco National Insurance Company

Product Name: Truck	SERFF Tr Num: IATH-125330033	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026566
Sub-TOI: 20.0004 Truckers	Co Tr Num:	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Debbie Smith	Disposition Date: 10/29/2007
	Date Submitted: 10/26/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 2156-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/29/2007	
State Status Changed: 10/26/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Filing new, optional endorsement CA 7406 (01/08) to be used in conjunction with Harco's Truckers Program.	

Company and Contact

Filing Contact Information

Debbie Smith, Compliance Analyst II	dsmith@iat-harco.com
2850 West Golf Road	(847) 321-4867 [Phone]
Rolling Meadows, IL 60008	(847) 321-4810[FAX]

Filing Company Information

SERFF Tracking Number: IATH-125330033

State: Arkansas

Filing Company: Harco National Insurance Company

State Tracking Number: AR-PC-07-026566

Company Tracking Number:

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

Product Name: Truck

Project Name/Number: /2156-F

Harco National Insurance Company
2850 West Golf Road
9th Floor
Rolling Meadows, IL 60008
(800) 448-4642 ext. [Phone]

CoCode: 26433
Group Code: 225
Group Name:
FEIN Number: 13-6108721

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

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Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
94060	\$50.00	10/23/2007

SERFF Tracking Number: IATH-125330033

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/29/2007	10/29/2007

SERFF Tracking Number: IATH-125330033 *State:* Arkansas
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Product Name: Truck
Project Name/Number: /2156-F

Disposition

Disposition Date: 10/29/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Physical Damage Coverage Changes	Approved	Yes
Form	Physical Damage Coverage Changes	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physical Damage Coverage Changes	CA 7406	01/08	Endorsement/Amendment/Conditions New		0.00	CA 74 06 01 08.pdf
Approved	Physical Damage Coverage Changes	CA 7406	01/08	Endorsement/Amendment/Conditions New		0.00	CA 74 06 01 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE COVERAGE CHANGES

This endorsement modifies insurance under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

This endorsement provides only those coverages where a premium is shown in the Declarations. Each of these coverages applies only to the vehicles shown as covered "autos."

The following changes are made to:

TRUCKERS COVERAGE FORM: SECTION IV - PHYSICAL DAMAGE COVERAGE
MOTOR CARRIER COVERAGE FORM: SECTION IV - PHYSICAL DAMAGE COVERAGE
whichever applies.

B. Exclusions, in the section that reads "Exclusions 2.e. and 2.f. do not apply to:"; part b.(1) is replaced by the following:

b. Any other electronic equipment that is:

- (1) Necessary for the normal operation of the "auto" or the monitoring of the "auto's" operating system, including satellite communication or tracking equipment and collision prevention systems which are permanently installed or are removable from a housing unit which is permanently installed in the covered "auto"; or

C. Limits of Insurance is replaced by the following:

C. Limits of Insurance

1. Subject to the stated limit shown in the Declarations, the most we will pay for a total loss where a "finance agreement" exists and the Stated Amount is equal to or greater than the outstanding financial obligation is the greater of:
 - a. The outstanding financial obligation under a "finance agreement" for a covered "auto" at the time of loss; or
 - b. The actual cash value of the covered "auto" at the time of the loss or the Stated Amount whichever is less.

In addition, we will endeavor to send you payment within 60 days of a "loss" due to theft and within 30 days for any other "loss." If we do not, subject to the LIMIT OF INSURANCE, we shall also pay for additional payments your "finance agreement" generates, for the covered "auto" only, after the 60th day or 30th day, whichever applies.

2. The most we will pay for any other "loss" in any one "accident" is the lesser of:

- a. The amount shown as the Stated Amount in the Schedule or in the Declarations;
- b. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- c. The cost of "repairing" or replacing the damaged or stolen property with other of like kind and quality.
- d. However, if the Stated Amount is less than 80% of the actual cash value at the time of "loss," the most we will pay for "loss" is the lesser of the following amounts:

- (1) The share of the "loss" that the Stated Amount bears to 80% of the actual cash value of the property at the time of "loss";
 - (2) The actual cash value of the damaged or stolen property at the time of "loss"; or
 - (3) The Stated Amount shown in the Declarations.
3. With respect to a covered "auto" not described in the Declarations, the most we will pay for "loss" is the lesser of 2.b. or 2.c. in above paragraph, reduced by the largest deductible applied to an "auto" of the same type in the Declarations.
 4. We will include the reasonable cost of protecting the damaged property as part of a covered "loss."
 5. We will pay under Comprehensive Coverage for the cost of "repairing" the damaged windshield on "your covered auto" without a deductible. We will pay only if the Declarations indicate that Comprehensive Coverage applies.

B. Exclusions, exclusion 5 is added as follows:

5. At the time of your loss, we will not pay you for any of the following:
 - a. Overdue "finance agreement" payments including any type of late fees or penalties;
 - b. Financial penalties imposed under a "finance agreement" for excessive use, abnormal wear and tear or high mileage;
 - c. Security deposits not normally refunded by the lessor or lender;
 - d. Cost of "finance agreement" related products such as, but not limited to, Credit Life Insurance, Health, Accident or Disability insurance purchased by you;
 - e. Carry-over balances from previous "finance agreements" or other amounts not associated with the covered "auto"; or
 - f. Unpaid principal included in the outstanding "finance agreement" balance that was not used by you to purchase the covered "auto."

Additional definitions as used in this endorsement:

1. "Finance agreement" means a written lease or loan contract, entered into, as a part of your business, pertaining to the lease or purchase by you of a covered "auto," and subject to a valid promissory note or written payment obligation contained in a lease, and security agreement or other written agreement establishing a security interest, executed concurrently with the purchase or lease of the covered "auto."
2. "Repairing" does not mean replacing.

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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Truck
Project Name/Number: /2156-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/29/2007

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: <input type="text"/> Renewal: <input type="text"/>
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 #	
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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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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]
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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.)**

PC TD-1 pg 2 of 2

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	