

SERFF Tracking Number: LDRE-125320002 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026388
Company Tracking Number: G6207F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Filing Commercial Auto Form/G6207F

Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0003 Other

Filing Type: Form

SERFF Tr Num: LDRE-125320002 State: Arkansas

SERFF Status: Closed

Co Tr Num: G6207F

Co Status:

Author: Joy Landholm

Date Submitted: 10/10/2007

State Tr Num: AR-PC-07-026388

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 10/11/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

01/01/2008

General Information

Project Name: Filing Commercial Auto Form

Project Number: G6207F

Reference Organization:

Reference Title:

Filing Status Changed: 10/11/2007

State Status Changed: 10/11/2007

Corresponding Filing Tracking Number:

Filing Description:

At this time our Company would like to file the following Independent Commercial Auto Form with your Department for all policies written to become effective on or after January 1, 2008:

CA 49 99 04 06 - Electronic Equipment Coverage

Status of Filing in Domicile: Authorized

Domicile Status Comments: Nebraska, our
domicile state, is file and use

Reference Number:

Advisory Org. Circular:

Deemer Date:

The only change we have made on this form is we have changed the line of insurance from Commercial Auto Coverage Form to Commercial Auto Coverage Part.

SERFF Tracking Number: LDRE-125320002 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026388
 Company Tracking Number: G6207F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Auto
 Project Name/Number: Filing Commercial Auto Form/G6207F

Form CA 49 99 04 06 replaces Form CA 49 99 03 06 which was approved by your Department effective January 1, 2007 under your File # PC-06-021731. We have attached a mark-up copy of the revision we made.

Company and Contact

Filing Contact Information

Joy Landholm, Compliance Technician j.landholm@gwccnet.com
 1100 W. 29th Street (800) 228-8602 [Phone]
 South Sioux City,, NE 68776 (402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company	CoCode: 11371	State of Domicile: Nebraska
1100 W. 29th Street	Group Code: 150	Company Type: P & C
So. Sioux City, NE 68776	Group Name:	State ID Number:
(402) 494-2411 ext. [Phone]	FEIN Number: 47-6024508	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Nebraska, our domicile state, is file and use

1 Form Filing = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	10/10/2007	16048524

SERFF Tracking Number: LDRE-125320002 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026388
Company Tracking Number: G6207F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Filing Commercial Auto Form/G6207F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/11/2007	10/11/2007

SERFF Tracking Number: LDRE-125320002 *State:* Arkansas
Filing Company: Great West Casualty Company *State Tracking Number:* AR-PC-07-026388
Company Tracking Number: G6207F
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Filing Commercial Auto Form/G6207F

Disposition

Disposition Date: 10/11/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125320002 *State:* Arkansas
Filing Company: Great West Casualty Company *State Tracking Number:* AR-PC-07-026388
Company Tracking Number: G6207F
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Filing Commercial Auto Form/G6207F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	mark-up copy	Approved	Yes
Form	Electronic Equipment Coverage	Approved	Yes

SERFF Tracking Number: LDRE-125320002 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026388
 Company Tracking Number: G6207F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Auto
 Project Name/Number: Filing Commercial Auto Form/G6207F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Electronic Equipment Coverage	CA 49 99	04 06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CA 49 99 03 06 Previous Filing #: PC-06-021731		CA 49 99 04 06.pdf

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ELECTRONIC EQUIPMENT COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement:

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

SCHEDULE

Description of Covered "Auto(s)":

PREMIUM

This endorsement extends Physical Damage Coverage provided on covered "autos" described in the SCHEDULE on this endorsement for specific Electronic Equipment which is indicated below by an "X":

Electronic Equipment

Limit of Insurance for each Covered "Auto"

- Computer System
- Computer Media
- FAX Machine
- Satellite Communication or Tracking System
- Video Camera Monitoring System
- Cellular Telephone
- Two-way Mobile Radio or Telephone
- Scanning Monitor Receiver
- Collision Prevention System
- Other: _____

including antennas and other accessories.

Note: The amount shown in the SCHEDULE on this endorsement is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit of Insurance and Deductible provisions which follow:

A. COVERAGE

Physical damage coverage provided on covered "autos" described in the SCHEDULE on this endorsement is extended to apply to the specified electronic equipment for the Limit of Insurance shown, when permanently installed in the covered "auto" described in the SCHEDULE on this endorsement.

B. LIMIT OF INSURANCE

With respect to coverage under this endorsement, the Limit of Insurance provision of Physical Damage Coverage is replaced by the following:

1. The most we will pay for all "loss" to the specified electronic equipment as a result of any one "accident" is the lesser of:
 - a. The "actual cash value" of the damaged or stolen property as of the time of the "loss".
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
 - c. The amount shown in the SCHEDULE on this endorsement.
2. An adjustment for depreciation and physical condition will be made in determining "actual cash value" at the time of the "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of betterment.

C. DEDUCTIBLE

The coverage provided by this endorsement is only for Electronic Equipment and a \$250.00 deductible per "loss" will apply. No other policy deductible(s) apply to this coverage.

D. ADDITIONAL EXCLUSIONS

1. The term Computer System does not include vehicle operation recording devices.
2. The term Scanning Monitor Receiver does not include radar detection devices.

E. ADDITIONAL DEFINITION

As used in this endorsement:

"Computer Media" means:

1. Materials on which data is recorded, including magnetic tapes, floppy discs, or hard discs; or
2. Programs, either purchased or written on a custom basis, which are regularly used with your computer system.

"Computer Media" does not include data, facts, concepts or instructions converted to a form used in your data processing operations. This includes documentation and source materials.

<i>SERFF Tracking Number:</i>	<i>LDRE-125320002</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great West Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026388</i>
<i>Company Tracking Number:</i>	<i>G6207F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>Filing Commercial Auto Form/G6207F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125320002 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-026388
Company Tracking Number: G6207F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: Filing Commercial Auto Form/G6207F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/11/2007

Comments:

Attachments:

PC TD-1.pdf
PC FFS-1.pdf

Satisfied -Name: mark-up copy **Review Status:** Approved 10/11/2007

Comments:

Attachment:

CA 49 99 04 06 mark-up.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2. Insurance Department Use only</td> </tr> <tr> <td colspan="2">a. Date the filing is received:</td> </tr> <tr> <td colspan="2">b. Analyst:</td> </tr> <tr> <td colspan="2">c. Disposition:</td> </tr> <tr> <td colspan="2">d. Date of disposition of the filing:</td> </tr> <tr> <td colspan="2">e. Effective date of filing:</td> </tr> <tr> <td style="width: 60%;">New Business:</td> <td></td> </tr> <tr> <td>Renewal Business:</td> <td></td> </tr> <tr> <td colspan="2">f. State Filing #:</td> </tr> <tr> <td colspan="2">g. SERFF Filing #: LDRE-125320002</td> </tr> <tr> <td style="width: 60%;">h. Subject Codes:</td> <td></td> </tr> </table>	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 #: LDRE-125320002		h. Subject Codes:	
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 #: LDRE-125320002																							
h. Subject Codes:																							

3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G6207F
-----------	--------------------------------	--------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer		<i>Mark Galvin</i>		
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

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

9.	Type of Insurance (TOI)	20.0 - Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0000 Commercial Auto
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Commercial Auto
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: 01-01-2008 Renewal: 01-01-2008
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	October 10, 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 #	G6207F
------------	--	--------

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

At this time our Company would like to file the following Independent Commercial Auto Form with your Department for all policies written to become effective on or after January 1, 2008:

CA 49 99 04 06 - Electronic Equipment Coverage

The only change we have made on this form is we have changed the line of insurance from Commercial Auto Coverage Form to Commercial Auto Coverage Part.

Form CA 49 99 04 06 replaces Form CA 49 99 03 06 which was approved by your Department effective January 1, 2007 under your File # PC-06-021731. We have attached a mark-up copy of the revision we made.

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 #: EFT Amount: \$50.00	
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 #	G6207F
-----------	--	--------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
-----------	---	-----

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	Electronic Equipment Coverage	CA 49 99 04 06	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CA 49 99 03 06	PC-06-021731
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ELECTRONIC EQUIPMENT COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE ~~FORM~~PART

The provisions of the Coverage Form apply unless modified by this endorsement:

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

SCHEDULE

Description of Covered "Auto(s)":

PREMIUM

This endorsement extends Physical Damage Coverage provided on covered "autos" described in the SCHEDULE on this endorsement for specific Electronic Equipment which is indicated below by an "X":

Electronic Equipment

Limit of Insurance for each Covered "Auto"

- Computer System
- Computer Media
- FAX Machine
- Satellite Communication or Tracking System
- Video Camera Monitoring System
- Cellular Telephone
- Two-way Mobile Radio or Telephone
- Scanning Monitor Receiver
- Collision Prevention System
- Other: _____

including antennas and other accessories.

Note: The amount shown in the SCHEDULE on this endorsement is not necessarily the amount you will receive at the time of "loss" for the described property. Please refer to the Limit of Insurance and Deductible provisions which follow:

A. COVERAGE

Physical damage coverage provided on covered "autos" described in the SCHEDULE on this endorsement is extended to apply to the specified electronic equipment for the Limit of Insurance shown, when permanently installed in the covered "auto" described in the SCHEDULE on this endorsement.

B. LIMIT OF INSURANCE

With respect to coverage under this endorsement, the Limit of Insurance provision of Physical Damage Coverage is replaced by the following:

1. The most we will pay for all "loss" to the specified electronic equipment as a result of any one "accident" is the lesser of:
 - a. The "actual cash value" of the damaged or stolen property as of the time of the "loss".
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
 - c. The amount shown in the SCHEDULE on this endorsement.
2. An adjustment for depreciation and physical condition will be made in determining "actual cash value" at the time of the "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of betterment.

C. DEDUCTIBLE

The coverage provided by this endorsement is only for Electronic Equipment and a \$250.00 deductible per "loss" will apply. No other policy deductible(s) apply to this coverage.

D. ADDITIONAL EXCLUSIONS

1. The term Computer System does not include vehicle operation recording devices.
2. The term Scanning Monitor Receiver does not include radar detection devices.

E. ADDITIONAL DEFINITION

As used in this endorsement:

"Computer Media" means:

1. Materials on which data is recorded, including magnetic tapes, floppy discs, or hard discs; or
2. Programs, either purchased or written on a custom basis, which are regularly used with your computer system.

"Computer Media" does not include data, facts, concepts or instructions converted to a form used in your data processing operations. This includes documentation and source materials.