

SERFF Tracking Number: OCCD-125334116 State: Arkansas  
Filing Company: Occidental Fire & Casualty Company of North Carolina State Tracking Number: AR-PC-07-026576  
Company Tracking Number: 07-629  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Non-Trucking  
Project Name/Number: /07-629

## Filing at a Glance

Company: Occidental Fire & Casualty Company of North Carolina

Product Name: Non-Trucking	SERFF Tr Num: OCCD-125334116	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: AR-PC-07-026576
Sub-TOI: 20.0004 Truckers	Co Tr Num: 07-629	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Latesha Debnam	Disposition Date: 10/30/2007
	Date Submitted: 10/26/2007	Disposition Status: Approved
Effective Date Requested (New): 12/01/2007		Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007		Effective Date (Renewal): 12/01/2007

## General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: 07-629	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/30/2007	
State Status Changed: 10/29/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Non-trucking forms have been revised to address changes to programs	

## Company and Contact

### Filing Contact Information

Latesha Debnam, State Filing Analyst	ldebnam@ofc-wic.com
702 Oberlin Road	(919) 833-1600 [Phone]
Raleigh, NC 27605	(919) 833-8535[FAX]

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**Filing Company Information**

Occidental Fire & Casualty Company of North Carolina CoCode: 23248 State of Domicile: North Carolina  
702 Oberlin Road Group Code: 225 Company Type: Property and Casualty  
Raleigh, NC 27605 Group Name: IAT Group State ID Number: 03  
(919) 833-1600 ext. 8164[Phone] FEIN Number: 84-0513811  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Occidental Fire & Casualty Company of North Carolina	\$0.00	10/26/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000272392	\$50.00	10/25/2007

SERFF Tracking Number: OCCD-125334116 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/30/2007	10/30/2007

*SERFF Tracking Number:*      *OCCD-125334116*                      *State:*                      *Arkansas*  
*Filing Company:*              *Occidental Fire & Casualty Company of North Carolina*      *State Tracking Number:*      *AR-PC-07-026576*  
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*Project Name/Number:*      */07-629*

## **Disposition**

Disposition Date: 10/30/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

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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 Project Name/Number: /07-629

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Trucker's Non-Trucking Liability Insurance Certificate	Approved	Yes
Form	Liability For The Personal Use Of A Commercial Vehicle	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Trucker's Non-Trucking Liability Insurance Certificate	BA 1468	08 07	Policy/Coverage Form		34.30	BA 1468 08 07.pdf
Approved	Liability For The Personal Use Of A Commercial Vehicle	BA 1487	08 07	Policy/Coverage Form		27.90	BA 1487 08 07.pdf

(Company Name)  
TRUCKER'S NON-TRUCKING LIABILITY INSURANCE CERTIFICATE

**IMPORTANT NOTICE CONCERNING THIS INSURANCE COVERAGE**

**This coverage does not afford full-time protection. It applies only to non-trucking use of the insured's scheduled trucks.**

Policy #

Mail to:

ITEM # 1 Insured Policy Holder

ITEM # 2 Policy Period begins at 12:01 A.M. standard time at the address of the insured on the effective date indicated for the scheduled truck. The coverage period shall continue subject to underwriting guidelines and payment of the monthly premium for successive monthly terms thereafter.

ITEM #3 Covered Trucks, Applicable Coverage and Limits

Effective Date  
Transaction Code  
Unit #  
Year/Make  
Serial #  
Non-trucking Liability Limit  
Uninsured Motorist  
PIP

(Company Name)  
702 Oberlin Road  
Raleigh, NC 27605-0800

Customer Service:

Claims: 800-525-7486

You may download accompanying policy at www.\_\_\_\_\_

To request your policy by mail call

ITEM #4 Corresponding Premiums

Annual Premium \$

ITEM #5 Certificate Holder

**LIABILITY FOR THE PERSONAL USE  
OF A COMMERCIAL VEHICLE**

**(Non-Trucking Liability)**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

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

**SECTION I – COVERED AUTOS A. Description of Covered Auto Designation Symbols - Symbol 7 is replaced by the following:**

<b>Symbol</b>	<b>Description of Covered Auto Designations Symbol</b>
<b>7</b>	Described in Item Three of the Declarations for which a premium charge is shown which are leased to a Motor Carrier in whose name a policy has been issued and such insurance shall apply only to the “covered Commercial Auto(s)” described in such policy.

**SECTION II – LIABILITY COVERAGE, A. Coverage Paragraph 1 is replaced by the following:**

We will pay all sums an “insured” legally must pay as damages because of “bodily injury” or “property damage” to which this insurance applies, caused by “accident” involving the personal use of a “covered commercial auto(s)” or “trailers” owned, maintained, or used as a “covered commercial auto(s)”.

**SECTION II – LIABILITY COVERAGE, A. Coverage 1. Who Is An Insured a. is revised as follows:**

- a. You, only as the lessor of a Motor Carrier, in whose name the policy has been issued and such insurance shall apply only to the “covered commercial auto(s)” described in such policy

**The following is added to SECTION II – LIABILITY COVERAGE - B. EXCLUSIONS**

- 14. A “covered commercial auto(s)” or “trailer(s)” when being used, or for any maintenance when under orders from or after being dispatched by any trucking company or lessee of such “covered commercial auto(s)” until you have finished the assignment including return to your initial point of dispatch or your principle place of garaging, whichever comes first.

15. A “covered commercial auto(s)” or “trailers” when being used to transport goods or merchandise for any purpose or business whether pursuant to long term lease, trip lease or individual carriage or while such goods are being loaded or unloaded.
16. A “covered commercial auto(s)” or “trailers” when being maintained or used under any permit, authority or operating right granted by any governmental agency to operate as a common or contract carrier including your own permit, authority or rights.
17. Any “covered commercial auto(s)” or “trailers” while being operated, maintained or used in any racing event, speed contests, pulling event or road testing of a tractor modified for speed purposes including driving to or from a race or speed event.
18. This insurance does not apply to any award against any insured for fines, penalties, punitive or exemplary damages or sanctions made by a court of the United States of America or any State which comes within the jurisdiction of the United States of America. However, this exclusion shall not apply to costs, charges and expenses incurred in the defense of any Claim otherwise covered by this Insurance which also demands such fines, penalties, punitive or exemplary damages or sanctions.

**SECTION V – DEFINITIONS has been changed as follows:**

**G. is deleted and replaced by the following:**

“Insured(s)” means only those persons or organizations that have leased autos to the “motor carrier” designated on the form under a valid “long-term lease” agreement and have been issued a certificate of insurance forming a part of the policy, but shall include any employee of the “named insured(s)” who is operating a “covered commercial auto(s)” with the knowledge, permission and consent of the “Insured(s)” in the course of his employment with the “Insured(s)”. No “motor carrier” is an “Insured(s)” even if the “Insured(s)” is leased to it/them.

**the following DEFINITIONS are added:**

**Q.** “Covered commercial auto(s)” means only those “auto(s)” and any “trailer” attached thereto scheduled on the certificate of insurance attached to and forming part of this policy and for which at the time of loss there is a valid “long term lease” with the designated “motor carrier”.

**R.** “Trailer(s)” means a commercial type and only in conjunction with an Owner-Operator’s “long-term lease” agreement and while connected to a “covered commercial auto”. “Trailer(s)” does not include any boat trailer, mobile home or recreational type trailer.

**S.** “Motor carrier” means any person or organization engaged in the business of transporting property by “vehicle” for hire.

**T.** “Long term lease” means a written lease agreement between the “named insured(s)” and the designated “motor carrier” for not less than thirty (30) consecutive calendar days duration and complying with the Interstate Commerce Act or Department of Transportation Regulations or if not governed by the Interstate Commerce Act or the regulations of the Department of Transportation, complying with applicable State regulations. Long term lease shall not mean a trip lease (single trip or duration less than thirty (30) days). Such “long term lease” agreement must show exclusive possession, control and use of the “covered commercial auto(s)” by the lessee as well as effective date, time and duration of the lease.

**U.** “Sudden” means instantaneous or happening within a couple of minutes.

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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 10/30/2007

**Comments:**

**Attachment:**

industry\_rates\_PCtransDoc\_intelligent.pdf

**Satisfied -Name:** Explanatory Memo **Review Status:** Approved 10/30/2007

**Comments:**

**Attachment:**

EXPLANATORY MEMO FORM.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 10/30/2007

**Comments:**

**Attachment:**

Form Filing Letter.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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.)**

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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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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.)**

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

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	

## **EXPLANATORY MEMORANDUM**

Recent case law has narrowed the scope of what falls under the definition of Non-Trucking Liability. We are filing form BA 1487 08 07 to address these changes and to adjust our programs to accommodate these modifications. A companion rate/rule file is also being filed.

# Occidental Fire & Casualty Company of North Carolina

702 OBERLIN ROAD, BOX 10800, RALEIGH, NORTH CAROLINA 27605 (919) 833-1600 1-800-525-7486 (National) 1-800-342-0753 (in N.C.)

October 24, 2007

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

RE: Occidental Fire & Casualty Company of North Carolina  
FEIN # 84-0513811 NAIC # 23248  
Commercial Automobile – Truckers/Non-Trucking Programs  
Form Revision Filing Number 07-629

Dear Commissioner Bowman:

Occidental Fire & Casualty Company of North Carolina, a member of the IAT Group, and subscriber of the Insurance Services Office (ISO) and have authorized them to file rules and forms on our behalf for Commercial Automobile coverage to the extent permitted by law.

At this time we are filing a revision to our Non-Trucking forms. The following revisions have been made:

- Adding form BA 1487 (08/07) – Liability for the Personal Use of a Commercial Vehicle. This form replaces ISO form CA 23 09
- Adding form BA 1468 (08/07) – Trucker's Non-Trucking Liability Insurance Certificate

We request this change to be applicable on new and renewal business effective December 1, 2007. If you have any questions, please feel free to contact me at (800) 525-7486 ext. 3311 or by email at [ldebnam@ofc-wic.com](mailto:ldebnam@ofc-wic.com).

Sincerely,



Latesha Debnam  
Regulatory Compliance  
State Filing Technician

Enclosure