

SERFF Tracking Number: PNMC-125312769 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026429
Company Tracking Number: MMP07-064-FO
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Auto Forms 030108
Project Name/Number: /

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: Auto Forms 030108

SERFF Tr Num: PNMC-125312769 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-026429

Sub-TOI: 20.0003 Other

Co Tr Num: MMP07-064-FO

State Status:

Filing Type: Form

Co Status:

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

Author: Marsheelah Preston

Disposition Date: 10/16/2007

Date Submitted: 10/15/2007

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

03/01/2008

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/16/2007

State Status Changed: 10/15/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing for your review and approval our commercial auto company endorsements.

Company and Contact

Filing Contact Information

Marsheelah Preston, Senior Underwriting

mpreston@pnat.com

Technician

2 N. Second St.

(717) 234-4941 [Phone]

SERFF Tracking Number: PPMC-125312769 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026429
Insurance Company
Company Tracking Number: MMP07-064-FO
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Auto Forms 030108
Project Name/Number: /

Harrisburg, PA 17105-2361 (717) 255-6327[FAX]

Filing Company Information

Pennsylvania National Mutual Casualty CoCode: 14990 State of Domicile: Pennsylvania
Insurance Company
2 N. Second St. Group Code: 271 Company Type: P&C
PO Box 2361
Harrisburg, PA 17105-2361 Group Name: Penn National State ID Number: 03
Insurance
(717) 234-4941 ext. [Phone] FEIN Number: 23-0961349

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania National Mutual Casualty Insurance Company	\$50.00	10/15/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00890208	\$50.00	10/12/2007

SERFF Tracking Number: PNM-125312769 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/16/2007	10/16/2007

SERFF Tracking Number: PPMC-125312769 *State:* Arkansas
Filing Company: Pennsylvania National Mutual Casualty *State Tracking Number:* AR-PC-07-026429
Insurance Company
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TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Auto Forms 030108
Project Name/Number: /

Disposition

Disposition Date: 10/16/2007

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

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.

SERFF Tracking Number: PNNC-125312769 State: Arkansas
 Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: AR-PC-07-026429
 Company Tracking Number: MMP07-064-FO
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Auto Forms 030108
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Garage Coverage form Non-Assessable	Approved	Yes
Form	Garage Coverage Form (Cont'd)	Approved	Yes
Form	Dealers Driveaway Collision Coverage (Non-Reporting Form)	Approved	Yes
Form	Insurance Agents Errors and Omissions Coverage - Automobile Dealership	Approved	Yes
Form	Auto Damage to Leased Property Coverage (Non-Dealers)	Approved	Yes
Form	Consumer Complaint Protection	Approved	Yes
Form	Funeral Directors Amendatory Endorsement	Approved	Yes
Form	Multi-Purpose Jacket	Approved	Yes
Form	Employee Benefit Liability Endorsement	Approved	Yes
Form	Business Auto PennPac Endorsement	Approved	Yes
Form	Composite Rate Endorsement	Approved	Yes
Form	Business Auto PennPac Plus Endorsement	Approved	Yes
Form	Extended Garage Coverage - Auto Dealers	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Garage Coverage Form Non-Assessable	71 0153	1203	Declaration News/Schedule		0.00	0153-1203.pdf
Approved	Garage Coverage Form (Cont'd)	71 0154	1203	Declaration News/Schedule		0.00	0154-1203.pdf
Approved	Dealers Driveaway Collision Coverage (Non-Reporting Form)	71 0190	1203	Endorsement/Amendment/Conditions		0.00	0190-1203.pdf
Approved	Insurance Agents Errors and Omissions Coverage - Automobile Dealership	71 0192	1203	Endorsement/Amendment/Conditions		0.00	0192-1203.pdf
Approved	Auto Damage to Leased Property Coverage (Non-Dealers)	71 0193	1091	Endorsement/Amendment/Conditions		0.00	0193-1091.pdf
Approved	Consumer Complaint Protection	71 0194	1203	Endorsement/Amendment/Conditions		0.00	0194-1203.pdf
Approved	Funeral Directors Amendatory Endorsement	71 0195	1203	Endorsement/Amendment/Conditions		0.00	0195-1203.pdf
Approved	Multi-Purpose Jacket	71 0477	0593	Other New		0.00	0477-0593.pdf
Approved	Employee Benefit Liability	71 0619	1203	Endorsement/Amendment		0.00	0619-1203.pdf

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Endorsement	ent/Condi ons
Approved Business Auto 71 0679 1006 PennPac Endorsement	Endorseme New nt/Amendm ent/Condi ons 0.00 0679- 1006.pdf
Approved Composite Rate 71 1110 0805 Endorsement	Endorseme New nt/Amendm ent/Condi ons 0.00 1110- 0805.pdf
Approved Business Auto 71 1281 1006 PennPac Plus Endorsement	Endorseme New nt/Amendm ent/Condi ons 0.00 1281- 1006.pdf
Approved Extended Garage 71 1332 0108 Coverage - Auto Dealers	Endorseme New nt/Amendm ent/Condi ons 0.00 1332- 0108.pdf

DECLARATIONS

POLICY NO.:

**GARAGE
COVERAGE FORM
NON-ASSESSABLE**



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Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P.O. Box 2361
Harrisburg, PA 17105-2361
1-800-393-4764

- PA NATIONAL MUTUAL CAS. INS. CO.
- PENN NATIONAL SECURITY INS. CO.

BRANCH OFFICE	IN LIEU OF
ITEM ONE: Insured's Name and Mailing Address (If Individual, Last Name First)	COMPANY USE ONLY
	COMPANY USE ONLY
POLICY PERIOD: From: _____ To: _____ 12:01 A.M. Standard Time at your mailing address shown above.	
A G E N C Y	AGENCY NUMBER
	ISSUING DATE PRODUCER I.D.

FORM OF BUSINESS: CORPORATION PARTNERSHIP INDIVIDUAL LIMITED LIABILITY COMPANY OTHER
 NAMED INSURED'S BUSINESS:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO. SCHEDULE OF COVERAGES AND COVERED AUTOS.

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS	LIMIT			PREMIUM
		Each "Accident" "Garage Operations"	Aggregate- "Garage Operations"		
LIABILITY		"Auto" Only \$	Other Than "Auto" Only \$	Other Than "Auto" only \$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.			\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT			\$
MEDICAL PAYMENTS		\$			\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT MEDICAL EXPENSE BENEFITS \$ EACH PERSON INCOME LOSS BENEFITS \$ PER WEEK EACH PERSON			\$
UNINSURED MOTORISTS		\$			\$
UNDERINSURED MOTORISTS		\$			\$
COMPREHENSIVE	G A R A G E C O V E R A G E	\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR			\$
SPECIFIED CAUSES OF LOSS		\$ EACH LOCATION MINUS \$ DED. FOR EACH CUSTOMER'S AUTO FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT			\$
COLLISION		\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.			\$
COMPREHENSIVE	P H Y S I C A L D A M A G E	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. (See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$
SPECIFIED CAUSES OF LOSS		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. (See Supplementary Schedule for Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$
COLLISION		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. (See Supplementary Schedule For Dealers "Autos" and "Autos" Held For Sale By Trailer Dealers And Non-Dealers.			\$
TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".			\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION				TOTAL PREMIUM ITEM TWO	\$
				PREMIUM FOR ENDORSEMENTS	\$
					\$
CO. USE ONLY				ESTIMATED TOTAL POLICY PREMIUM	\$

This policy may be subject to final audit.

THIS DECLARATIONS MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

Countersigned By _____
Authorized Representative

COVERED AUTOS

Entry of one or more of the symbols from the COVERED AUTOS Section of the Garage Coverage Form shows which autos are covered autos.

POLICY NUMBER	POLICY PERIOD		COVERAGE IS PROVIDED IN THE	AGENCY	P					
	FROM	TO								
					00					
AUTO	ST	TER	YR	DESCRIPTION	SERIAL NUMBER	AGE	COST SYM	CLASS	STATED AMOUNT	
AUTO	RAD	USE	SIZE/SEAT	INCM LOSS	MED EXP	LIMIT	LIABILITY	PREM	PIP	ADDED PIP
AUTO	MEDICAL PAYMENTS LIMIT	PAYMENTS PREM	UNINSURED MTRST LIMIT	MTRST PREM	UNDERINSURED MTRST LIMIT	MTRST PREM	COMPREHENSIVE DEDUCTIBLE	PREM		
AUTO	SPECIFIED CAUSES OF LOSS DEDUCTIBLE	PREM	COLLISION DEDUCTIBLE	PREM	TOWING & LABOR LIMIT	PREM	OTHER PREM	TOTAL PREM		

RAD. Means RADIUS OF OPERATION
DED. Means DEDUCTIBLE
TER: Town and State Where the Covered Auto will be principally garaged.

Except for towing, all physical damage loss is payable to you and the loss payee, if any named on the attached loss payable clause(s) as interests may appear at the time of the loss.



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 P.O. Box 2361
 Harrisburg, PA 17105-2361
 1-800-388-4764

**GARAGE COVERAGE FORM (Cont'd)
 AUTO DEALERS SUPPLEMENTARY SCHEDULE**

POLICY NO:

ITEM THREE. LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOC. NO.	ADDRESS: State Your Main Business Location As Location No. 1.

ITEM FOUR. LIABILITY COVERAGE - PREMIUMS

LOC. NO.	Classes Of Operators (See Definitions On Reverse Side)	Rating Factor	Number Of Persons	Rating Units	Total Rating Units	Liability Premium	P.I.P. Premium	Medical Expense Benefits Premium (VA Only)	Income Loss Benefits Premium (VA Only)
	Class I - Employees Regular Operators								
	Class I - Employees All Others								
	Class II - Non-Employees Under Age 25					\$	\$	\$	\$
	Class II - Non-Employees Age 25 Or Over								
	Class I - Employees Regular Operators								
	Class I - Employees All Others					\$	\$	\$	\$
	Class II - Non-Employees Under Age 25								
	Class II - Non-Employees Age 25 Or Over								
TOTAL PREMIUMS						\$	\$		

ITEM FIVE. LIABILITY COVERAGE FOR YOUR CUSTOMERS

In accordance with Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage, Liability Coverage for your customers is limited unless indicated below by "X".

If this box is checked Paragraph a.(2)(d) of Who Is An Insured under Section II - Liability Coverage does not apply.

ITEM SIX. GARAGEKEEPERS COVERAGES AND PREMIUMS

LOC. NO.	Coverages	Limit Of Insurance For Each Location (Absence Of A limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)			PREMIUM FOR ALL LOCATIONS
	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$
	Specified Causes Of Loss	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL PERILS	\$
	Collision	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT. DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$
	Specified Causes Of Loss	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL PERILS	\$
	Collision	\$	MINUS \$	MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT. DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.	\$
TOTAL PREMIUM ITEM SIX					\$

DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

- EXCESS INSURANCE.** If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.
- PRIMARY INSURANCE.** If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

ITEM SEVEN. Physical Damage Coverage - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS.

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

COVERAGES	TYPES OF "AUTOS"			INTERESTS COVERED		
	New "Autos"	Used "Autos", Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale.
Comprehensive						
Specified Causes Of Loss						
Collision						

DEFINITIONS

ITEM FOUR.

Class I - Employees

- Regular Operator** - Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".
- All Others** - All other "employees".

- NOTE:** 1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II - Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM SEVEN.

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos".

\$ In transit.

PREMIUM BASIS -Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon By "X").

REPORTING BASIS (Quarterly or Monthly as indicated on Page 3 by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II - Non-Employees and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

QUARTERLY - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

MONTHLY - You must give us your reports by the fifteenth of every month. Your reports will contain the total value you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown in ITEM SEVEN will be credited against the final premium due.

NONREPORTING BASIS. Stated limit of insurance shown in ITEM SEVEN on Pages 2 & 3 applies.



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**GARAGE COVERAGE FORM (Continued)
 AUTO DEALERS SUPPLEMENTARY SCHEDULE**

POLICY NO:

ITEM SEVEN. CONTINUED, PHYSICAL DAMAGE COVERAGE

LOC. NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION			RATES	PREMIUM
	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$	\$
		SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR				
	Specified Causes Of Loss	\$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS	\$	\$
		IN ANY ONE EVENT.				
	Comprehensive	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM	\$	\$
		SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR				
	Specified Causes Of Loss	\$	MINUS \$	DEDUCTIBLE FOR ALL PERILS SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS	\$	\$
		IN ANY ONE EVENT.				
ALL	Collision	\$	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO.	Adjustment Factor	Premium
		BLANKET ANNUAL COLLISION RATES				
		First \$50,000	\$50,001 To \$100,000	Over \$100,000		
					\$	
TOTAL PREMIUM ITEM SEVEN					\$	

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

\$ Additional locations where you store covered "autos" \$ In transit.

PREMIUM BASIS-REPORTING (QUARTERLY OR MONTHLY) or NONREPORTING (indicate basis agreed upon by "X". - See page 2 for explanation)

YOUR REPORTING BASIS IS: QUARTERLY MONTHLY NONREPORTING

ITEM EIGHT. MEDICAL PAYMENTS COVERAGE. REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium	\$
Premises And Operations Medical Payments. (Does Not Apply To Bodily Injury Caused By Any Auto.)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises and Operations And Auto Medical Payments	Premises and Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	\$
TOTAL PREMIUM ITEM EIGHT		\$

ITEM NINE. SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN CLASS I OR CLASS II OPERATORS OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.

Covered Auto No.	DESCRIPTION				CLASSIFICATION				
	Year Model; Trade Name; Body Type, Serial Number(s), Vehicle Identification Number (VIN)	Size Gvw Gcw Or Vehicle Seating Capacity	Original Cost New	Business Use S = service R = retail C = commercial	Terr.	Radius Of Operation	Code	Sym/ Age	

COVERAGES - PREMIUMS AND DEDUCTIBLES (Absence of a deductible entry in any column below means that the deductible entry in the corresponding ITEM TWO column applies instead).

Covered Auto No.	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	Auto Med. Pay Premium	Med Exp Premium	Incm. Loss Premium	U.M. Premium	U.J.M. Premium	Comprehensive		Specified Causes Of Loss Premium	Collision		Towing And Labor Premium
									\$ Ded.	Premium		\$ Ded.	Premium	
Total Premium														

COVERED AUTO NO.	Person or organization to which The Covered "Auto" has been furnished (Do not include Covered "autos" which have been furnished to Class I or Class II operators)	Territory town and state where the covered "Auto" will be principally garaged if different from Location No.1 shown in ITEM THREE.

EXCEPT FOR TOWING, ALL PHYSICAL DAMAGE LOSS IS PAYABLE TO YOU AND THE LOSS PAYEE, IF ANY, NAMED ON THE ATTACHED LOSS PAYABLE CLAUSE(S) AS INTERESTS MAY APPEAR AT THE TIME OF THE LOSS.



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**GARAGE COVERAGE FORM (Continued)
AUTO DEALERS SUPPLEMENTARY SCHEDULE**

ITEM TEN

LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			\$
Over 200 Miles			\$
TOTAL			\$



Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P. O. Box 3464
Harrisburg PA 17105-2361

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

DEALERS' DRIVEAWAY COLLISION COVERAGE (Non-Reporting Form)

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SECTION IV - PHYSICAL DAMAGE COVERAGE is changed as follows:

Sub Paragraph 4.c. is deleted of B Exclusions



Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P. O. Box 3464
Harrisburg PA 17105-3464

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

INSURANCE AGENTS ERRORS AND OMISSIONS COVERAGE AUTOMOBILE DEALERSHIP

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

I. Coverage

We will pay all sums the “insured” legally must pay as damages which result from any negligent act, error or omission of an “insurance agent or broker” selling only Automobile Physical Damage, Credit Life or Accident and Health Insurance and employed by the “insured” in the conduct of his business as an Automobile Dealership. This insurance applies to all claims involving the liability of the “insured” to any insurance company when:

- a. The “insured” as an agent has issued a policy, cover note or binder resulting in the insurance company being held liable for a claim; and
- b. Except for error or omission by the “insured” the insurance company would not have been liable for the claim.

II. Exclusions

We will not pay for any damages caused by or resulting from any of the following:

- a. Any dishonest, fraudulent, criminal or malicious act, libel or slander; or
- b. “Bodily injury” or “property damage” in conjunction with the “garage operations” of the “insured”; or
- c. Any claim if the first act, error or omission occurred prior to the policy period.

I. Limit Of Insurance

a. Each Claim

The most we will pay is \$25,000, for each negligent act, error or omission committed during the policy period.

b. Annual Aggregate

The most we will pay is \$75,000, for the sum total of all payments for damages arising from all negligent acts, errors or omissions committed during the policy period, regardless of the number of claims or number of “insureds” under this policy.

We have the right and duty to defend any claim or “suit”. We may investigate and settle any claim or “suit” as we consider appropriate.

IV. Deductible

A \$1,000 deductible will apply to each claim under this endorsement. We will only be liable for the amount of loss exceeding that deductible.

VI. Definitions

“Insurance agent or broker” wherever used in this endorsement, means a person or persons appropriately licensed as an insurance agent or broker by the Regulatory Authority of the State or States in which business is conducted.



PENN NATIONAL INSURANCE

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Penn National Security Insurance Company
P.O. Box 2361
Harrisburg, PA 17105-2361

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO DAMAGE TO LEASED PROPERTY COVERAGE (Non-Dealers)

This endorsement changes the policy effective on the inception date of the policy or as of the date indicated below.

NAMED INSURED	POLICY NUMBER
COUNTERSIGNED BY (AUTHORIZED REPRESENTATIVE)	ENDORSEMENT EFFECTIVE

LIMIT OF LIABILITY EACH LOCATION	DEDUCTIBLE AMOUNT	LOCATION(S) OF PROPERTY COVERED
1.	\$100. Each Loss	1.
2.	\$100. Each Loss	2.
3.	\$100. Each Loss	3.
4.	\$100. Each Loss	4.
5.	\$100. Each Loss	5.
6.	\$100. Each Loss	6.
7.	\$100. Each Loss	7.
8.	\$100. Each Loss	8.
9.	\$100. Each Loss	9.
10.	\$100. Each Loss	10.

We will pay all sums the insured legally must pay for loss as the result of auto damage to the property covered.

DEFINITIONS: "Property Covered" - Leased property for which the insured is liable, consisting principally of leased buildings, machinery and equipment, fixtures, pumps and tanks and outdoor equipment, all pertaining to the maintenance, service, or occupancy of the premises and while at the location(s) described above.

"Auto Damage" - means only loss resulting from actual physical contact of an auto with property covered.

Limit of Liability: The most we will pay for auto damage is the expense, not to exceed the limit of liability shown above to repair or to replace the property covered.

Deductible: Our obligation to pay to repair or to replace property covered will be reduced by the applicable deductible amount shown above.

CLASS CODE 7309	PREMIUM
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Pennsylvania National Mutual Casualty Insurance Company
 Penn National Security Insurance Company
 P. O. Box 3464
 Harrisburg PA 17105-2361

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONSUMER COMPLAINT PROTECTION (LEGAL DEFENSE AND PRODUCT RELATED DAMAGE) AUTOMOBILE DEALERS

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

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

NAMED INSURED		POLICY NUMBER
COUNTERSIGNED BY (AUTHORIZED REPRESENTATIVE)		ENDORSEMENT EFFECTIVE
ESTIMATED ADVANCE PREMIUM \$	MINIMUM PREMIUM \$100	CODE NUMBER 7310

This endorsement provides insurance for the following for your “garage operations”:

A. COVERAGE

1. We will pay all sums you legally must pay as a result of “product related damage”.
2. We have the right and the duty to defend any “suit” asking for these damages, even if any of the allegations of the “suit” are groundless, false or fraudulent. We may investigate and settle any claim or “suit” as we consider appropriate. Our payment of the Limit of Liability ends our duty to defend or settle.

B. ADDITIONAL DEFINITIONS

“Product related damage” means any claim or “suit” brought against you, by or on behalf of your customer, seeking damages arising out of the sale, service or repair of your “products”. Such sale, service or repair must occur during the policy period.

C. EXCLUSION

We will not pay and we have no duty to defend any claim or “suit” arising out of:

1. Any accident;
2. Any dishonest, fraudulent, criminal or malicious act, libel or slander;
3. Any claim made or “suit” brought as a result of any extended warranty or mechanical breakdown agreement;
4. Any “product related damage” claimed because of recall of your “products” or “work you performed” due to a known or suspected defect or deficiency in the “product”;
5. Any claim made or “suit” brought because of an alleged violation of any federal, state or local odometer, truth-in-lending, truth-in-leasing or auto damage disclosure law;
6. Any “product related damage” unless you have first made a good faith effort to resolve any claim by amicable means.

D. LIMIT OF INSURANCE

The most we will pay is \$25,000 in damages and defense costs for any one claim or “suit” for “product related damage”. However, the most we will pay for the aggregate total of all such damages during the policy period is \$75,000.

E. DEDUCTIBLE

From the amounts payable for each claim or “suit” for “product related damage”, we will deduct 15% of the total damages and defense costs. However, such deduction shall not be less than \$1,000.

F. ADDITIONAL CONDITIONS

The insurance provided by this coverage is excess over any other valid and collectible insurance.



Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P. O. Box 3464
Harrisburg PA 17105-2361

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

FUNERAL DIRECTORS AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. Exclusion 6. Care, Custody Or Control, SECTION II LIABILITY COVERAGE, is deleted and replaced by the following:

6. Care, Custody Or Control

“Property damage” to property owned or transported by the “insured”; in the “insureds” care, custody or control; but this exclusion does not apply to liability assumed under a sidetrack agreement; or to the transportation of and deceased human body, cremated remains of a human body, or any containers holding them by the “insured”, or in the “insureds” care, custody or control.

2. Definition M. “Property damage”, SECTION V – DEFINITIONS is deleted and replaced by the following:

M. “Property damage” means

1. Damage to or loss of use of tangible property.
2. Physical destruction or damage to a deceased human body, cremated remains of a human body, or any containers holding them.



**PENN NATIONAL
INSURANCE**

Pennsylvania National Mutual Casualty Insurance Company
P.O. Box 2361 Harrisburg, PA 17105-2361

**THIS POLICY JACKET WITH THE INFORMATION PAGE, POLICY, FORMS AND ENDORSEMENTS, IF ANY,
ISSUED TO FORM A PART THEREOF, COMPLETES THIS POLICY.**

MUTUAL POLICY CONDITIONS

THIS POLICY IS NON-ASSESSABLE. THE POLICYHOLDER IS A MEMBER OF THE COMPANY AND SHALL PARTICIPATE TO THE EXTENT AND UPON THE CONDITIONS FIXED AND DETERMINED BY THE BOARD OF DIRECTORS IN ACCORDANCE WITH THE PROVISIONS OF LAW, IN THE DISTRIBUTION OF DIVIDENDS SO FIXED AND DETERMINED.

ANNUAL MEETING

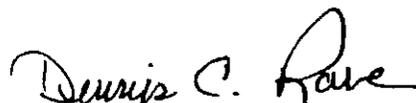
THE INSURED IS HEREBY NOTIFIED THAT BY VIRTUE OF THIS POLICY, HE IS A MEMBER OF THE PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY AND IS ENTITLED TO VOTE EITHER IN PERSON OR BY PROXY AT ANY AND ALL MEETINGS OF SAID COMPANY. THE ANNUAL MEETINGS OF THE COMPANY ARE HELD AT ITS HOME OFFICE IN THE CITY OF HARRISBURG, PA. ON THE SECOND MONDAY OF APRIL IN EACH YEAR, AT 10:00 O'CLOCK A.M., AND THE INCLUSION OF THIS NOTICE IN THIS POLICY SHALL CONSTITUTE NOTICE TO THE MEMBER OF THE ANNUAL MEETING.

IN WITNESS WHEREOF, The company has caused this policy to be signed by its president and secretary but this policy shall not be valid unless completed by the attachment hereto of a Declaration Page, Policy or Coverage Part(s) and Endorsements, if any, and countersigned on the aforesaid declarations page by a duly authorized representative of the company.

VIRGINIA EXCEPTION

Lack of countersignature does not invalidate the policy.

 Secretary

 President



Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
P. O. Box 3464
Harrisburg PA 17105-2361

EMPLOYEE BENEFITS LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- BUSINESSOWNERS LIABILITY COVERAGE FORM
- GARAGE COVERAGE FORM

SCHEDULE

Limits Of Insurance

Each Claim Limit _____

Aggregate Limit _____

Deductible _____

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

INSURING AGREEMENT

We will pay under this endorsement those sums that the “insured” becomes legally obligated to pay as damages because of a claim or “suit” brought by any “employee”, former “employee”, or their beneficiaries or legal representatives in connection with any negligent act, error or omission that arises from the “administration” of your “employee benefits” programs.

We will have the right and duty to defend any “suit” seeking those damages. But:

The amount we will pay for damages is limited as described in the Schedule as Limits of Insurance;

We may investigate and settle any claim or “suit” at our discretion; and

Our right and duty to defend end when we have used up the applicable Limit Of Insurance in the payment of judgements or settlements under this endorsement.

This insurance applies to acts, errors or omissions which first occur while this endorsement is in effect.

Who Is An Insured

With respect to this endorsement, the Who Is An Insured section is modified to include “employees” only while authorized to act in the administration of your “employee benefits” programs.

Exclusions

Insurance under this endorsement does not apply to any claim or “suit” arising out of:

- a. Any dishonest, fraudulent, criminal or malicious act;
- b. Any “bodily injury”, “property damage”, “advertising injury” or “personal injury”;
- c. Any claim for failure of performance of contract by any “insured”;

- d. Any obligation of the “insured” under a workers’ compensation, Social Security or disability benefits, or unemployment compensation or similar law;
- e. Any failure of stock to perform as represented by you;
- f. Any advice given by you to your “employees” to participate or not to participate in stock subscription plans;
- g. Any claim resulting from the termination of any “employee benefit plan”; or
- h. Any actual or alleged error or omission or breach of duty, committed or alleged to have been committed by a trustee or administrator, in the discharge of fiduciary duties, obligations or responsibilities imposed by the Federal Employee Retirement Income Security Act of 1974 or Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 (Public Law 99-272) or Section 9319 of the Omnibus Budget Reconciliation Act of 1986 (Public Law 99-509) or any amendments to these Acts.
- i. Any claim or “suit” arising directly or indirectly out of:
 - (1) Any actual or alleged failure, malfunction or inadequacy of:
 - a. Any of the following, whether belonging to any “insured” or to others:
 - (a) Computer hardware, including microprocessors;
 - (b) Computer application software;
 - (c) Computer operating systems and related software;
 - (d) Computer networks;
 - (e) Microprocessors (computer chips) not part of any computer systems; or
 - (f) Any other computerized or electronic equipment or components; or
 - (2) Any other products, and any services, data or functions that directly or indirectly use or rely upon, in any manner, any of the items listed in Paragraph i.a.(1) of this endorsement due to the inability to correctly recognize, process, distinguish, interpret or accept the year 2000 and beyond.
 - a. Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in Paragraph i.a. of this endorsement.

Limits Of Insurance

The Limits Of Insurance shown in the Schedule of this endorsement and the rules below fix the most we will pay regardless of the number of “insureds”, claims made or “suits” brought, or persons or organizations making claims or bringing “suits”.

The Each Claim Limit is the most we will pay for damages arising out of any one claim or “suit”.

The Aggregate Limit is the most we will pay for the sum of all damages under this endorsement.

The Limits Of Insurance apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for the purposes of determining the Limits Of Insurance.

Deductible

In the event of a claim, the deductible shown in the schedule of this endorsement shall be subtracted from the total amount resulting from each claim. We will pay covered claims over the amount of the deductible, up to the Limit Of Insurance.

To settle a claim or "suit", we may pay all or part of the deductible. If we do, then you agree to repay us as soon as we notify you of the settlement.

ADDITIONAL DEFINITIONS

The following additional definitions are added SECTION VI DEFINITIONS

- a. "Employee benefits" means group life insurance, group accident or health insurance, profit sharing plans, pension plans, "employee" stock subscription plans, "employee" travel, vacation, or saving plans, workers' compensation, unemployment insurance, Social Security and disability benefits insurance, and any other similar benefit program.

- b. "Administration" – the unqualified word "administration" whenever used, shall mean:
 - (1) Giving counsel to "employees" with respect to "employee benefits" programs;
 - (2) Interpreting "employee benefit" programs;
 - (3) Handling of records in connection with "employee benefit" programs;
 - (4) Effecting enrollment of "employees" under "employee benefit" programs provided all such acts are authorized by the named "insured".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO PENNPAC ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

I. Broad Form Named Insured

The following are added to Section II - Liability Coverage paragraph **A.1.** - Who Is An Insured:

- d. (1)** Any organization or subsidiary thereof which is a legally incorporated entity of which you own a financial interest of more than 50 percent of the voting stock on the effective date of this endorsement.
- (2)** Paragraph **I.d.(1)** does not apply to “accident” or “loss” with respect to which an “insured” under this policy is also an “insured” under another policy or would be an “insured” under such policy but for its termination or upon the exhaustion of its limits of insurance.
- (3)** Paragraph **I.d.(2)** does not apply to a policy written to apply specifically in excess of this policy.
- e. (1)** Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization.
- (2)** Coverage under paragraph **I.e.(1)** is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier. Coverage does not apply to an “accident” or “loss” that results from an “accident” that occurred before you acquired or formed the organization.

II. Personal Effects Coverage

The following is added to Section III - Physical Damage Coverage paragraph **A.** - Coverage:

- 5.** We will pay up to \$400 for loss to wearing apparel and other personal effects which are:

- a.** owned by an “insured”; and
- b.** in or on your covered “auto”.

This coverage applies only in the event of a total theft of your covered “auto”.

No deductibles apply to this coverage.

III. Blanket Waiver Of Subrogation

B. General Conditions, A.5. in Section IV - Business Auto Conditions is deleted and replaced by the following:

- 5. Transfer Of Rights Of Recovery Against Others To Us**

We waive any right of recovery we may have against any person or organization because of payments we make for “bodily injury” or “property damage” arising out of the operation of a covered “auto” when you have assumed liability for such “bodily injury” or “property damage” under an insured contract.

IV. Duties in the Event of Occurrence, Claim or Suit Redefined

- a.** The requirement in Loss Conditions **2.a.** of Section IV – Business Auto Conditions that you must see to it that we are notified of an “accident” only applies when the “accident” or offense is known to:
 - (1)** You, if you are an individual;
 - (2)** A partner, if you are a partnership; or
 - (3)** A member, if you are a limited liability company; or
 - (4)** An executive officer or insurance manager, if you are a corporation.
- b.** The requirement in Loss Condition **2.b.** of Section IV – Business Auto Conditions that you must see to it that we receive notice of a claim or

“suit” will not be considered breached unless the breach occurs after such claim or “suit” is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

V. Supplementary Payments Increased Limits

Section II – Liability Coverage, **2.a.** Supplementary Payments, paragraphs **a.(2)** and **a.(4)** are replaced by the following:

- (2) Up to \$3000 for cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earning up to \$300 a day because of time off from work.

VI. Unintentional Errors or Omissions

We will not deny coverage under this Coverage Part because of the unintentional omission of, or unintentional error in, any information provided by you. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

VII. Physical Damage - Transportation Expense

In Section III - Physical Damage Coverage, paragraph **A.4.a.**, the amount we will pay is increased to \$60 per day to a maximum limit of \$1,800.

VIII. Hired Auto – Limited Worldwide Coverage

In Section IV Business Auto Conditions, B. General Conditions, paragraph **7.e.(1)** is replaced with the following:

- (1) A covered “auto” of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 60 days or less; and

IX. Hired Auto Physical Damage

If Comprehensive, Specified Causes of Loss or Collision coverage is provided under this policy, then Hired Auto Physical Damage Coverage is provided for that coverage subject to the following limit:

- (1) The most we will pay for “loss” to any hired “auto” is the lesser of:
 - a. \$50,000; or
 - b. The actual cash value of the damaged or stolen property at the time of the “loss”; or
 - c. The cost of repairing or replacing the damaged or stolen property.

A \$500 deductible applies to “loss” caused by other than fire or lightning.

- (2) Subject to **(1)a., b.** and **c.** above, we will provide coverage equal to the broadest physical damage coverage applicable to any covered “auto” shown in the Declarations.
- (3) When you are required by a written contract to indemnify a lessor for actual financial loss due to a loss of use of a hired “auto” resulting from a covered “accident” or “loss”, we will pay up to \$65 per day subject to a maximum limit of \$750.

If a premium entry is shown in Item Four – Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums – Physical Damage Insurance, this Provision does not provide any insurance.

X. Lease Gap Coverage

In the event of a total “loss” to a covered “auto,” leased by you, Section III Physical Damage Coverage, paragraph **C. Limit Of Insurance** is replaced with the following:

C. Limit Of Insurance

The most we will pay for “loss” in any one “accident” is the greater of :

1. The actual cash value of the damaged or stolen property as of the time of the “loss”; or
2. The amount you owe under the terms of the original lease agreement to which the covered “auto” is subject, less:
 - a. Any overdue payments and financial penalties associated with those payments as of the date of the total “loss”;
 - b. Financial penalties imposed under the lease agreement for excessive use, abnormal wear and tear or high mileage.

- c. Nonrefundable security deposits;
- d. All refunds paid or payable to you as a result of the early termination of the lease agreement;
- e. Costs for extended warranties, Credit Life insurance, Health, Accident or Disability insurance purchased with the lease; and
- f. Carry-over balances from previous loans or leases.

Leased Auto Gap Coverage will only apply when no provision for this or similar coverage is included in the original lease agreement written on the covered leased "auto."

XI. Bodily Injury Redefined

Section V. Definitions - "Bodily injury" is amended as follows:

"Bodily injury" means bodily injury, sickness or disease sustained by a person including mental anguish, mental injury or death resulting from any of these.



Pennsylvania National Mutual Casualty Insurance Company
 Penn National Security Insurance Company
 P. O. Box 3464
 Harrisburg PA 17105-3464

COMPOSITE RATE ENDORSEMENT

It is agreed that the premium for such insurance as is afforded by this policy will be computed upon a composite rate basis in accordance with the Company's rules, rating plans, minimum premiums and other terms and conditions of the policy.

COMMERCIAL AUTOMOBILE COVERAGE PART

COMPOSITE RATE SCHEDULE

COVERAGE	DESCRIPTION OF AUTOS	ESTIMATED NUMBER OF AUTOS	COMPOSITE RATE	ESTIMATED ANNUAL PREMIUM
<input type="checkbox"/> Liability <input type="checkbox"/> UM <input type="checkbox"/> UIM <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision	Private Passenger			
	Light/Medium Trucks			
	Heavy/Extra Heavy Power Units			
	Trailers			
	Total			

If this policy is subject to audit, the final premium will be calculated in accordance with the composite rates shown above. Nothing herein contained shall be held to waive, vary, alter or extend any condition or provision of the policy other than as stated above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO PENNPAC PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

I. Broad Form Named Insured

The following is added to Section II - Liability Coverage paragraph **A.1.** - Who Is An Insured:

- d. (1)** Any organization or subsidiary thereof which is a legally incorporated entity of which you own a financial interest of more than 50 percent of the voting stock on the effective date of this endorsement.
- (2)** Paragraph **I.d.(1)** does not apply to “accident” or “loss” with respect to which an “insured” under this policy is also an “insured” under another policy or would be an “insured” under such policy but for its termination or upon the exhaustion of its limits of insurance.
- (3)** Paragraph **I.d.(2)** does not apply to a policy written to apply specifically in excess of this policy.
- e. (1)** Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization.
- (2)** Coverage under paragraph **I.e.(1)** is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier. Coverage does not apply to an “accident” or “loss” that results from an “accident” that occurred before you acquired or formed the organization.

II. Additional Insured By Contract, Permit Or Agreement

Any person or organization with whom you agree in a written contract, agreement or permit, to name as an insured for Liability Coverage, but only to the extent

that person or organization qualifies as an “insured” under the Who Is An Insured provision contained in Section II of the Coverage Form.

This insurance does not apply unless the written contract or agreement has been executed or the permit has been issued prior to the “bodily injury” or “property damage”.

III. Personal Effects Coverage

The following is added to Section III - Physical Damage Coverage paragraph **A.** - Coverage:

- 5.** We will pay up to \$400 for loss to wearing apparel and other personal effects which are:
 - a.** owned by an “insured”; and
 - b.** in or on your covered “auto”.

This coverage applies only in the event of a total theft of your covered “auto”.

No deductibles apply to this coverage.

IV. Towing and Labor Coverage

Section III – Physical Damage Coverage, Paragraph **A.2.** is deleted and replaced with the following:

- 2.** We will pay \$75 plus the amount shown in the Declarations for towing and labor costs incurred each time a covered “auto” of the private passenger type is disabled. However, the labor must be performed at the place of disablement.

V. Rental Reimbursement

Section III – Physical Damage Coverage is amended by adding the following:

We will pay for rental reimbursement expenses incurred by you for the rental of an “auto” because of loss to a covered “auto”. Payment applies in addition

to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.

This coverage applies only:

- a. For those expenses incurred during the policy period beginning 24 hours after the "loss":
- b. For necessary and actual expenses incurred;
- c. To a "loss" for which we also pay a "loss" under Physical Damage Coverage- Comprehensive Coverage, Specified Causes of Loss Coverage or Collision Coverage; and
- d. If there are no spare or reserve "autos" available to you for your operations.

Our payment will be limited to the period of time reasonably required to repair or replace the covered "auto". We will pay up to \$30 per day to a maximum of \$650.

If "loss" results from the total theft of a covered "auto" we will pay under this coverage only that amount of rental reimbursement expenses which are not already provided under the Physical Damage Coverage Extension.

VI. Replacement Cost Coverage – Private Passenger Autos

Section III – Physical Damage Coverage, C. Limit Of Insurance is amended by addition of the following:

- 4. Paragraph **C.1.** and **C.2.** do not apply to private passenger "autos" described in the Schedule, purchased new and not previously titled.

The most we will pay for any covered "loss" will be the lesser of:

- a. The cost of a new "auto" of the same make, size including the same equipment; or
- b. The cost of repairing with parts of like kind and quality.

minus the deductible shown in the Schedule.

This coverage does not apply to loss caused by fire, theft, larceny or vandalism.

This coverage applies for five years from the date of purchase of the private passenger "auto".

VII. Extended Coverage – Airbags

Section III – Physical Damage Coverage, B. Exclusions, paragraph **3.** is amended by addition of the following:

The exclusion for "loss" caused by mechanical breakdown does not apply to the accidental discharge of an airbag. Coverage is excess over any other collectible insurance or warranty specifically designed to provide coverage.

VIII. Audio, Visual and Data Electronic Equipment Coverage

Section III – Physical Damage Coverage, B. Exclusions, Paragraph **4.** is amended by the following addition to the exception of **4.c.** and **4.d.:**

b.(3) Electronic equipment designed solely for receiving or that transmits audio, visual or data signals and is permanently installed in the covered "auto" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss" and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto".

(a) If a "loss" occurs solely to the audio, visual or data electronic equipment, then for each covered "auto" our obligation to pay for, repair, return or replace the damaged or stolen property will be subject to a \$250 deductible.

(b) In the event that there is more than one applicable deductible, only the highest deductible will apply. In no event will more than one deductible apply.

IX. Waiver Of Subrogation

Condition **A.5.** of Section IV – Business Auto Conditions is deleted and replaced by the following:

- 5. Transfer Of Rights Of Recovery Against Others To Us

We waive any right of recovery we may have against any person or organization because of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an insured contract.

X. Duties in the Event of Occurrence, Claim or Suit Redefined

- a. The requirement in Loss Conditions **2.a.** of Section IV – Business Auto Conditions that you must see to it that we are notified of an

“accident” only applies when the “accident” or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

b. The requirement in Loss Condition **2.b.** of Section IV – Business Auto Conditions that you must see to it that we receive notice of a claim or “suit” will not be considered breached unless the breach occurs after such claim or “suit” is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

XI. Supplementary Payments Increased Limits

Section II – Liability Coverage, **2.a.** Supplementary Payments, paragraphs **a.(2)** and **a.(4)** are replaced by the following:

- (2) Up to \$3000 for cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earning up to \$300 a day because of time off from work.

XII. Unintentional Errors or Omissions

We will not deny coverage under this Coverage Part because of the unintentional omission of, or unintentional error in, any information provided by you. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

XIII. Physical Damage - Transportation Expense

In Section III – Physical Damage Coverage, paragraph **A.4.a.**, the amount we will pay is increased to \$60 per day to a maximum limit of \$1,800.

XIV. Hired Auto – Limited Worldwide Coverage

In Section IV Business Auto Conditions - B. General Conditions, paragraph **7.e.(1)** is replaced with the following:

- (1) A covered “auto” of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 60 days or less; and

XV. Hired Auto Physical Damage

If Comprehensive, Specified Causes of Loss or Collision coverage is provided under this policy, then Hired Auto Physical Damage Coverage is provided for that coverage subject to the following limit:

- (1) The most we will pay for “loss” to any hired “auto” is the lesser of:
 - a. \$50,000; or
 - b. The actual cash value of the damaged or stolen property at the time of the “loss”; or
 - c. The cost of repairing or replacing the damaged or stolen property.

A \$500 deductible applies to “loss” caused by other than fire or lightning.

- (2) Subject to **(1)a.,b.** and **c.** above, we will provide coverage equal to the broadest physical damage coverage applicable to any covered “auto” shown in the Declarations.
- (3) When you are required by a written contract to indemnify a lessor for actual financial loss due to a loss of use of a hired “auto” resulting from a covered “accident” or “loss”, we will pay up to \$65 per day subject to a maximum limit of \$750.

If a premium entry is shown in Item Four – Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums – Physical Damage Insurance, this Provision does not provide any insurance.

XVI. Auto Loan/Lease Gap Coverage

The Physical Damage Coverage Section is amended by addition of the following:

In the event of a total “loss” to a covered “auto” shown in the Schedule Of Covered Autos You Own, we will pay any unpaid amount due on the lease or loan for a covered “auto”, less

1. The amount paid under the Physical Damage Coverage Section of the policy; and

2. Any:
 - a. Overdue lease/loan payments at the time of the “loss”;
 - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
 - c. Security deposits not returned by the lessor;
 - d. Costs for extended warranties, Credit Life insurance, Health, Accident or Disability insurance purchased with the loan or lease; and
 - e. Carry-over balances from previous loans or leases.

Auto Loan/Lease Gap Coverage will only apply when no provision for this or similar coverage is included in the original lease agreement written on the covered loaned/leased “auto.”

XVII. Bodily Injury Redefined

Section V. Definitions - “Bodily injury” is amended as follows:

“Bodily injury” means bodily injury, sickness or disease sustained by a person including mental anguish, mental injury or death resulting from any of these.



Pennsylvania National Mutual Casualty Insurance Company
 Penn National Security Insurance Company
 P. O. Box 3464
 Harrisburg PA 17105-3464

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXTENDED GARAGE COVERAGE – AUTO DEALERS

This endorsement changes the policy effective on the inception date of the policy or as of the date indicated below.

GARAGE COVERAGE FORM

This endorsement provides only those coverages where a charge is shown in the schedule.

DESCRIPTION OF COVERAGE	PREMIUM
COVERAGE 1. FEDERAL ODOMETER STATUTE ERRORS AND OMISSIONS COVERAGE	\$
COVERAGE 2. TRUTH IN LENDING ERRORS AND OMISSIONS COVERAGE	\$
COVERAGE 3. TRUTH IN LEASING ERRORS AND OMISSIONS COVERAGE	\$
COVERAGE 4. FRAUDULENT, FORGED OR COUNTERFEIT TITLE COVERAGE	\$
COVERAGE 5. TITLE ERRORS AND OMISSIONS COVERAGE	\$
COVERAGE 6. PRIOR DAMAGE DISCLOSURE ERRORS AND OMISSIONS COVERAGE	\$
COVERAGE 7. AUTO DAMAGE TO LEASED PROPERTY COVERAGE	\$
TOTAL PREMIUM	\$

COVERAGE 1. FEDERAL ODOMETER STATUTE ERRORS AND OMISSIONS COVERAGE

Odometer Errors and Omissions means those errors and omissions for which the “insured” is held responsible, arising solely by operation of Title IV, Odometer Requirements, of the Motor Vehicle Information and Cost Savings Act, committed by the “insured” in failing to comply with said Act.

We will pay all sums the “insured” legally must pay as damages due to Odometer Errors and Omissions that are not caused by any dishonest, fraudulent, criminal or intentional act or acts committed by the “insured”. Our limit of liability under this endorsement is \$25,000 for the aggregate of all damages and defense costs arising from Odometer Errors and Omissions committed during the policy period.

We may elect to defend any “suit” against the “insured” seeking damages for Odometer Errors and Omissions even if any of the allegations are groundless, false or fraudulent, and shall make such investigation as we deem expedient and appropriate; however, the “insured” shall promptly reimburse us for all sums paid on behalf of the “insured” in the event there is a finding or judgment that the damages were caused by a dishonest, fraudulent, criminal or intentional act or acts by the “insured”.

Settlement of any claim or “suit” will be at the discretion of the “insured”. We expressly deny any duty to indemnify the “insured” for any settlement of any claim or any judgment rendered.

COVERAGE 2. TRUTH IN LENDING ERRORS AND OMISSIONS COVERAGE

We will pay all sums the “insured” legally must pay as damages because of alleged or actual negligent acts, errors or omissions resulting in civil violation of any federal, state or local Truth-In-Lending statute. The most we will pay is \$300,000 for the sum total of all payments for damages arising from transactions completed during the coverage period. We have the right and the duty to defend any “suit” asking for these damages. We may investigate and settle any claim or “suit” as we consider appropriate.

EXCLUSION: We will not pay and we have no duty to defend any claim or “suit” which is the result of any dishonest, fraudulent, criminal or intentional act or acts committed by the “insured”, any of the partners, officers, “employees” or agents of the “insured” or any other party in interest acting alone or in collusion with others.

COVERAGE 3. TRUTH IN LEASING ERRORS AND OMISSIONS COVERAGE

We will pay all sums the “insured” legally must pay as damages because of alleged or actual negligent acts, errors or omissions resulting in civil violation of any federal, state or local Truth-In-Leasing statute. The most we will pay is \$300,000 for the sum total of all payments for damages arising from transactions completed during the coverage period. We have the right and the duty to defend any “suit” asking for these damages. We may investigate and settle any claim or “suit” as we consider appropriate.

EXCLUSION: We will not pay and we have no duty to defend any claim or “suit” which is the result of any dishonest, fraudulent, criminal or intentional act or acts committed by the “insured”, any of the partners, officers, “employees” or agents of the “insured” or any other party in interest acting alone or in collusion with others.

COVERAGE 4. FRAUDULENT, FORGED OR COUNTERFEIT TITLE COVERAGE

We will pay for “loss” due to the acceptance by the “insured”, in good faith, in exchange for merchandise, money or services of any “Title” to an “auto” if such “Title” is proven to be fraudulent, counterfeit or forged and when justified, a good faith effort is made by the “insured”, as soon as practicable, to obtain a warrant for the arrest of anyone causing a “loss” as defined herein.

The most we will pay for any one “loss” is the lesser of the following amounts:

- (a) The amount the “insured” paid for the “auto”, or
- (b) The “Average Trade-In” Value shown in the N.A.D.A. Official Used Car Guide
- (b) \$25,000

DEFINITIONS: “Title” means a written documentation of ownership issued by governmental authority evidencing ownership of an “auto”. “Loss” shall occur when the “insured” must return to its rightful owner any “auto” which the “insured” acquired by acceptance of a fraudulent, forged or counterfeit “title”.

EXCLUSIONS: We will not pay for:

- (a) any dishonest act committed by the “insured” or any partners or officers, “employees”, stockholders or agents of the “insured”;
- (b) for any “loss” if a “title” is fraudulent, solely as a result of a lien or security interest against the ‘auto’ which is not recorded on the “title”.

COVERAGE 5. TITLE ERRORS AND OMISSIONS COVERAGE

We will pay all sums which the “insured” shall become legally obligated to pay because of neglect, error, or omission in specifying a “loss” payee(s) or legal owner(s) on titles for “autos” sold by the “insured”. The most we will pay is \$300,000 for the sum total of the payments for damages arising from acts of error or omission committed during the coverage period. We have the right and duty to defend any “suit” asking for these damages. We may investigate and settle any claim or “suit” as we consider appropriate.

DEFINITIONS: “Title” means a written documentation of ownership issued by governmental authority evidencing ownership of an auto.

DEDUCTIBLE: A \$1,000. deductible shall apply to each claim under this coverage. We shall only be liable for the amount of “loss” exceeding that deductible.

EXCLUSION: We will not pay and we have no duty to defend any claim or “suit” which is the result of any dishonest, fraudulent, criminal, or intentional act or acts committed by the “insured”, any of the partners, officers, “employees” or agents of the “insured” or any other party in interest acting alone or in collusion with others.

COVERAGE 6. PRIOR DAMAGE DISCLOSURE ERRORS AND OMISSIONS COVERAGE

We will pay all sums the “insured” legally must pay as damages because of alleged or actual negligent acts, errors or omissions by an “insured” resulting in civil violation of any federal, state or local statute which pertains to disclosure of prior damage. The most we will pay is \$50,000 for the sum total of all payments for damages arising from acts of error or omission committed during the coverage period. We may investigate and settle any claim or “suit” as we consider appropriate.

DEFINITION: “Prior damage” means damage to a covered “auto” that existed or was alleged to have existed prior to the “auto” being sold by the “insured”.

EXCLUSION: We will not pay and we have no duty to defend any claim or “suit” which is the result of any dishonest, fraudulent, criminal or intentional act or acts committed by the “insured”, any of the partners, officers, “employees” or agents of the “insured” or any other party in interest acting alone or in collusion with others.

COVERAGE 7. AUTO DAMAGE TO LEASED PROPERTY COVERAGE

Limit of Liability Each Location	Deductible Amount	Location(s) of Property Covered
1. 2. 3.	\$100 Each “loss”	1. 2. 3.

We will pay all sums the “insured” legally must pay for “loss” as the result of “auto” damage to the property coverage.

DEFINITIONS “Property Covered” – Leased property for which the “insured” is liable, consisting principally of leased buildings, machinery and equipment, fixtures, pumps and tanks and outdoor equipment, all pertaining to the maintenance, service, or occupancy of the premises and while at the location(s) described above.

“Auto Damage” – means only “loss” resulting from actual physical contact of any “auto” with property covered.

“Limit of Liability” - The most we will pay for “auto” damage is the expense, not to exceed the limit of liability shown above, to repair or to replace the property covered.

“Deductible” - Our obligation to pay to repair or to replace property covered will be reduced by the applicable deductible amount shown above.

SERFF Tracking Number: PNNC-125312769 *State:* Arkansas
Filing Company: Pennsylvania National Mutual Casualty *State Tracking Number:* AR-PC-07-026429
Insurance Company
Company Tracking Number: MMP07-064-FO
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Auto Forms 030108
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125312769 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty State Tracking Number: AR-PC-07-026429
Insurance Company
Company Tracking Number: MMP07-064-FO
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Auto Forms 030108
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/16/2007

Comments:

Attachment:

064-FO030108Transmittal.pdf

Property & Casualty Transmittal Document

Reset Form

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		

3.	Group Name		Group NAIC #		
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Pennsylvania National Mutual Casualty Ins.	PA	14990	23-096-1349	

5. Company Tracking Number	MMP07-064-FO
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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
	Marsheelah Preston Penn National Insurance	Sr. Und. Tech.	800-388-4764	717-255-6327	mpreston@pnat.com
	2 North Second St Harrisburg PA 17101				
7.	Signature of authorized filer		<i>Marsheelah Preston</i>		
8.	Please print name of authorized filer		Marsheelah Preston		

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)	20.0003 Other
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 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: 03/01/08 Renewal: 03/01/08
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	10/15/07
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 # MMP07-064-FO

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

We are filing for your review and approval the following company forms:

Form Number	Description
71 0153 1203	Garage Coverage Form Non-Assessable
71 0154 1203	Garage Coverage Form (Cont'd)
71 0190 1203	Dealers Driveaway Collision Coverage (Non-Reporting Form)
71 0192 1203	Insurance Agents Errors and Omissions Coverage – Automobile Dealership
71 0193 1091	Auto Damage to Leased Property Coverage (Non-Dealers)
71 0194 1203	Consumer Complaint Protection
71 0195 1203	Funeral Directors Amendatory Endorsement
71 0477 0593	Multi-Purpose Jacket
71 0619 1203	Employee Benefit Liability Endorsement
71 0679 1006	Business Auto PennPac Endorsement
71 1110 0805	Composite Rate Endorsement
71 1281 1006	Business Auto PennPac Plus Endorsement
71 1332 0108	Extended Garage Coverage - Auto Dealers

These forms will be applicable to policies effective on and after March 1, 2008

[View Complete Filing Description](#)

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 #: 00890208

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.)

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 #		MMP07-064-FO		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Garage Coverage Form Non-Assessable	71 0153 1203	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Garage Coverage Form (Cont'd)	71 0154 1203	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Dealers Driveaway Collision Coverage (Non-Reporting Form)	71 0190 1203	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Insurance Agents E & O Coverage – Automobile Dealership	71 0192 1203	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Auto Damage to Leased Property Coverage (Non-Dealers)	71 0193 1091	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Consumer Complaint Protection	71 0194 1203	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Funeral Directors Amendatory Endorsement	71 0195 1203	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Multi-Purpose Jacket	71 0477 0593	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Employee Benefit Liability Endorsement	71 0619 1203	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Business Auto PennPac Endorsement	71 0679 1006	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Composite Rate Endorsement	71 1110 0805	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Business Auto PennPac Plus Endorsement	71 1281 1006	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Extended Garage Coverage – Auto Dealers	71 1332 0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		