

SERFF Tracking Number: UNCA-125301789 State: Arkansas
Filing Company: Universal Casualty Company State Tracking Number: AR-PC-07-026323
Company Tracking Number: AR-CA-0142
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Commercial Auto
Project Name/Number: Additional forms/AR-CA-0142

Filing at a Glance

Company: Universal Casualty Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

Filing Type: Form

SERFF Tr Num: UNCA-125301789 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-CA-0142

Co Status:

Author: Larry Wilk

Date Submitted: 10/03/2007

State Tr Num: AR-PC-07-026323

State Status: PENDING FEES

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

Disposition Date: 10/05/2007

Disposition Status: Approved

Effective Date (New): 10/05/2007

Effective Date (Renewal):
10/05/2007

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

General Information

Project Name: Additional forms

Project Number: AR-CA-0142

Reference Organization:

Reference Title:

Filing Status Changed: 10/05/2007

State Status Changed: 10/05/2007

Corresponding Filing Tracking Number:

Filing Description:

We are filing several independent forms.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Larry Wilk, Compliance Manager

150 Northwest Point Blvd. 2nd Floor

Elk Grove Village, IL 60007

lwilk@univcas.com

(847) 700-9163 [Phone]

(847) 228-4104[FAX]

Filing Company Information

SERFF Tracking Number: UNCA-125301789

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Universal Casualty Company
150 Northwest Point Blvd. 2nd Floor
Elk Grove Village, IL 60007
(847) 700-9163 ext. [Phone]

CoCode: 42862
Group Code: 1326
Group Name:
FEIN Number: 36-2126444

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

SERFF Tracking Number: UNCA-125301789 State: Arkansas
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Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26879	\$50.00	09/25/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/05/2007	10/05/2007

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Disposition

Disposition Date: 10/05/2007

Effective Date (New): 10/05/2007

Effective Date (Renewal): 10/05/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Waiver - Transfer Of Rights Of Recovery Against Others To Us	Approved	Yes
Form	Additional Insured - Scheduled Person Or Organization - Primary Or Non-Contributory Basis	Approved	Yes
Form	Deluxe Coverages Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Waiver - Transfer Of Rights Of Recovery Against Others To Us	UCC 10 06	07 07	Endorsement/Amendment/Conditions	New	0.00	UCC 10 06 07 07 WAIVER - TRANSFER OF RIGHTS OF RECOVERY .pdf
Approved	Additional Insured - Scheduled Person Or Organization - Primary Or Non-Contributory Basis	UCC 10 08	07 07	Endorsement/Amendment/Conditions	New	0.00	UCC 10 08 07 07 - ADDITIONAL INSURED - SCHEDULED PERSON OR ORGANIZATION - PRIMARY OR NON-CONTRIBUTORY BASIS.pdf
Approved	Deluxe Coverages Endorsement	UCC 10 09	09 07	Endorsement/Amendment/Conditions	New	0.00	UCC 10 09 09 07 - DELUXE COVERAGES ENDORSEMENT 2.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER – TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

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

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

Named Insured	Endorsement Effective Date
Insurance Co.	Countersigned By

(Authorized Representative)

SCHEDULE:

Policy Expiration Date: _____

Name of Person or Organization:

We waive any right of recovery we may have against the person or organization shown in the SCHEDULE on this endorsement because of payments we make for injury or damage arising out of your use of an "auto " under a contract with that person or organization. The waiver applies only to the person or organization shown in the SCHEDULE on this endorsement.

Your signature is required if this endorsement is added after the initial issuance of the policy and indicates you acknowledge and accept the provisions of this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – SCHEDULED PERSON OR ORGANIZATION – PRIMARY OR NON-CONTRIBUTORY BASIS

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART

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

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

Named Insured	Endorsement Effective Date
Insurance Co.	Countersigned By

(Authorized Representative)

SCHEDULE:

Policy Expiration Date: _____
Name of Person or Organization:

PREMIUM: ____ \$100 ____

A. Who is an Insured is changed to include as an "insured" the person or organization shown in the SCHEDULE on this endorsement but only with respect to liability arising out of the operations and activities of the Named Insured. The Insurance provided under this policy to the person or organization shown in the SCHEDULE on this endorsement is primary insurance and we will not seek contribution from any other insurance available to that insured; except that, if the person or organization shown in the SCHEDULE on this endorsement is solely liable for the "loss", this insurance shall be excess and shall contribute to the "loss" as set forth in the policy.

- B. The coverage provided by this endorsement shall be subject to all the terms, conditions and exclusions of the policy and all endorsements attached thereto.
- C. The Additional Insured is covered for an amount up to the Limit of Insurance required by an agreement you have with them or the policy's Limit of Insurance, whichever is less.

Your signature here indicates you acknowledge and accept the provisions of this endorsement.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DELUXE COVERAGES ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

SCHEDULE

Downtime/Rental Reimbursement:	()	Applicable	()	Not Applicable
Personal Effects:	()	Applicable	()	Not Applicable
Electronic Equipment:	()	Applicable	()	Not Applicable
Diminishing Deductible:	()	Applicable	()	Not Applicable

(If no entry appears above all coverages above apply unless information required to complete this endorsement is shown in the Declarations as applicable to this endorsement)

The following coverages A.-D., described by this endorsement are to be mutually exclusive of each other and constitute separate insuring agreements. These coverages are supplementary to the coverages offered in your Policy. Each coverage is provided only when the coverage is specifically listed in the above Schedule or is shown in the Policy Declarations. Definitions not included in this endorsement are those definitions in the Policy to which this endorsement is attached.

A. DOWNTIME/RENTAL REIMBURSEMENT COVERAGE

We will pay for "Downtime" in an amount of up to a maximum of \$150 each day, or \$750 a week, subject to a maximum of \$50,000 each "loss" incurred after the "Waiting Period".

"Downtime" includes:

1. "Loss" of "Business Income" you incur due to necessary suspension of your operations during the "Period of Restoration." The suspension must be caused by direct physical "loss" of or damage to a covered "auto" described in the Policy, caused by or resulting from any covered cause of "loss".

2. Extra expenses that minimize the suspension of your business operations and that you would not have incurred if there had been no direct physical "loss" of or damage to your covered "auto" caused by or resulting from a covered cause of "loss." This includes the rental of a reasonable substitute vehicle.

Definitions

"Business Income" means:

1. Net income, which is gross income less operating expenses before income taxes, that would have been earned or incurred; and
2. Continuing normal operating expenses incurred, including payroll.

"Waiting Period" means:

1. Seven days after we have given you our agreement to pay for appraised repairs and you have given "Authorization of Repair" or
2. If you choose to wait, or use your vehicle for some period of time before authorizing repair, then "downtime" coverage will begin on the seventh day after the date on which you authorize those repairs which we had previously give our agreement to pay.

“Authorization of Repair” means:

The “Insured’s” signing of the work order at the repair facility or the time when the repairs of the covered “auto” commence.

“Period of Restoration” means:

The period of time after the waiting period has been satisfied until the date when the covered “auto” has reasonably been scheduled to be repaired, rebuilt, or replaced.

Exclusions

1. We will not pay for “Loss” arising out of any dishonest or illegal act, alone or in collusion with another by you, others under your employment or service or any person or persons to whom the property may be entrusted.
2. We will not pay for “Downtime” for the period of time between the date of the “Loss” and our authorization to repair the vehicle.
3. “Period of Restoration” does not include any increased period required due to the enforcement of any ordinance or law that requires any “insured” or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effect of “pollutants.”

Other Insurance Provision

In the event of other insurance for the same “loss,” the coverage provided by this **Supplemental Coverages Endorsement** will be excess over any other collectible insurance.

B. PERSONAL EFFECTS COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one “loss” subject to a \$250.00 deductible, for “loss” to personal property or effects of the “insured.” The property must be in the covered “auto” at the time of “loss.”

Exclusions

1. This coverage excludes “loss” of the following:
 - a. Accounts, bills, currency, deeds, evidence of debt, money, notes or securities.
 - b. Electronic equipment or tapes, records, discs, or other similar audio visual or data electronic equipment.
 - c. Jewelry, watches, necklaces, bracelets, or rings.
 - d. Precious metals and stones such as gems, gold, platinum or silver.
 - e. Furs.
 - f. Animals, birds, or fish
 - g. Motorized vehicles

2. This coverage excludes “loss” caused by the following:

Theft if, at the time of “loss” the covered “auto” is unattended, unless the “loss” is the result of forcible entry into such vehicle while all doors, windows, or other openings are closed and locked and provided there are visible signs or marks of forcible entry.

3. This coverage excludes:

Mysterious disappearance of the covered property, collision, conversion, embezzlement, secretion or any other intentional “loss” to the covered property.

Other Insurance Provision

In the event of other insurance for the same coverage, the coverage provided by this **Supplemental Coverages Endorsement** will be excess over any other collectible insurance.

C. ELECTRONIC EQUIPMENT COVERAGE

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one “loss” subject to a \$250.00 deductible, for “loss” to electronic equipment, including satellite communication equipment, antennas, tapes, records, discs or other similar devices used with the electronic equipment and other accessories used for audio, visual, or data purposes. At the time of “loss” the equipment must be in or on the covered “auto.”

Exclusions

1. We will not pay for the following:
 - a. Equipment used to operate the covered “auto.”
 - b. Radar detection devices.
 - c. Actual data, however maintained.
 - d. Facts, concepts, or instructions converted to a form for use with electronic equipment
 - e. The cost to reproduce or replace information placed on electronic equipment.
 - f. “Loss” because of theft if, at the time of “loss,” the covered “auto” is unattended, unless the “loss” is the result of forcible entry into such “auto” while all doors, windows, or other openings are closed and locked and provided there are visible signs or marks of forcible entry.
 - g. “Loss” due to mysterious disappearance of covered property.
 - h. “Loss” from collusion, conversion, embezzlement, secretion or any other intentional “loss” to the covered equipment.

- i. Any satellite and satellite equipment, speakers, stereo equipment, computers and computer equipment, monitors or television not permanently installed to the vehicle.

Other Insurance Provision

In the event of other insurance for the same coverage, the coverage provided by this **Supplemental Coverages Endorsement** will be excess over any other collectible insurance.

# of loss free Years with Deductible.	The Deluxe Cov. Endmt Reduction
1	0%
2	25%
3	50%
4	75%
5	100%

D. DIMINISHING DEDUCTIBLE

1. The following is added to the PHYSICAL DAMAGE COVERAGE Section, Paragraph D. Deductible of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS, and to "Deductible" of the INLAND MARINE COVERAGE FORMS DEDUCTIBLE;ENDORSEMENT:

For each consecutive policy period that you purchase this Deluxe Coverage Endorsement and you have not paid a Physical Damage or Cargo "loss" under any Business Auto, Motor Carrier, Truckers, or Inland Marine Cargo Coverage Form with us, your deductible stated in the declaration's page of each such Coverage Form with us will be reduced by the percentage indicated below:

If we pay a Physical Damage or Cargo "loss" during the policy term under Business Auto, Motor Carrier, Truckers, or Transportation Coverage Form you have with us, your deductible stated in the declaration's page of each such Coverage Form will not be reduced on any subsequent claims during the remainder of your policy term and your deductible reduction will revert back to 0% for each such Coverage Form if coverage is renewed.

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Rate Information

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Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Approved	10/05/2007
Bypass Reason:	This information is included in the General Information and Form Schedule tabs.		
Comments:			