

SERFF Tracking Number: HART-125361059 State: Arkansas
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: FF.05.001.2008.01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Cargo Carrier For Hire - Amendatory Endorsement
Project Name/Number: Cargo Carrier For Hire - Amendatory Endorsement/FF.05.001.2008.01

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: Cargo Carrier For Hire - Amendatory Endorsement SERFF Tr Num: HART-125361059 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: FF.05.001.2008.01

State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Filing

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

Author: Martha Cain

Disposition Date: 11/28/2007

Date Submitted: 11/28/2007

Disposition Status: Approved

Effective Date Requested (New): 02/16/2008

Effective Date (New): 02/16/2008

Effective Date Requested (Renewal): 02/16/2008

Effective Date (Renewal): 02/16/2008

General Information

Project Name: Cargo Carrier For Hire - Amendatory Endorsement

Status of Filing in Domicile: Authorized

Project Number: FF.05.001.2008.01

Domicile Status Comments:

Reference Organization: n/a

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/28/2007

State Status Changed: 11/28/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing a new optional amendatory endorsement applicable to Carrier For Hire Cargo coverage, a class of insurance which by custom of the industry is not written according to manual rates or rating rules.

Company and Contact

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Filing Contact Information

Martha Cain, Filing Analyst
 690 Asylum Avenue (860) 547-9979 [Phone]
 Hartford, CT 06115 () -[FAX]

Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Property and Casualty Insurance Company of Hartford	CoCode: 34690	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1276326	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue		

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Hartford, CT 06115
(860) 547-5000 ext. [Phone]

Group Name:
FEIN Number: 06-0383750

State ID Number:

Hartford Accident and Indemnity Company
690 Asylum Ave
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 22357
Group Code: 91
Group Name:
FEIN Number: 06-0383030

State of Domicile: Connecticut
Company Type: Property
State ID Number:

SERFF Tracking Number: *HART-125361059* *State:* *Arkansas*
First Filing Company: *Hartford Casualty Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *FF.05.001.2008.01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 flat fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Fire Insurance Company	\$50.00	11/28/2007	16841810
Hartford Accident and Indemnity Company	\$0.00	11/28/2007	
Hartford Casualty Insurance Company	\$0.00	11/28/2007	
Twin City Fire Insurance Company	\$0.00	11/28/2007	
Hartford Underwriters Insurance Company	\$0.00	11/28/2007	
Property and Casualty Insurance Company of Hartford	\$0.00	11/28/2007	
Hartford Insurance Company of the Midwest	\$0.00	11/28/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/28/2007	11/28/2007

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Disposition

Disposition Date: 11/28/2007
Effective Date (New): 02/16/2008
Effective Date (Renewal): 02/16/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Cargo Carrier For Hire - Amendatory 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	Cargo Carrier For Hire - Amendatory Endorsement	MS 04 45	02 08	Endorsement/Amendment/Conditions New		0.00	MS0445.pdf



CARGO CARRIER FOR HIRE - AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

CARGO COVERAGE - CARRIER FOR HIRE

A. Shipper Selling Price

If Shipper Selling Price is listed on the Schedule, Covered Property shall be valued in accordance with your legal liability. At your discretion, Covered Property that is not subject to a contractual limitation of liability and that was sold by a Seller prior to delivery to you and prior to any loss, shall be valued at the destination market value less any charges or expenses not incurred.

B. Trailer Interchange Coverage

If listed in the Schedule as an additional coverage, we will pay those sums you become legally obligated to pay under any trailer interchange agreement for "loss" caused by a Covered Cause of Loss, to trailers, semitrailers, dollies used to convert a semitrailer into a trailer, and containers and chassis, belonging to others.

Covered Cause of Loss for this additional coverage means RISKS OF DIRECT PHYSICAL "LOSS" caused by or resulting only from:

1. Fire, lightning or explosion;
2. Theft;
3. Windstorm, hail;
4. Earthquake, flood;
5. Malicious mischief or vandalism;
6. Collision, upset or overturn; or
7. Stranding, sinking, burning or collision of any waterborne vessel operated by others while transporting the trailers, semitrailers, dollies or containers and chassis.

We will not pay more than \$30,000 for any one trailer unit, unless a different per trailer limit of insurance is shown in the Schedule. We will not pay more than \$100,000 in any one occurrence.

C. Cargo Recovery Extra Expense

If listed in the Schedule as an additional coverage, we will pay for the actual and necessary Extra Expenses you incur resulting directly from the salvage, recovery or storage of recovered property to avoid, minimize or reduce the amount of a claim that would have otherwise been payable under this coverage form. Recovered property means "Covered Property" that has a greater value than the cost to salvage, recover or store such property. This coverage does not reduce or relieve your duty to take all reasonable steps to protect the "Covered Property" from further damage.

The most we will pay for all Extra Expenses incurred under this additional coverage during any single policy period is \$25,000.

The following Exclusions do not apply to the coverage afforded under this additional coverage when you or your driver relinquishes the "Covered Property" in good faith:

1. Dishonest Acts by:
 - a. You or any of your partners;
 - b. Your directors or trustees;
 - c. Your authorized representatives or employees;
 - d. Anyone to whom you entrusted the "Covered Property", including their employees, for any purpose; whether acting alone or in collusion with others; and whether or not occurring during the hours of employment.
2. Voluntary parting with any property whether or not induced to do so by any fraudulent scheme, trick, device or false pretense.

D. Debris Removal Limit

The limit for debris removal is amended as follows:
The most we will pay under this additional coverage is \$10,000 for all expenses in any one occurrence.

E. Locked and Secured Property Warranty

Warranted we will not pay for any "loss", damage or expense caused by or resulting from theft regardless of any other cause or event that contributes concurrently or in any sequence to the "loss", damage or expense, unless you comply with the following warranty:

Covered Property shall be protected by:

1. A locked and secured building; or
2. A yard that has a physically locked and secured perimeter; or
3. A guard.

F. Fire Damage to Cotton Exclusion

If any form of cotton, except manufactured cloth, is "Covered Property", we will not pay for any "loss", damage or expense to such "Covered Property" caused directly or indirectly by or resulting from fire. Such "loss" is excluded regardless of any other clause or event that contributes concurrently or in any sequence to the "loss".

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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 11/28/2007

Comments:

Attachments:

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

Satisfied -Name: Explanatory Memo **Review Status:** Approved 11/28/2007

Comments:

Attachment:

Explanatory Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	

5. Company Tracking Number	FF.05.001.2008.01
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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
	Martha Cain Hartford Plaza, Hartford, CT 06115	Consultant	860-547-9979	860-547-4849	martha.cain @TheHartford.com

7. Signature of authorized filer	Martha Cain
8. Please print name of authorized filer	Martha Cain

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

9. Type of Insurance (TOI)	9.0 Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0005 other Commercial Inland Marine
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: 2/16/08 Renewal: 2/16/08
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	11/28/07
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 #	FF.05.001.2008.01
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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A new optional amendatory endorsement applicable to Carrier For Hire Cargo coverage, a class of insurance which by custom of the industry is not written according to manual rates or rating rules.

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 #: qualifies for EFT
Amount: \$50 flat fee

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

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

1.	This filing transmittal is part of Company Tracking #	FF.05.001.2008.01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Cargo Carrier For Hire - Amendatory Endorsement	MS 04 45 02 08	<input checked="" 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		



EXPLANATORY MEMORANDUM
Motor Truck Cargo

FF.05.001.2008.01

As part of our ongoing effort to provide the most up-to-date and valuable coverage to our customers, we are requesting approval to offer a new optional Coverage Endorsement and Schedule to your constituents.

MS 04 45 02 08 Cargo Carrier For Hire Amendatory Endorsement