

SERFF Tracking Number: HRLV-125370877 State: Arkansas  
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: IMJM111607-1  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: IM  
Project Name/Number: IM AAIS Implementation - Phase II/

## Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: IM	SERFF Tr Num: HRLV-125370877	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IMJM111607-1	State Status: Fees verified and received
Filing Type: Form	Co Status: Submitted to State	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Carol Zwoyer	Disposition Date: 11/30/2007
	Date Submitted: 11/29/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008

State Filing Description:

## General Information

Project Name: IM AAIS Implementation - Phase II

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 11/30/2007

State Status Changed: 11/30/2007

Corresponding Filing Tracking Number:

Filing Description:

With this filing Harleysville Mutual Insurance Company proposes the introduction of American Association of Insurance Services approved Inland Marine Guide (non-filed classes) Forms and Endorsements.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

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Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com  
355 Maple Avenue (215) 256-5735 [Phone]  
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

**Filing Company Information**

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania  
355 Maple Avenue Group Code: 253 Company Type:  
Harleysville, PA 19438 Group Name: State ID Number:  
(215) 256-5000 ext. [Phone] FEIN Number: 123456678  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$25.00	11/29/2007	16878368

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/30/2007	11/30/2007

*SERFF Tracking Number:*      *HRLV-125370877*                      *State:*                      *Arkansas*  
*Filing Company:*              *Harleysville Mutual Insurance Company*              *State Tracking Number:*      *EFT \$25*  
*Company Tracking Number:*      *IMJM111607-1*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*                      *IM*  
*Project Name/Number:*              *IM AAIS Implementation - Phase II/*

## **Disposition**

Disposition Date: 11/30/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125370877 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	cover letter	Approved	Yes

*SERFF Tracking Number:*      *HRLV-125370877*                      *State:*                      *Arkansas*  
*Filing Company:*              *Harleysville Mutual Insurance Company*              *State Tracking Number:*      *EFT \$25*  
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*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
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*Project Name/Number:*      *IM AAIS Implementation - Phase II/*

## **Rate Information**

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/30/2007

**Comments:**

**Attachment:**

AR NAIC 2007.pdf

**Satisfied -Name:** cover letter **Review Status:** Approved 11/30/2007

**Comments:**

**Attachment:**

CIM - nonfiled class filing.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

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

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

<b>5. Company Tracking Number</b>	125370877
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Carol Zwoyer
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**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 1/01/2008      Renewal: 1/01/2008

## Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	AAIS
17.	Reference Organization # & Title	
18.	Company's Date of Filing	11/29/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	125370877
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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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With this filing Harleysville Mutual Insurance Company proposes the introduction of American Association of Insurance Services approved Inland Marine Guide (non-filed classes) Forms and Endorsements.

We wish to adopt the forms and endorsements (09 21 07) filed on our behalf by said organization for monoline Non-Filed Inland marine only.

Rule of Application: Applicable to all policies effective on or after January 1, 2008.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: 25.00	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

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

**HARLEYSVILLE MUTUAL INSURANCE COMPANY**

**355 Maple Avenue  
Harleysville, PA 19438-2297  
[www.harleysvillegroup.com](http://www.harleysvillegroup.com)**

November 29, 2007

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

NAIC # 253-14168  
Commercial Inland Marine  
AAIS Inland Marine Guide  
(Non-Filed Classes)  
Reference File Number: 125370877

Dear Honorable Bowman:

With this filing Harleysville Mutual Insurance Company proposes the introduction of American Association of Insurance Services approved Inland Marine Guide (non-filed classes) Forms and Endorsements.

We wish to adopt the forms and endorsements (09 21 07) filed on our behalf by said organization for monoline Non-Filed Inland marine only.

Rule of Application: Applicable to all policies effective on or after January 1, 2008.

Your favorable consideration would be appreciated.

Very truly yours,



Carol Zwoyer, AAM, AIT  
Senior State Filing Analyst  
(215) 256-5735  
[czwoyer@Harleysvillegroup.com](mailto:czwoyer@Harleysvillegroup.com)

CC: Jen Milewski, Lisa Berke