

SERFF Tracking Number: LBRM-125363669 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2007-01857
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: GL Additional Ins Golfmobiles - Form/2007-01857

Filing at a Glance

Companies: America First Insurance Company, Peerless Insurance Company, Peerless Indemnity Insurance Company, The Netherlands Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: LBRM-125363669 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2007-01857 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Kelly Joslyn Disposition Date: 11/20/2007
Date Submitted: 11/19/2007 Disposition Status: Approved
Effective Date Requested (New): 03/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 05/01/2008 Effective Date (Renewal):

General Information

Project Name: GL Additional Ins Golfmobiles - Form Status of Filing in Domicile: Pending
Project Number: 2007-01857 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/20/2007
State Status Changed: 11/20/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Effective March 1, 2008 for New and May 1, 2008 for Renewal Business, we wish to file our form, 22-114 (0207), Additional Insured - Users Of Golfmobiles(Limited Coverage).
The rule that accompanies this form will be filed under separate cover, our filing number 2007-01858.
Enclosed please find all required filing forms, any fee will be submitted with this filing via EFT.

Company and Contact

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Filing Contact Information

Kelly Joslyn, State Filings Technician kelly.joslyn@LibertyMutual.com
 62 Maple Avenue (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 50.00 per filing

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	11/19/2007	16717535
Peerless Indemnity Insurance Company	\$0.00	11/19/2007	
The Netherlands Insurance Company	\$0.00	11/19/2007	
Peerless Insurance Company	\$0.00	11/19/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/20/2007	11/20/2007

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Disposition

Disposition Date: 11/20/2007

Effective Date (New):

Effective Date (Renewal):

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
Form	Additional Insured - Users of	Approved	Yes
Form	Additional Insured - Users of	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Users of	22-14	0207	Policy/Coverage Form		0.00	22-114 0207.pdf
Approved	Additional Insured - Users of	CG 2 08	1185	Other New		0.00	CG 20 08 1185.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – USERS OF GOLFMOBILES (LIMITED COVERAGE)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. SECTION II – WHO IS AN INSURED is amended to include as an insured any person(s) using or legally responsible for the use of golfmobiles loaned or rented to others by you or any of your concessionaires, but only with respect to their liability arising out of the use of the golfmobile.

This insurance does not apply to “bodily injury” arising out of the sole negligence of the additional insured.

B. The following is added to provision **b. Excess Insurance** of condition **4. Other Insurance** under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

The insurance afforded by the Additional Insured – Users Of Golfmobiles (Limited Coverage) endorsement is excess over any of the other insurance, whether primary, excess, contingent, or on any other basis, except for insurance purchased specifically by you to be excess of this policy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – USERS OF GOLFMOBILES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured any person(s) using or legally responsible for the use of golfmobiles loaned or rented to others by you or any of your concessionaires but only for their liability arising out of the use of the golfmobiles.

SERFF Tracking Number: *LBRM-125363669* *State:* *Arkansas*
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Project Name/Number: *GL Additional Ins Golfmobiles - Form/2007-01857*

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 11/20/2007

Comments:

Attached

Attachment:

Transmittal.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2007-01857
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Effective February 1, 2008 for New and April 1, 2008 for Renewal Business, we wish to file our form, **22-114 (0207), Additional Insured - Users Of Golfmobiles(Limited Coverage)**.

The rule that accompanies this form will be filed under separate cover, our filing number 2007-01858.

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 #: EFT
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.)**