

SERFF Tracking Number: SMM-125357976 State: Arkansas  
 First Filing Company: State Auto Property and Casualty Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: SAC-GL-2007-1199  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: 2008 Commercial General Liability Forms  
 Project Name/Number: 2008 Commercial General Liability Forms/SAC-GL-2007-1199

## Filing at a Glance

Companies: State Auto Property and Casualty Insurance Company, State Automobile Mutual Insurance Company  
 Product Name: 2008 Commercial General Liability Forms SERFF Tr Num: SMM-125357976 State: Arkansas  
 TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: EFT \$50  
 Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: SAC-GL-2007-1199 State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
 Author: Matthew Rowland Disposition Date: 11/20/2007  
 Date Submitted: 11/19/2007 Disposition Status: Approved  
 Effective Date Requested (New): 01/02/2008 Effective Date (New):  
 Effective Date Requested (Renewal): 01/02/2008 Effective Date (Renewal):

## General Information

Project Name: 2008 Commercial General Liability Forms Status of Filing in Domicile:  
 Project Number: SAC-GL-2007-1199 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:  
 Re: STATE AUTO INSURANCE COMPANIES, GROUP FILING ID # SAC-GL-2007-1199  
 State Automobile Mutual Insurance Company, NAIC #25135, FEIN 31-4316080  
 State Auto Property & Casualty Insurance Company, NAIC #25127, FEIN 57-6010814

Division Six – General Liability: Forms Revision

SERFF Tracking Number: SAMM-125357976 State: Arkansas  
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We are eliminating our use of the paper folded jackets. These jackets contain language that will now be split into separate endorsements. The language has not changed. The language in these jackets is usual to most policies, such as the Calculation of Premium, Common Policy Conditions and Nuclear Energy Liability Exclusion Endorsement. Please see filing exhibit A for a list of the individual forms and the applicable changes.

The forms list does not include any reference to Terrorism forms. We are submitting changes to terrorism forms in a separate submission with an earlier review date.

We are not adopting the policy conditions forms as a new item, simply moving them from a jacket (this combined several forms) to using the individual policy forms. The language did not change and therefore we did not file the amendatory endorsements as they remain applicable as currently on file.

## Company and Contact

### Filing Contact Information

Kathy Hartwell, Supervisor, State Filings kathy.hartwell@stateauto.com  
 State Auto Insurance Companies (800) 695-9436 [Phone]  
 Columbus, OH 43215 (614) 719-0299[FAX]

### Filing Company Information

State Auto Property and Casualty Insurance CoCode: 25127 State of Domicile: Iowa  
 Company  
 1300 Woodland Avenue Group Code: 175 Company Type: Property and  
 Casualty

P. O. Box 66150  
 West Des Moines, IA 50265-0150 Group Name: State ID Number:  
 (614) 464-5000 ext. [Phone] FEIN Number: 57-6010814

State Automobile Mutual Insurance Company CoCode: 25135 State of Domicile: Ohio  
 518 East Broad Street Group Code: 175 Company Type: Property and  
 Casualty

P. O. Box 182822  
 Columbus, OH 43215 Group Name: State ID Number:  
 (614) 464-5000 ext. [Phone] FEIN Number: 31-4316080





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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
Supporting Document	Exhibit A	Approved	Yes
Form	Commercial General Liability Policy Declarations	Approved	Yes
Form	Commercial General Liability Coverage Part Declarations	Approved	Yes
Form	Owners or Contractors Protective Liability Declarations	Approved	Yes
Form	Railroad Protective Liability Declarations	Approved	Yes
Form	Liquor Liability Coverage Part Declarations	Approved	Yes
Form	Employee Benefits Liability Declarations	Approved	Yes
Form	Employee Benefits Policy Declarations	Approved	Yes
Form	Calculation of Premium	Approved	Yes
Form	Common Policy Conditions	Approved	Yes
Form	Nuclear Energy Liability Exclusion Endorsement	Approved	Yes
Form	State Auto Mutual Conditions/Cover Sheet	Approved	Yes
Form	Installment Payments	Approved	Yes
Form	General Liability Classification Schedule	Approved	Yes
Form	Location & Additional Interest Info	Approved	Yes
Form	Exclusion - Explosion, Collapse, And Underground Property Damage Hazard (Specified Operations)	Approved	Yes
Form	Supplement To Retrospective Premium Endorsement (Final Premium Computation)	Approved	Yes
Form	Retrospective Premium Endorsement - One Year Plan - Multiple Lines	Approved	Yes
Form	Retrospective Premium Endorsement - Three year Plan - Multiple Lines	Approved	Yes
Form	Retrospective Pemium Endorsement -	Approved	Yes

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**Short Form**

<b>Form</b>	Retrospective Premium Endorsement - Exclusion Of Aviation Exposures	Approved	Yes
<b>Form</b>	Retrospective Premium Endorsement - Exclusion of Retrospective Development Factors	Approved	Yes
<b>Form</b>	Retrospective Premium Endorsement - One (or Three) Year Plan - Multiple Lines Supplementary Agreements	Approved	Yes
<b>Form</b>	Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (CGL)	Approved	Yes
<b>Form</b>	Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (OCP)	Approved	Yes
<b>Form</b>	Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (P/CO)	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial General Liability Policy Declarations	SL 50 00	01 04	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL 4D 07 98 Previous Filing #:		SL 50 00 01 04.pdf
Approved	Commercial General Liability Coverage Part Declarations	SL 50 01	01 04	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL 4D 07 98 Previous Filing #:		SL 50 01 01 04.pdf
Approved	Owners or Contractors Protective Liability Declarations	SL 50 02	01 04	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL 4D 07 98 Previous Filing #:		SL 50 02 01 04.pdf
Approved	Railroad Protective Liability Declarations	SL 50 03	01 04	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL 4D 07 98 Previous Filing #:		SL 50 03 01 04.pdf
Approved	Liquor Liability Coverage Part Declarations	SL 50 04	01 04	Declaration Replaced s/Schedule	Replaced Form #:0.00 GL 4D 07 98 Previous Filing #:		SL 50 04 01 04.pdf
Approved	Employee Benefits Liability Declarations	SL 50 06	05 05	Declaration Replaced s/Schedule	Replaced Form #:0.00 EB 02 00 05 05 Previous Filing #:		SL 50 06 05 05.pdf
Approved	Employee Benefits Policy Declarations	SL 50 09	05 05	Declaration Replaced s/Schedule	Replaced Form #:0.00 SP 2 01 86 Previous Filing #:		SL 50 09 05 05.pdf
Approved	Calculation of Premium	IL 00 03	07 02	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GL 4 07 98 Previous Filing #:		IL 00 03 07 02.pdf
Approved	Common Policy Conditions	IL 00 17	11 98	Endorsement/Amendment	Replaced Form #:0.00 GL 4 07 98		IL 00 17 11 98.pdf

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				ent/Condi ons	Previous Filing #:	
Approved	Nuclear Energy Liability Exclusion Endorsement	IL 00 21	07 02	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 GL 4 07 98 Previous Filing #:	IL 00 21 07 02.pdf
Approved	State Auto Mutual Conditions/Cover Sheet	SI 10 08	01 07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 GL 4 07 98 Previous Filing #:	SI 10 08 01 07.pdf
Approved	Installment Payments	SI 11 00	01 04	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 GL 4 07 98 Previous Filing #:	SI 11 00 01 04.pdf
Approved	General Liability Classification Schedule	ES 1	07 98	Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:	
Approved	Location & Additional Interest Info	SNADEC	11 89	Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:	
Approved	Exclusion - Explosion, Collapse, And Underground Property Damage Hazard (Specified Operations)	CG 21 42E	12 04	Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:	
Approved	Supplement To Retrospective Premium Endorsement (Final Premium Computation)	IL 09 11	11 85	Endorseme New nt/Amendm ent/Condi ons	0.00	IL 09 11 11 85.pdf
Approved	Retrospective Premium	IL 09 18	10 93	Endorseme New nt/Amendm	0.00	IL 09 18 10 93.pdf

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Company, ...

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: 2008 Commercial General Liability Forms

Project Name/Number: 2008 Commercial General Liability Forms/SAC-GL-2007-1199

	Endorsement - One Year Plan - Multiple Lines			ent/Condi ons		
Approved	Retrospective Premium Endorsement - Three year Plan - Multiple Lines	IL 09 19	10 93	Endorseme New nt/Amendm ent/Condi ons	0.00	IL 09 19 10 93.pdf
Approved	Retrospective Pemium Endorsement - Short Form	IL 09 21	04 84	Endorseme New nt/Amendm ent/Condi ons	0.00	IL 09 21 04 84.pdf
Approved	Retrospective Premium Endorsement - Exclusion Of Aviation Exposures	IL 09 22	04 84	Endorseme New nt/Amendm ent/Condi ons	0.00	IL 09 22 04 84.pdf
Approved	Retrospective Premium Endorsement - Exclusion of Retrospective Development Factors	IL 09 23	04 84	Endorseme New nt/Amendm ent/Condi ons	0.00	IL 09 23 04 84.pdf
Approved	Retrospective Premium Endorsement - One (or Three) Year Plan - Multiple Lines Supplementary Agreements	IL 09 30	03 87	Endorseme New nt/Amendm ent/Condi ons	0.00	IL 09 30 03 87.pdf
Approved	Exclusion - Exterior Insulation Finish Systems and	SL 21 86	01 06	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 CG 21 86C 01 06 Previous Filing #:	SL 21 86 01 06.pdf

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Permanent  
 Coating Systems  
 (CGL)

Approved	Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (OCP)	SL 31 66 01 06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CG 31 66C 01 06 Previous Filing #:	SL 31 66 01 06.pdf
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Approved	Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (P/CO)	SL 31 67 01 06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CG 31 67C 01 06 Previous Filing #:	SL 31 67 01 06.pdf
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**FORMS AND ENDORSEMENTS**  
APPLICABLE TO ALL COVERAGE PARTS

NEW	FORM OR ENDORSEMENT AND EDITION DATE	ENDORSEMENT TITLE (Only the endorsement titles are shown below, please review the form for a complete description of coverage.)
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## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

**COMMERCIAL GENERAL LIABILITY COVERAGE LIMITS OF INSURANCE:**

Each Occurrence Limit	
Damage To Premises Rented To You Limit	Any One Premises
Medical Expense Limit	Any One Person
Personal And Advertising Injury Limit	Any One Person or Organization
General Aggregate Limit	

**AUDIT PERIOD**

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

SCHEDULE OF PREMISES - All Premises You Own, Rent or Occupy	PREMISES
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Location Address

Territory

CLASS CODE	CLASSIFICATION DESCRIPTION
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PREMIUM BASIS	
---------------	--

	Per	Premises/Operations	Products/Completed Operations
RATE			
ADVANCE PREMIUMS			

CLASS CODE	CLASSIFICATION DESCRIPTION
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PREMIUM BASIS	
---------------	--

	Per	Premises/Operations	Products/Completed Operations
RATE			
ADVANCE PREMIUMS			

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**FORMS AND ENDORSEMENTS**  
APPLICABLE TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART

<b>NEW</b>	<b>FORM OR ENDORSEMENT AND EDITION DATE</b>	<b>ENDORSEMENT TITLE</b> (Only the endorsement titles are shown below, please review the form for a complete description of coverage.)
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\*Indicates a new form has been added or a replacement form has been substituted for one of an earlier edition. Please retain all forms.

## OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS

**COMMERCIAL GENERAL LIABILITY COVERAGE LIMITS OF INSURANCE:**

Each Occurrence Limit  
Aggregate Limit

**AUDIT PERIOD**

**CONTRACTOR NAME AND ADDRESS**

## OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS

<b>LOCATION OF COVERED OPERATIONS</b>
---------------------------------------

Location Address

Territory

<b>CLASS CODE</b>	<b>CLASSIFICATION DESCRIPTION</b>
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<b>PREMIUM BASIS</b>	<b>PER</b>	<b>RATE</b>	<b>ADVANCE PREMIUM</b>
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<b>PREMIUM</b>
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Total Advance Premium (Subject To Audit):

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**FORMS AND ENDORSEMENTS**  
APPLICABLE TO THE OWNERS AND CONTRACTORS PROTECTIVE COVERAGE PART

NEW	FORM OR ENDORSEMENT AND EDITION DATE	ENDORSEMENT TITLE (Only the endorsement titles are shown below, please review the form for a complete description of coverage.)
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## RAILROAD PROTECTIVE LIABILITY DECLARATIONS

**COMMERCIAL GENERAL LIABILITY COVERAGE LIMITS OF INSURANCE:**

Each Occurrence Limit  
Aggregate Limit

**AUDIT PERIOD**

**CONTRACTOR NAME AND ADDRESS**

## RAILROAD PROTECTIVE LIABILITY DECLARATIONS

<b>JOB LOCATION</b>
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Location Address

Territory

<b>CLASS CODE</b>	<b>CLASSIFICATION DESCRIPTION</b>
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PREMIUM BASIS	PER	RATE	ADVANCE PREMIUM
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## FORMS AND ENDORSEMENTS

APPLICABLE TO THE RAILROAD PROTECTIVE LIABILITY COVERAGE PART

NEW	FORM OR ENDORSEMENT AND EDITION DATE	ENDORSEMENT TITLE (Only the endorsement titles are shown below, please review the form for a complete description of coverage.)
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## LIQUOR LIABILITY DECLARATIONS

<b>COMMERCIAL GENERAL LIABILITY COVERAGE LIMITS OF INSURANCE:</b>
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Each Person Bodily Injury Limit  
 Each Person Property Damage Limit  
 Loss of Means of Support or Loss of Society Limit  
 Aggregate Limit

<b>AUDIT PERIOD</b>
---------------------

<b>SCHEDULE OF PREMISES - All Premises You Own, Rent or Occupy</b>	<b>PREMISES</b>
<u>Location Address</u>	<u>Territory</u>

<b>CLASS CODE</b>	<b>CLASSIFICATION DESCRIPTION</b>
-------------------	-----------------------------------

<b>PREMIUM BASIS</b>	<b>PER</b>	<b>RATE</b>	<b>ADVANCE PREMIUM</b>
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<b>PREMIUM</b>
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Total Advance Premium (Subject To Audit):

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**FORMS AND ENDORSEMENTS**  
APPLICABLE TO THE LIQUOR LIABILITY COVERAGE PART

<b>NEW</b>	<b>FORM OR ENDORSEMENT AND EDITION DATE</b>	<b>ENDORSEMENT TITLE</b> (Only the endorsement titles are shown below, please review the form for a complete description of coverage.)
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## EMPLOYEE BENEFITS LIABILITY DECLARATIONS

<b>EMPLOYEE BENEFITS LIABILITY LIMITS OF INSURANCE</b>
--

**THIS POLICY PROVIDES CLAIMS-MADE COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY.**

Each Employee Limit  
 Aggregate Limit

Deductible Amount Applicable To Each Employee

Employee Benefits Liability Coverage does not apply to "wrongful acts" which occur before the retroactive date shown here: \_\_\_\_\_

<b>CLASS CODE</b>	<b>CLASSIFICATION DESCRIPTION</b>
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PREMIUM BASIS	PER	RATE	ADVANCE PREMIUM
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Additional For Coverage Minimum Premium

<b>PREMIUM</b>
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Total Advance Premium (Subject To Audit):



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**FORMS AND ENDORSEMENTS**  
APPLICABLE TO THE EMPLOYEE BENEFITS LIABILITY COVERAGE

<b>NEW</b>	<b>FORM OR ENDORSEMENT AND EDITION DATE</b>	<b>ENDORSEMENT TITLE</b> (Only the endorsement titles are shown below, please review the form for a complete description of coverage.)
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CALCULATION OF PREMIUM**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
PROFESSIONAL LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

**IL 00 03 07 02 Page 1 of 1**

\*// \*IL 00 03 07 02

ISO Properties, Inc., 2001

## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and

- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

- a. Are safe or healthful; or

- b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NUCLEAR ENERGY LIABILITY EXCLUSION  
ENDORSEMENT**  
(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
PROFESSIONAL LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:
  - A. Under any Liability Coverage, to "bodily injury" or "property damage":
    - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
    - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
  - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
  - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
    - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
    - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
    - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "Special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:
  - (a) Any "nuclear reactor";

- (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";
- (c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste"; and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

HOME OFFICE 518 EAST BROAD STREET COLUMBUS OHIO 43215-3976  
TELEPHONE 614-464-5000

**CONDITIONS APPLICABLE TO STATE AUTOMOBILE MUTUAL INSURANCE COMPANY**

**DIVIDENDS**

You are entitled to the proportionate part of any policyholder's dividend if declared by our Board of Directors in accordance with its By-Laws.

**NOTICE OF POLICYHOLDERS MEETINGS**

While your policy is in force, you are one of our members and are entitled, in person or by proxy, to one vote at all meetings of the members. The annual meeting of the members is held at 9 o'clock A.M., Columbus time, on the first Friday of March of each year at our Home Office at 518 East Broad Street, Columbus, Ohio.

**NON-ASSESSABLE**

This policy is non-assessable and the insured shall not be liable for the payment of any assessment nor for the payment of any premium other than that stated in this policy.

---

IN WITNESS WHEREOF, we have caused this policy to be signed by our Secretary and President at Columbus, Ohio, and countersigned on the Declarations page by an authorized agent of the State Auto Insurance Companies.



John K. Lowther

Secretary



Robert A. Best

President

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## INSTALLMENT PAYMENTS

This endorsement modifies insurance provided under the following:

### COMMON POLICY CONDITIONS

The policy is subject to the following condition:

If you have elected to pay the premium on this policy in installments and you fail to pay an installment when due, we will assume you no longer want the insurance. In such event we will issue you a notice of cancellation as set forth under the Common Policy Conditions. Such notice will specify the date and time of cancellation. If we receive an installment payment after the date of cancellation, we may, subject to the laws of your state, reinstate your policy, issue you a new policy with a new policy period or return the late payment to you.

**SI 11 00 01 04 Page 1 of 1**

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## SUPPLEMENT TO RETROSPECTIVE PREMIUM ENDORSEMENT - FINAL PREMIUM COMPUTATION

This endorsement changes the premium calculations and payments provision of the Retrospective Premium Endorsement attached to the policy:

1. The requirement that a computation of retrospective premium shall be final unless a subsequent computation is requested by the insured or the company is eliminated.
2. Computations of retrospective premium shall be made based on incurred losses valued as of a date six months after termination of the policy and at twelve month intervals thereafter. The premium computed as of any valuation date shall be final only if so requested by the company and if the insured does not, within 90 days following such computation, request a subsequent computation.
3. All provisions of the retrospective premium endorsement not in conflict with this endorsement remain unchanged.

**Note 1:** To be attached to all policies involving the same retrospective rating plan or option, and to modify retrospective rating plan rules to leave retrospective ratings open until a request is made for a final adjustment by the company.

**Note 2:** The company may use its own attachment clause and method of execution.

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\*// \*IL 09 11 11 95

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## RETROSPECTIVE PREMIUM ENDORSEMENT - ONE YEAR PLAN - MULTIPLE LINES

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement explains the rating plan and how the retrospective premium will be determined. For workers compensation and employers liability insurance, this endorsement refers to Part Five (Premium) of that policy.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy and any policy listed in the Schedule. The rating plan period is the one year period beginning with the effective date of this endorsement.

The final premium for the policies designated in the Schedule is the sum of:

1. The premium for the insurance subject to retrospective rating as shown in the Schedule and computed as explained in this endorsement and referred to as the retrospective premium, and
2. The premium for the insurance not subject to retrospective rating as shown in the Schedule and computed in accordance with the provisions of such policies other than this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

### A. Retrospective Premium Standard Elements

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period for the insurance subject to retrospective rating if you had not chosen retrospective premium rating, but with exceptions. Standard premium does not include the expense constant charge, the premium discount credit or any other expense modification.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses and the following expenses:

- (a) Premiums on bonds paid for by the company in accordance with the provisions of the policies, except that this will not apply for workers compensation, employers liability or auto physical damage insurance;
- (b) Interest payable in accordance with the provisions of the policy, except that this will not apply for auto physical damage insurance;
- (c) Allocated loss adjustment expenses, except that this will apply for auto liability, general liability and employers liability insurance only;
- (d) Expenses incurred in seeking recovery against a third party under the insurance subject to retrospective rating, except that this will apply for workers compensation and employers liability insurance only if recovery is obtained against the third party.

4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.

5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by line of insurance. For workers compensation and employers liability insurance, it varies by Federal and non-Federal classifications. The tax multipliers are shown in the Schedule.

### B. Retrospective Premium Elective Elements

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amounts of incurred loss to be included in the retrospective premium are limited to an amount called the loss limitation. For workers compensation and employers liability insurance, the loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident. For other lines of insurance, the loss limitation applies separately to each accident or occurrence, either by line of insurance or to a combination of these lines of insurance, as shown in the Schedule.  
The charge for this loss limitation is called

the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by line of insurance and by the amount of the loss limitation. For workers compensation and employers liability insurance, these factors also vary by state and classification. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium for workers compensation and employers liability insurance, and the first four calculations for auto liability and general liability. This premium is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

For workers compensation and employers liability insurance, retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. For general liability and automobile liability insurance, retrospective development factors vary by first, second, third, and fourth calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

#### **C. Retrospective Premium Formula**

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus the excess loss premium and retrospective development premium elective elements if you chose them.
2. The retrospective premium will not be less than the minimum nor more than the

maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum premium factors shown in the Schedule to the standard premium.

3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

#### **D. Premium Calculations and Payments**

1. We will calculate the retrospective premium using all incurred losses we have as of a date six months after the rating plan period ends and annually thereafter. With respect to workers compensation and employers liability insurance, we will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

#### **E. Work in Other States**

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

#### **F. Cancellation**

1. If any insurance subject to this endorsement is cancelled, the effective date of cancellation will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.

2. If we cancel for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.
3. If you cancel, the standard premium for the rating plan period will be calculated according to the short rate cancellation procedure for workers compensation and employers liability insurance and the applicable cancellation procedure for other lines of insurance. This premium will be the minimum retrospective premium and will be used to determine the basic premium. This minimum retrospective premium will also be used to determine the excess loss premium and retrospective development premium if you chose these elective elements. The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to 365 days.
4. Section F.3. will not apply if you cancel because:
  - a. All work covered by the insurance is completed;
  - b. All interest in the business covered by the insurance is sold; or
  - c. You retire from all business covered by the insurance.

### SCHEDULE

Premium Subject to Retrospective Rating, Loss Limitations, Loss Conversion Factors, State Tax Multipliers, Excess Loss Premium Factors, Retrospective Development Factors.

1. The premium for the following policies combined is to be computed in accordance with the provisions of this Retrospective Premium Endorsement:  
List of Policies

2. The plan does not apply to the premium for policies

in the states of

3. The plan does not apply to the premium for Uninsured Motorist Insurance if afforded under the policies designated in paragraph 1.

4. The premium for the general liability and automobile liability insurance afforded under policies designated in paragraph 1. above for insurance in excess of the limits of liability stated below will not be subject to retrospective rating. State the dollar amount of the limit of liability and the manner in which it applies.

**Coverage**

**Limit of Liability**

The incurred losses to be included in computing the premium for the insurance subject to retrospective rating will not include that portion of the losses actually paid and the reserves for unpaid losses which is in excess of the limits of liability stated above, but that part of the incurred losses consisting of premiums on bonds, interest payable in accordance with the provisions of the policy, allocated loss adjustment expenses and expenses incurred in seeking recovery against a third party will not be subject to such limits.

5. Workers' Compensation and Employers Liability Loss Limitation is

6. Combination Loss Limitation of \_\_\_\_\_ is the overall limit on the incurred losses arising out of any one accident or occurrence for the following combination of insurance

7. If the combination loss limitation does not apply, for General Liability, Auto Liability, Auto Physical Damage or Theft insurance, specify the loss limitation that applies separately to each accident or occurrence:

Loss Limitation for _____	Insurance is _____
Loss Limitation for _____	Insurance is _____
Loss Limitation for _____	Insurance is _____
Loss Limitation for _____	Insurance is _____

8. Loss conversion factor is \_\_\_\_\_

9. Minimum Retrospective Premium Factor is  
 Maximum Retrospective Premium Factor is

10. The basic premium factors shown here are based on estimates of standard premium. If the actual standard premium is within the range of estimated standard premiums shown here, the basic premium factor will be obtained by linear interpolation to the nearest one-tenth of 1%. If the actual standard premium is not within the range of estimated standard premiums, the basic premium factor will be recalculated.

	50%	100%	150%
Estimated Standard Premium			
Basic Premium Factor			

**TABLE OF STATES**

11.A State	Excess Loss Premium Factors Workers Compensation and Employers Liability		Tax Multipliers Workers Compensation and Employers Liability	
	State (Other than "F" Classes)	Federal ("F" Classes Only)	State (Other than "F" Classes)	Federal ("F" Classes Only)

11.B	Excess Loss Premium Factors			Tax Multipliers		
	State	General Liability	Automobile Liability	Automobile Physical Damage	General Liability	Automobile Liability

12.A	Retrospective Development Factors		
	State	Workers Compensation and Employers Liability 1st	2nd

State	Retrospective Development Factors							
	1st	General Liability			Automobile Liability			4th
		2nd	3rd	4th	1st	2nd	3rd	

## RETROSPECTIVE PREMIUM ENDORSEMENT - THREE YEAR PLAN - MULTIPLE LINES

This endorsement is issued because you chose to have the cost of the insurance rated retrospectively. This endorsement explains the rating plan and how the retrospective premium will be determined. For workers compensation and employers liability insurance, this endorsement refers to Part Five (Premium) of that policy.

This endorsement applies in the states listed in the Schedule. It determines the retrospective premium for the insurance provided during the rating plan period by this policy and any policy listed in the Schedule, and the renewals of each. The rating plan period is the three year period beginning with the effective date of this endorsement.

The final premium for the policies designated in the Schedule is the sum of:

1. The premium for the insurance subject to retrospective rating as shown in the Schedule and computed as explained in this endorsement and referred to as the retrospective premium, and
2. The premium for the insurance not subject to retrospective rating as shown in the Schedule and computed in accordance with the provisions of such policies other than this endorsement.

The amount of retrospective premium depends on five standard elements and two elective elements.

### **A. Retrospective Premium Standard Elements**

The five standard elements are explained here.

1. Standard premium is the premium we would charge during the rating plan period for the insurance subject to retrospective rating if you had not chosen retrospective premium rating, but with exceptions. Standard premium does not include the expense constant charge, the premium discount credit or any other expense modification.
2. Basic premium is less than standard premium. It is standard premium multiplied by a percentage called the basic premium factor. The basic premium factor varies depending on the total amount of standard premium. The Schedule shows a range of basic premium factors for differing amounts of estimated standard premium. The actual basic premium factor will be determined after the standard premium is determined. If earned standard premium is not within the range of the estimated standard premiums shown in the Schedule, the basic premium will be recalculated.
3. Incurred losses are all amounts we pay or estimate we will pay for losses and the following expenses;

- (a) Premiums on bonds paid for by the company in accordance with the provisions of the policies, except that this will not apply for workers compensation, employers liability or auto physical damage insurance;
- (b) Interest payable in accordance with the provisions of the policy, except that this will not apply for auto physical damage insurance;
- (c) Allocated loss adjustment expenses, except that this will apply for auto liability, general liability and employers liability insurance only;
- (d) Expenses incurred in seeking recovery against a third party under the insurance subject to retrospective rating, except that this will apply for workers compensation and employers liability insurance only if recovery is obtained against the third party.

4. A converted loss is an incurred loss multiplied by a percentage called the loss conversion factor. The loss conversion factor is shown in the Schedule.

5. Taxes are a part of the premium we collect. Taxes are determined as a percentage of basic premium and converted losses. The percentage is called the tax multiplier. It varies by state and by line of insurance. For workers compensation and employers liability insurance, it varies by Federal and non-Federal classifications. The tax multipliers or an average tax multiplier are shown in the Schedule. Tax multipliers may change during the rating plan period. Changes will be shown by endorsement.

### **B. Retrospective Premium Elective Elements**

Two other elements are included in retrospective premium if you elected to include them. They are the excess loss premium for the loss limitation, and the retrospective development premium. They are explained here.

1. The election of a loss limitation means that the amounts of incurred loss to be included in the retrospective premium are limited to an amount called the loss limitation. For workers compensation and employers liability insurance, the loss limitation applies separately to each person who sustains bodily injury by disease and separately to all bodily injury arising out of any one accident. For other lines of insurance, the loss limitation applies separately to each accident or occurrence, either by line of insurance or to a

combination of these lines of insurance, as shown in the Schedule.

The charge for this loss limitation is called the excess loss premium. Excess loss premium is a percentage of standard premium multiplied by the loss conversion factor. The percentage is called the excess loss premium factor. Taxes are added to excess loss premium just as they are for other elements of retrospective premium.

Excess loss premium factors vary by line of insurance and by the amount of the loss limitation. For workers compensation and employers liability insurance, these factors also vary by state and classification. If you chose this elective element, the loss conversion factor, the loss limitation, the excess loss premium factors, and the states where they apply are shown in the Schedule. Excess loss premium factors may change during the policy period. Changes will be shown by endorsement.

2. The retrospective development element is used to help stabilize premium adjustments. The premium for this element is charged with the first three calculations of retrospective premium for workers compensation and employers liability insurance, and the first four calculations for auto liability and general liability. This premium is called the retrospective development premium. It is a percentage of standard premium multiplied by the loss conversion factor. The percentage of standard premium is called the retrospective development factor. Taxes are added to retrospective development premium just as they are for other elements of retrospective premium.

For workers compensation and employers liability insurance, retrospective development factors vary by state, by electing a loss limitation, and by first, second, and third calculations of retrospective premium. For general liability and automobile liability insurance, retrospective development factors vary by first, second, third, and fourth calculations of retrospective premium. If you chose this elective element, the retrospective development factors are shown in the Schedule.

#### **C. Retrospective Premium Formula**

Insurance policies listed in the Schedule will be combined with this policy to calculate the retrospective premium. If the policies provide insurance for more than one insured, the retrospective premium will be determined for all insureds combined, not separately for each insured.

1. Retrospective premium is the sum of basic premium, converted losses, and taxes, plus

the excess loss premium and retrospective development premium elective elements if you chose them.

2. The retrospective premium will not be less than the minimum nor more than the maximum retrospective premium. The minimum and maximum retrospective premiums are determined by applying the minimum and maximum premium factors shown in the Schedule to the standard premium.
3. If this endorsement applies to more than one policy or state, the standard premium will be the sum of the standard premiums for each policy and state.

#### **D. Premium Calculations and Payments**

1. We will calculate the retrospective premium using all incurred losses we have as of a date six months after the rating plan period ends and annually thereafter. With respect to workers compensation and employers liability insurance, we will have the calculation verified by the appropriate rate service organization at your request.

We may make a special valuation of the retrospective premium as of any date that you are declared bankrupt or insolvent, make an assignment for the benefit of creditors, are involved in reorganization, receivership, or liquidation, or dispose of all your interest in work covered by the insurance. You will pay the amount due us if the retrospective premium is more than the total standard premium as of the special valuation date.

We may make interim calculations or retrospective premium for the first year and the first two years of the rating plan period. We will use all incurred losses we have as of a date six months after the end of each of these periods.

2. After a calculation of retrospective premium, you and we may agree that it is the final calculation. No other calculation will be made unless there is clerical error in the final calculation.
3. After each calculation of retrospective premium, you will pay promptly the amount due us, or we will refund the amount due you. Each insured is responsible for the payment of all standard premium and retrospective premium calculated under this endorsement.

#### **E. Work in Other States**

If any of the policies provide insurance in a state not listed in the Table of States, and if you begin work in that state during the rating plan period, this endorsement will apply to that insurance if this rating plan applies in that state on an interstate basis. The retrospective premium standard elements, and the elective elements you

chose, will be determined by our manuals for that state, and added to the Schedule by endorsement.

**F. Cancellation**

1. If any insurance subject to this endorsement is cancelled or is not renewed, the effective date of cancellation or nonrenewal will become the end of the rating plan period for all insurance subject to this endorsement unless we agree with you, by endorsement, to continue the rating plan period.
2. If we cancel or do not renew for nonpayment of premium, the maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).
3. If you cancel or do not renew, the standard premium for the rating plan period will be calculated according to the short rate cancellation procedure for workers compensation and employers liability insurance and the applicable cancellation

procedure for other lines of insurance. This premium will be the minimum retrospective premium and will be used to determine the basic premium. This minimum retrospective premium will also be used to determine the excess loss premium and retrospective development premium if you chose these elective elements.

The maximum retrospective premium will be based on the standard premium for the rating plan period, increased pro rata to three years (1095 days).

4. Section F.3 will not apply if you cancel or do not renew because:
  - a. All work covered by the insurance is completed;
  - b. All interest in the business covered by the insurance is sold; or
  - c. You retire from all business covered by the insurance.

**SCHEDULE**

Premium Subject to Retrospective Rating, Loss Limitations, Loss Conversion Factors, State Tax Multipliers, Excess Loss Premium Factors, Retrospective Development Factors.

1. The premium for the following policies combined is to be computed in accordance with the provisions of this Retrospective Premium Endorsement:

List of Policies

2. The plan does not apply to the premium for policies

in the states of

3. The plan does not apply to the premium for Uninsured Motorist Insurance if afforded under the policies designated in paragraph 1.

4. The premium for the general liability and automobile liability insurance afforded under policies designated in paragraph 1. above for insurance in excess of the limits of liability stated below will not be subject to retrospective rating. State the dollar amount of the limit of liability and the manner in which it applies.

**Coverage**

**Limit of Liability**

If aggregate limits of liability are stated above, they will apply separately to each annual period included in the three year period.

The incurred losses to be included in computing the premium for the insurance subject to retrospective rating will not include that portion of the losses actually paid and the reserves for unpaid losses which is in excess of the limits of liability stated above, but that part of the incurred losses consisting of premiums on bonds, interest payable in accordance with the provisions of the policy, allocated loss adjustment expenses and expenses incurred in seeking recovery against a third party will not be subject to such limits.

5. Workers' Compensation and Employers Liability Loss Limitation is
6. Combination Loss Limitation of \_\_\_\_\_ is the overall limit on the incurred losses arising out of any one accident or occurrence for the following combination of insurance

7. If the combination loss limitation does not apply, for General Liability, Auto Liability, Auto Physical Damage or Theft insurance, specify the loss limitation that applies separately to each accident or occurrence:

Loss Limitation for _____	Insurance is _____
Loss Limitation for _____	Insurance is _____
Loss Limitation for _____	Insurance is _____
Loss Limitation for _____	Insurance is _____

8. Loss conversion factor is \_\_\_\_\_
9. Minimum Retrospective Premium Factor is \_\_\_\_\_  
Maximum Retrospective Premium Factor is \_\_\_\_\_



<b>11.B</b>	<b>Excess Loss Premium Factors</b>			<b>Tax Multipliers</b>		
	<b>General</b>	<b>Automobile</b>	<b>Automobile</b>	<b>General</b>	<b>Automobile</b>	<b>Automobile</b>
<b>State</b>	<b>Liability</b>	<b>Liability</b>	<b>Physical</b>	<b>Liability</b>	<b>Liability</b>	<b>Physical</b>
			<b>Damage</b>			<b>Damage</b>

<b>12.A</b>	<b>Retrospective Development Factors</b>		
	<b>Workers Compensation and Employers Liability</b>		
<b>State</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>

	<b>Retrospective Development Factors</b>							
		<b>General Liability</b>			<b>Automobile Liability</b>			
<b>State</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>

**RETROSPECTIVE PREMIUM ENDORSEMENT**  
**SHORT FORM**

The premium for this policy will be determined by the retrospective premium endorsement forming a part of policy number.

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**RETROSPECTIVE PREMIUM ENDORSEMENT  
EXCLUSION OF AVIATION EXPOSURES**

The premium and losses resulting from the insured's exposure under any of the classifications listed below shall not be subject to the retrospective rating agreement between you and us.

**List of Classifications**

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**RETROSPECTIVE PREMIUM ENDORSEMENT  
EXCLUSION OF RETROSPECTIVE DEVELOPMENT  
FACTORS**

Any reference to Retrospective Development Factors does not apply for the states shown below:

**List of States**

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**RETROSPECTIVE PREMIUM ENDORSEMENT  
ONE - OR THREE - YEAR PLAN  
MULTIPLE LINES**

**SUPPLEMENTARY AGREEMENTS REGARDING THE  
RETROSPECTIVE RATING OF CGL POLICIES**

This supplement is issued because the Commercial General Liability coverage rated under the Retrospective Premium Endorsement includes "claims-made" coverage for Bodily Injury and Property Damage Liability.

With respect to the CGL "claims-made" or CGL "occurrence" policies listed in the schedule of the Retrospective Premium Endorsement, it is agreed:

- (A) That limitations on the amount of ratable loss (See items 4. and 6. of the Retrospective Premium Endorsement), for General Liability, only pertain to claims that are covered by the CGL "claims-made" or CGL "occurrence" policies listed in the schedule of the Retrospective Premium Endorsement.
  - (B) That, if any Extended Reporting Period Endorsement (ERP) is added to the "claims-made" policy, claims for Bodily Injury or Property Damage Liability reported after the expiration date of the policy, if covered by the policy as endorsed, will be included in Retrospective Premium calculations, unless otherwise indicated below:
- 

(C) That the charge (prior to any retrospective rating adjustments) for any Extended Reporting Period Endorsement will not be greater than 200% of the sum of (1) and (2) below:

- (1) The portion of the CGL policy premium not subject to retrospective rating.
  - (2) The portion of the CGL policy premium subject to retrospective rating prior to any retrospective premium adjustments.
- (D) That a portion of the charge for the ERP Endorsement will be subject to Retrospective Rating. That portion will be determined by the proportion of premium subject to rating to total premium for the underlying "claims-made" policy unless otherwise indicated below:
- 

(E) That a portion of the charge made for coverage for claims first made against the insured during the policy period for injury or damage which occurred prior to the inception but subsequent to the retroactive date will be subject to Retrospective Rating. Such claims will be included in Retrospective Premium calculations, unless otherwise indicated below:

---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EXCLUSION - EXTERIOR INSULATION FINISH SYSTEMS OR PERMANENT COATING SYSTEMS

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A.** This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of, caused by, or attributable to, whether in whole or in part, the following:
1. The design, manufacture, construction, fabrication, preparation, distribution and sale, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any "exterior insulation and finish system" or any part thereof, or any substantially similar system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, coatings, caulking or sealants in connection with such a system;
  2. The design, manufacture, construction, fabrication, preparation, distribution and sale, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any "permanent coating system" or any part thereof, or any substantially similar product or system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, caulking or sealants in connection with such coatings;
  3. Your product" or "your work" with respect to any exterior component, fixture or feature of any structure if an "exterior insulation and finish system", "permanent coating system" or any substantially similar system or coating, is used on the part of that structure containing that component, fixture or feature; or
  4. Any allegation of negligent hiring, training, supervision, instructions, recommendations, warnings or advice given or which should have been given related in whole or in part to the items excluded described in parts 1. through 3. above.
- B.** The following definition is added to the Definitions Section:
1. "Exterior insulation and finish system" means a non-load bearing exterior cladding or finish system, and all component parts therein, used on any part of any structure, and consisting of:
    - a. A rigid or semi-rigid insulation board made of expanded polystyrene and other materials;
    - b. The adhesive and/or mechanical fasteners used to attach the insulation board to the substrate;
    - c. A reinforced or unreinforced base coat;
    - d. A finish coat providing surface texture to which color may be added; and
    - e. Any flashing, caulking or sealant used with the system for any purpose.
  3. "Permanent coating system" means an multilayered exterior sprayed on water resistant surface finish which is 5mm or greater in thickness after installation that contains any combination or percentage of either elastomeric compounds; acrylic resins, polymers or co-polymers; PVC resins; polyvinyl chloride, solid vi-mastic vinyl resins; urethane resins; silicone compounds; or ceramic microspheres or compounds.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EXCLUSION - EXTERIOR INSULATION FINISH SYSTEMS OR PERMANENT COATING SYSTEMS

This endorsement modifies insurance provided under the following:

### OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

- A.** This insurance does not apply to "bodily injury", "property damage" arising out of, caused by, or attributable to, whether in whole or in part, the following:
1. The design, manufacture, construction, fabrication, preparation, distribution and sale, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any "exterior insulation and finish system" or any part thereof, or any substantially similar system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, coatings, caulking or sealants in connection with such a system;
  2. The design, manufacture, construction, fabrication, preparation, distribution and sale, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any "permanent coating system" or any part thereof, or any substantially similar product or system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, caulking or sealants in connection with such coatings;
- B.** The following definition is added to the Definitions Section:
1. "Exterior insulation and finish system" means a non-load bearing exterior cladding or finish system, and all component parts therein, used on any part of any structure, and consisting of:
    - a. A rigid or semi-rigid insulation board made of expanded polystyrene and other materials;
    - b. The adhesive and/or mechanical fasteners used to attach the insulation board to the substrate;
    - c. A reinforced or unreinforced base coat;
    - d. A finish coat providing surface texture to which color may be added; and
    - e. Any flashing, caulking or sealant used with the system for any purpose.
  2. "Permanent coating system" means an multilayered exterior sprayed on water resistant surface finish which is 5mm or greater in thickness after installation that contains any combination or percentage of either elastomeric compounds; acrylic resins, polymers or co-polymers; PVC resins; polyvinyl chloride, solid vi-mastic vinyl resins; urethane resins; silicone compounds; or ceramic microspheres or compounds.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EXCLUSION - EXTERIOR INSULATION FINISH SYSTEMS OR PERMANENT COATING SYSTEMS

This endorsement modifies insurance provided under the following:

### PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- A.** This insurance does not apply to "bodily injury", "property damage" arising out of, caused by, or attributable to, whether in whole or in part, the following:
1. The design, manufacture, construction, fabrication, preparation, distribution and sale, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any "exterior insulation and finish system" or any part thereof, or any substantially similar system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, coatings, caulking or sealants in connection with such a system;
  2. The design, manufacture, construction, fabrication, preparation, distribution and sale, installation, application, maintenance or repair, including remodeling, service, correction or replacement, of any "permanent coating system" or any part thereof, or any substantially similar product or system or any part thereof, including the application or use of conditioners, primers, accessories, flashings, caulking or sealants in connection with such coatings;
  3. Your product" or "your work" with respect to any exterior component, fixture or feature of any structure if an "exterior insulation and finish system", "permanent coating system" or any substantially similar system or coating, is used on the part of that structure containing that component, fixture or feature; or
  4. Any allegation of negligent hiring, training, supervision, instructions, recommendations, warnings or advice given or which should have been given related in whole or in part to the items excluded described in parts 1. through 3. above.
- B.** The following definition is added to the Definitions Section:
1. "Exterior insulation and finish system" means a non-load bearing exterior cladding or finish system, and all component parts therein, used on any part of any structure, and consisting of:
    - a. A rigid or semi-rigid insulation board made of expanded polystyrene and other materials;
    - b. The adhesive and/or mechanical fasteners used to attach the insulation board to the substrate;
    - c. A reinforced or unreinforced base coat;
    - d. A finish coat providing surface texture to which color may be added; and
    - e. Any flashing, caulking or sealant used with the system for any purpose.
  2. Permanent coating system" means an multilayered exterior sprayed on water resistant surface finish which is 5mm or greater in thickness after installation that contains any combination or percentage of either elastomeric compounds; acrylic resins, polymers or co-polymers; PVC resins; polyvinyl chloride, solid vi-mastic vinyl resins; urethane resins; silicone compounds; or ceramic microspheres or compounds.



SERFF Tracking Number: SMM-125357976 State: Arkansas  
First Filing Company: State Auto Property and Casualty Insurance State Tracking Number: EFT \$50  
Company, ...  
Company Tracking Number: SAC-GL-2007-1199  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: 2008 Commercial General Liability Forms  
Project Name/Number: 2008 Commercial General Liability Forms/SAC-GL-2007-1199

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/20/2007

**Comments:**  
**Attachment:**  
PC\_Trans.pdf

**Satisfied -Name:** Exhibit A **Review Status:** Approved 11/20/2007

**Comments:**  
**Attachment:**  
Exhibit A.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
State Auto Insurance Companies	175

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Automobile Mutual Ins. Co.	Ohio	25135	31-4316080	
State Auto Property & Casualty Ins. Co.	Iowa	25127	57-6010814	

<b>5. Company Tracking Number</b>	<b>SAC-GL-2007-1199</b>
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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
Kathy Hartwell State Auto Insurance Companies 518 E. Broad St., Cols, OH 43215	Supervisor, State Filings	800-695-9436	614-719-0299	Kathy.hartwell@stateauto.com

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Kathy Hartwell

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

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability – Occ/Claims Made
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	General Liability
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 01/02/2008      Renewal: 01/02/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	11/19/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SAC-GL-2007-1199
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Re: STATE AUTO INSURANCE COMPANIES, GROUP FILING ID # SAC-GL-2007-1199  
State Automobile Mutual Insurance Company, NAIC #25135, FEIN 31-4316080  
State Auto Property & Casualty Insurance Company, NAIC #25127, FEIN 57-6010814

Division Six – General Liability: Forms Revision

We are eliminating our use of the paper folded jackets. These jackets contain language that will now be split into separate endorsements. The language has not changed. The language in these jackets is usual to most policies, such as the Calculation of Premium, Common Policy Conditions and Nuclear Energy Liability Exclusion Endorsement. Please see filing exhibit A for a list of the individual forms and the applicable changes.

The forms list does not include any reference to Terrorism forms. We are submitting changes to terrorism forms in a separate submission with an earlier review date.

We are not adopting the policy conditions forms as a new item, simply moving them from a jacket (this combined several forms) to using the individual policy forms. The language did not change and therefore we did not file the amendatory endorsements as they remain applicable as currently on file.

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: \$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.	<b>This filing transmittal is part of Company Tracking #</b>	SAC-GL-2007-1199			
2.	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	<b>Form Name /Description/Synopsis</b>	<b>Form #</b> Include edition date	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Commercial General Liability Policy Declarations	SL 50 00 01 04	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4D 07 98	
02	Commercial General Liability Coverage Part Declarations	SL 50 01 01 04	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4D 07 98	
03	Owners or Contractors Protective Liability Declarations	SL 50 02 01 04	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4D 07 98	
04	Railroad Protective Liability Declarations	SL 50 03 01 04	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4D 07 98	
05	Liquor Liability Coverage Part Declarations	SL 50 04 01 04	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4D 07 98	
06	Employee Benefits Liability Declarations	SL 50 06 05 05	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	EB 02 00 05 05	
07	Employee Benefits Policy Declarations	SL 50 09 05 05	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SP 2 01 86	
08	Calculation of Premium	IL 00 03 07 02	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4 07 98	
09	Common Policy Conditions	IL 00 17 11 98	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4 07 98	
10	Nuclear Energy Liability	IL 00 21 07 02	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4 07 98	

PC FFS-1

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SAC-GL-2007-1199
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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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
11	State Auto Mutual Conditions/Cover Sheet	SI 10 08 01 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4 07 98	
12	Installment Payments	SI 11 00 01 04	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL 4 07 98	
13	General Liability Classification Schedule	ES 1 07 98	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
14	Location & Additional Interest Info	SNADEC 11 89	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
15	Exclusion – Explosion, Collapse, And Underground Property Damage Hazard (Specified Operations)	CG 21 42E 12 04	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
16	Supplement To Retrospective Premium Endorsement (Final Premium Computation)	IL 09 11 11 85	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Retrospective Premium Endorsement – One Year Plan – Multiple Lines	IL 09 18 10 93	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	Retrospective Premium Endorsement – Three Year Plan – Multiple Lines	IL 09 19 10 93	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19	Retrospective Premium Endorsement – Short Form	IL 09 21 04 84	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Retrospective Premium Endorsement – Exclusion Of Aviation Exposures	IL 09 22 04 84	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SAC-GL-2007-1199
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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
21	Retrospective Premium Endorsement – Exclusion of Retrospective Development Factors	IL 09 23 04 84	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Retrospective Premium Endorsement – One (or Three) Year Plan – Multiple Lines Supplementary Agreements	IL 09 30 03 87	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
23	Exclusion – Exterior Insulation Finish Systems and Permanent Coating Systems (CGL)	SL 21 86 01 06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 21 86C 01 06	
24	Exclusion – Exterior Insulation Finish Systems and Permanent Coating Systems (OCP)	SL 31 66 01 06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 31 66C 01 06	
25	Exclusion – Exterior Insulation Finish Systems and Permanent Coating Systems (P/CO)	SL 31 67 01 06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 31 67C 01 06	
26			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
28			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**Exhibit A  
Summary of Form Changes**

<b>New</b>	<b>Ed</b>	<b>Old</b>	<b>Ed</b>	<b>Description &amp; Explanation of Change</b>	<b>Broadening, Restriction or Clarification</b>
SL 50 00	01 04	GL 4D	07 98	<p>Commercial General Liability Policy Declarations</p> <p>This Dec contains general policyholder info such as Name Insured, Policy Term, Agency Name and list of Coverages attached to the policy. Style changes include new formatting with box outlining and font changes.</p> <p><b>State Auto Proprietary Dec</b></p>	Clarification
SL 50 01	01 04	GL 4D	07 98	<p>Commercial General Liability Coverage Part Declarations</p> <p>This Dec contains specific general liability info such as limits of liability and classification listing and applicable coverages. Style changes include new formatting with box outlining and font changes.</p> <p><b>State Auto Proprietary Dec</b></p>	Clarification
SL 50 02	01 04	GL 4D	07 98	<p>Owners or Contractors Protective Liability Declarations</p> <p>This Dec contains specific general liability info such as limits of liability and classification listing and applicable OCP coverages. Style changes include new formatting with box outlining and font changes.</p> <p><b>State Auto Proprietary Dec</b></p>	Clarification
SL 50 03	01 04	GL 4D	07 98	<p>Railroad Protective Liability Declarations</p> <p>This Dec contains specific general liability info such as limits of liability and classification listing and applicable RRP coverages. Style changes include new formatting with box outlining and font changes.</p> <p><b>State Auto Proprietary Dec</b></p>	Clarification
SL 50 04	01 04	GL 4D	07 98	<p>Liquor Liability Coverage Part Declarations</p> <p>This Dec contains specific general liability info such as limits of liability and classification listing and applicable Liquor coverages. Style changes include new formatting with box outlining and font changes.</p> <p><b>State Auto Proprietary Dec</b></p>	Clarification

SL 50 06	05 05	EB 02 00	05 05	<p>Employee Benefits Liability Declarations (AR IN KY OH WV only)</p> <p>This Dec contains specific EBL info such as limits of liability and classification listing. Style changes include new formatting with box outlining and font changes.</p> <p><b>State Auto Proprietary Dec</b></p>	Clarification
SL 50 09	05 05	SP 2	01 86	<p>Employee Benefits Policy Declarations (AR IN KY OH WV only)</p> <p>This Dec contains specific EBL info such as limits of liability and classification listing. Style changes include new formatting with box outlining and font changes.</p> <p><b>State Auto Proprietary Dec</b></p>	Clarification
IL 00 03	07 02	GL 4	07 98	<p>Calculation of Premium</p> <p>The language of this endorsement was previously in the State Auto jacket and is now being provided as a separate endorsement.</p> <p><b>ISO Filing Reference: CL-2001-OFR01</b></p>	Clarification
IL 00 17	11 98	GL 4	07 98	<p>Common Policy Conditions</p> <p>The language of this endorsement was previously in the State Auto jacket and is now being provided as a separate endorsement.</p> <p><b>ISO Filing Reference: CL-2001-OFR01</b></p>	Clarification
IL 00 21	07 02	GL 4	07 98	<p>Nuclear Energy Liability Exclusion Endorsement (not VA)</p> <p>The language of this endorsement was previously in the State Auto jacket and is now being provided as a separate endorsement.</p> <p><b>ISO Filing Reference: CL-2001-OFR01</b></p>	Clarification
SI 10 08	01 07	GL 4	07 98	<p>State Auto Mutual Conditions/Cover Sheet</p> <p>The language of this endorsement was previously in the State Auto jacket and is now being provided as a separate endorsement. This cover sheet shows the type of policy and provides State Auto Mutual conditions.</p> <p><b>State Auto Proprietary Form</b></p>	Clarification
SI 11 00	01 04	GL 4	07 98	<p>Installment Payments</p> <p>The language of this endorsement was previously in the State Auto jacket and is now being provided as a separate endorsement. This endorsement provides clarification when payment is received after the cancellation date.</p> <p><b>State Auto Proprietary Form</b></p>	Clarification

Deleted		ES 1	07 98	General Liability Classification Schedule  Classification information is now moved to the Dec page SL 50 01.  <b>Withdraw</b>	Withdrawn
Deleted		SNADEC	11 89	Location & Additional Interest Info  Location address information is now moved to the Dec page SL 50 01.  <b>Withdraw</b>	Withdrawn
Deleted		CG 21 42E	12 04	Exclusion – Explosion, Collapse, And Underground Property Damage Hazard (Specified Operations) – not ID VA  <b>Withdrawn</b>	Withdrawn
IL 09 11	11 85	New		Supplement To Retrospective Premium Endorsement (Final Premium Computation) (not VA)  <b>ISO Filing Reference: CL-97-097FO</b>	New
IL 09 18	10 93	New		Retrospective Premium Endorsement-One Year Plan-Multiple Lines  <b>ISO Filing Reference: CL-97-097FO</b>	New
IL 09 19	10 93	New		Retrospective Premium Endorsement-Three Year Plan-Multiple Lines  <b>ISO Filing Reference: CL-97-097FO</b>	New
IL 09 21	04 84	New		Retrospective Premium Endorsement-Short Form  <b>ISO Filing Reference: CL-97-097FO</b>	New
IL 09 22	04 84	New		Retrospective Premium Endorsement-Exclusion Of Aviation Exposures  <b>ISO Filing Reference: CL-97-097FO</b>	New
IL 09 23	04 84	New		Retrospective Premium Endorsement-Exclusion of Retrospective Development Factors  <b>ISO Filing Reference: CL-97-097FO</b>	New
IL 09 30	03 87	New		Retrospective Premium Endorsement-One (or Three) Year Plan-Multiple Lines Supplementary Agreements (not TX)  <b>ISO Filing Reference: CL-97-097FO</b>	New
SL 21 86	01 06	CG 21 86C	01 06	Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (CGL) (not GA, VA)  No change in language. We can no longer use suffix letter in the form identification number, so the entire form number has been changed.  <b>State Auto Proprietary Form</b>	Clarification

SL 31 66	01 06	CG 31 66C	01 06	<p>Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (OCP) (Not GA, VA)</p> <p>No change in language. We can no longer use suffix letter in the form identification number, so the entire form number has been changed.</p> <p><b>State Auto Proprietary Form</b></p>	Clarification
SL 31 67	01 06	CG 31 67C	01 06	<p>Exclusion - Exterior Insulation Finish Systems and Permanent Coating Systems (P/CO) (Not GA, VA)</p> <p>No change in language. We can no longer use suffix letter in the form identification number, so the entire form number has been changed.</p> <p><b>State Auto Proprietary Form</b></p>	Clarification