

SERFF Tracking Number: SEPX-125344319 State: Arkansas  
Filing Company: Sentry Casualty Company State Tracking Number: AR-PC-07-026625  
Company Tracking Number: CA AR0759289F01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: NATIONAL ACCOUNTS- COMMERCIAL AUTO  
Project Name/Number: COMPANY SPECIFIC AUTO ENDORSEMENTS /CA AR0759289F01

## Filing at a Glance

Company: Sentry Casualty Company

Product Name: NATIONAL ACCOUNTS- COMMERCIAL AUTO SERFF Tr Num: SEPX-125344319 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-026625

Sub-TOI: 20.0001 Business Auto

Co Tr Num: CA AR0759289F01

State Status:

Filing Type: Form

Co Status:

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

Author: SPI SentryInsurancePC

Disposition Date: 11/07/2007

Date Submitted: 10/31/2007

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

03/01/2008

## General Information

Project Name: COMPANY SPECIFIC AUTO ENDORSEMENTS

Status of Filing in Domicile:

Project Number: CA AR0759289F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/07/2007

State Status Changed: 11/01/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Sentry Casualty Company received a Certificate of Authority to conduct business in your state. This company will be used by our National Account Department. Sentry National Accounts are characterized by:

- " Broker / Risk Manager negotiated contracts;
- " Loss and / or composite rated premiums in excess of \$100,000;
- " Large deductibles and / or self-insured retentions;
- " Revenues in excess of \$100,000,000; and
- " More than 250 employees.

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Previous filings established the rules and forms that would be used when issuing auto coverage underwritten by this company.

This filing requests approval of additional endorsements (refer to the enclosed filing memorandum) that we wish to use with Sentry Casualty Company auto policies.

## Company and Contact

### Filing Contact Information

Lori Daul, Product Compliance/Development - lori.daul@sentry.com  
 Sr. Analyst  
 1800 North Point Drive (715) 346-7080 [Phone]  
 Stevens Point, WI 54481 (715) 346-6044[FAX]

### Filing Company Information

Sentry Casualty Company CoCode: 28460 State of Domicile: Wisconsin  
 1800 North Point Drive Group Code: 169 Company Type:  
 Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:  
 Group  
 (715) 346-6000 ext. [Phone] FEIN Number: 88-0119246  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Casualty Company	\$50.00	10/31/2007	16411437

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/07/2007	11/07/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Same Filing Sent Twice	Note To Filer	Llyweyia Rawlins	11/05/2007	11/05/2007

*SERFF Tracking Number:*      *SEPX-125344319*                      *State:*                      *Arkansas*  
*Filing Company:*              *Sentry Casualty Company*                      *State Tracking Number:*      *AR-PC-07-026625*  
*Company Tracking Number:*      *CA AR0759289F01*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0001 Business Auto*  
*Product Name:*              *NATIONAL ACCOUNTS- COMMERCIAL AUTO*  
*Project Name/Number:*      *COMPANY SPECIFIC AUTO ENDORSEMENTS /CA AR0759289F01*

## **Disposition**

Disposition Date: 11/07/2007

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125344319 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	CW MEMO	Approved	Yes
Form	ADDITIONAL INSURED	Approved	Yes
Form	ENGINE REBUILDING AND OVERHAUL OPERATIONS	Approved	Yes
Form	DEALERS' DRIVEAWAY COLLISION COVERAGE	Approved	Yes
Form	AUTO ADDITIONAL INSURED	Approved	Yes
Form	EXCLUSION - ALL HAZARDS INSURED ON A SPECIFIED POLICY	Approved	Yes
Form	SPECIAL DEDUCTIBLE ENDORSEMENT	Approved	Yes
Form	SPECIAL DEDUCTIBLE ENDORSEMENT	Approved	Yes
Form	SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT	Approved	Yes
Form	PER ACCIDENT DEDUCTIBLE - PHYSICAL DAMAGE COVERAGE	Approved	Yes
Form	AMENDATORY ENDORSEMENT - BROAD KNOWLEDGE OF ACCIDENT, CLAIM, SUIT OR LOSS	Approved	Yes
Form	ADDITIONAL INSURED - automatic status when required by contract or agreement with you	Approved	Yes
Form	AMENDATORY ENDORSEMENT - unintentional failure to disclose hazards/exposures	Approved	Yes
Form	NON-OWNED TRAILER COVERAGE	Approved	Yes
Form	AMENDATORY - Primary Physical Damage Coverage - leased, hired, borrowed, rented autos	Approved	Yes
Form	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS	Approved	Yes
Form	AMENDATORY ENDORSEMENT -	Approved	Yes



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ADDITIONAL INSURED	CA 70 02 06 87	06 87	Endorsement/Amendment/Conditions	New	38.40	CA 70 02 06 87.PDF
Approved	ENGINE REBUILDING AND OVERHAUL OPERATIONS	CA 70 03 12 90	12 90	Endorsement/Amendment/Conditions	New	57.00	CA 70 03 12 90 .PDF
Approved	DEALERS' DRIVEAWAY COLLISION COVERAGE	CA 70 05 06 87	06 87	Endorsement/Amendment/Conditions	New	56.70	CA 70 05 06 87.PDF
Approved	AUTO ADDITIONAL INSURED	CA 70 13 06 87	06 87	Endorsement/Amendment/Conditions	New	46.30	CA 70 13 06 87 .PDF
Approved	EXCLUSION - ALL HAZARDS INSURED ON A SPECIFIED POLICY	CA 70 24 08 89	08 89	Endorsement/Amendment/Conditions	New	36.60	CA 70 24 08 89.PDF
Approved	SPECIAL DEDUCTIBLE ENDORSEMENT	CA 80 02 02 06	02 06	Endorsement/Amendment/Conditions	New	37.29	CA 80 02 02 06.PDF
Approved	SPECIAL DEDUCTIBLE ENDORSEMENT	CA 80 03 02 06	02 06	Endorsement/Amendment/Conditions	New	37.29	CA 80 03 02 06.PDF
Approved	SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT	CA 80 04 02 06	02 06	Endorsement/Amendment/Conditions	New	37.50	CA 80 04 02 06 .PDF

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Approved	PER ACCIDENT DEDUCTIBLE - PHYSICAL DAMAGE COVERAGE	CA 80 05 02 06 02 06	Endorseme New nt/Amendm ent/Condi tions	65.59	CA 80 05 02 06 .PDF
Approved	AMENDATORY ENDORSEMENT - BROAD KNOWLEDGE OF ACCIDENT, CLAIM, SUIT OR LOSS	CA 80 06 05 07 05 07	Endorseme New nt/Amendm ent/Condi tions	53.60	CA 80 06 05 07.PDF
Approved	ADDITIONAL INSURED - automatic status when required by contract or agreement with you	CA 80 07 02 06 02 06	Endorseme New nt/Amendm ent/Condi tions	34.60	CA 80 07 02 06 .PDF
Approved	AMENDATORY ENDORSEMENT - unintentional failure to disclose hazards/exposure s	CA 80 08 07 07 07 07	Endorseme New nt/Amendm ent/Condi tions	28.70	CA 80 08 07 07 .PDF
Approved	NON-OWNED TRAILER COVERAGE	CA 80 09 02 06 02 06	Endorseme New nt/Amendm ent/Condi tions	61.20	CA 80 09 02 06 .PDF
Approved	AMENDATORY - Primary Physical Damage Coverage - leased, hired, borrowed, rented autos	CA 80 10 02 06 02 06	Endorseme New nt/Amendm ent/Condi tions	57.20	CA 80 10 02 06.PDF
Approved	WAIVER OF TRANSFER OF	CA 80 11 07 07 07 07	Endorseme New nt/Amendm	43.90	CA 80 11 07 07 .PDF

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RIGHTS OF  
 RECOVERY  
 AGAINST  
 OTHERS  
 ent/Condi  
 ons

Approved	AMENDATORY CA 80 12 05 07 ENDORSEMENT 05 07 - Expected or Intended Injury Exclusion	Endorseme New nt/Amendm ent/Condi ons	34.50	CA 80 12 05 07 .PDF
Approved	PREMIUM AND CA 80 00 07 05 RATE 07 05 ENDORSEMENT	Endorseme New nt/Amendm ent/Condi ons	37.90	CA 80 00 07 05.PDF
Approved	AMENDATORY CA 80 01 07 05 ENDORSEMENT 07 05 - CANCELLATION & NONRENEWAL	Endorseme New nt/Amendm ent/Condi ons	38.20	CA 80 01 07 05.PDF





POLICY NUMBER 03-35212-01

NAMED INSURED  
ELLA'S TEST

ENDORSEMENT EFFECTIVE  
10-10-07

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SCHEDULE

Insurance Company SENTRY INSURANCE A MUTUAL COMPANY

Limit of Liability Insurance

Policy Expiration Date

Name and Address of Person or Organization

XX

Relationship or Capacity

A. WHO IS AN INSURED is changed to include as an "insured" the person or organization named in the Schedule, but only with respect to liability arising out of the relationship or capacity so designated.

B. CANCELLATION

1. If we cancel the policy, we will mail notice to the named person or organization in accordance with the CANCELLATION Common Policy Condition.
2. If you cancel the policy, we will mail notice to the named person or organization.
3. Cancellation ends this agreement.

CA 70 02 06 87



POLICY NUMBER 03-34625-01

NAMED INSURED  
AMANDA'S TEST

ENDORSEMENT EFFECTIVE  
09-09-09

ENGINE REBUILDING AND OVERHAUL OPERATIONS

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

Under SECTION II - LIABILITY COVERAGE, the Defective Products and Work You Performed exclusions do not apply to "engine rebuilding or overhaul operations" conducted by you or on your behalf.

Additional Definition: When used in reference to this insurance "engine rebuilding or overhaul operations" means repair of engines or component parts of such engines owned by others if such repair involves the complete disassembly and reassembly of the engine or component part of the engine.

CA 70 03 12 90



DEALERS' DRIVEAWAY COLLISION COVERAGE

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

Under Section IV - PHYSICAL DAMAGE COVERAGE, the exclusion for "auto" dealerships limiting Collision Coverage for transported "autos" to 50 miles or less, exclusion B.4.c., is deleted.

CA 70 05 06 87



AUTO ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

The information required to complete this endorsement is shown in the Declarations.

- A. WHO IS AN INSURED is changed to include as an "insured" the person or organization named in the Schedule, but only with respect to liability arising out of the stated relationship or capacity and the described "auto".
- B. CANCELLATION
1. If we cancel the policy, we will mail notice to the named person or organization in accordance with the CANCELLATION Common Policy Condition.
  2. If you cancel the policy, we will mail notice to the named person or organization.
  3. Cancellation ends this agreement.

CA 70 13 06 87



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EXCLUSION - ALL HAZARDS INSURED ON A SPECIFIED POLICY

This endorsement modifies insurance provided under the following:

Business Auto Coverage Form

Schedule

Insurance Carrier

Policy Number

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999999999999

This insurance does not apply to "bodily injury" or "property damage" caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto" insured by a policy shown in the above schedule.

CA 70 24 08 89

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10-10-07  
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## SPECIAL DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

## SCHEDULE

Each "Accident" Deductible:	\$
Annual Aggregate Deductible:	\$
Loss Adjustment Expense Percentage:	%
Maximum Adjustment Expense Basis:	\$

Coverage provided under Section II - Liability Coverage and any Medical Payments, Personal Injury Protection (No Fault) Uninsured Motorists and Underinsured Motorists coverages which are provided by the policy to which this endorsement is attached, are amended by the addition of the following:

A. The amount we must pay:

1. On the "insured's" behalf as damages because of "bodily injury" or "property damage", as "covered pollution cost or expense" and "allocated loss adjustment expenses" we incur from investigating and defending the "insured" against any claim or "suit" under Section II - Liability Coverage;
2. As medical expenses payable to or on behalf of an "insured" under any applicable Auto Medical Payments coverage;
3. As personal injury protection or no fault benefits payable to or on behalf of any "insured" under any applicable No Fault or Personal Injury Protection coverage; and
4. To the "insured" as damages that the "insured" is legally entitled to receive from the owner or operator of an uninsured or underinsured motor vehicle under any applicable Uninsured Motorists or Underinsured Motorists coverage;

arising out of each "accident" will be reduced, subject to the Annual Policy Deductible (if one is shown in the Schedule of this endorsement), by the amount of the Each "Accident" Deductible shown in the Schedule for this endorsement. The Each "Accident" Deductible shall be applied after the application of the applicable Limit of Insurance for each coverage to which this endorsement applies and the total amounts we are required to pay under each coverage will be reduced accordingly.

- B. If an Annual Aggregate Deductible is shown in the Schedule for this endorsement, the maximum deductible you will be required to pay for each annual period, from the inception or annual anniversary date of this policy, shall be the Annual Aggregate Deductible shown in the Schedule for this endorsement. After you have paid the Annual Aggregate Deductible, the Each "Accident" deductible described in paragraph A above will not apply to subsequent "accidents" for the remainder of that annual period from the inception or annual anniversary date of this policy.

CA 80 02 02 06



## SPECIAL DEDUCTIBLE ENDORSEMENT - CONTINUED

- C. In addition to the deductibles described in paragraphs A and B of this endorsement, you will reimburse us for other claims handling expenses that are not allocated to a specific claim or "suit". This reimbursement will be calculated by multiplying the amount we pay for damages, "covered pollution cost or expense", medical expenses, personal injury protection or no-fault benefits, damages the "insured" is entitled to receive under Uninsured or Underinsured Motorists coverage and "allocated loss adjustment expenses" by the Loss Adjustment Expense Percentage shown in the Schedule of this endorsement.

If a Maximum Adjustment Expense Basis is shown in the Schedule above, the maximum reimbursement you will be required to pay for claims or "suits" arising from a single "accident" will equal the Loss Adjustment Expense Percentage multiplied by the Maximum Adjustment Expense Basis.

- D. To settle any claim or "suit", we may pay (or will pay if required by law) all or any part of the deductible shown in the Schedule for this endorsement. We will notify you if we pay all or a portion of the deductible and you must reimburse us for the amount of the deductible we have paid on your behalf.

- E. The terms and conditions of this policy, including:

1. Our right and duty to investigate and defend the "insured" against any claim or "suit" under this policy; and
2. Yours or any other "insured's" duties in the event of an "accident", claim or "suit" to which this policy applies;

apply irrespective of the application of the Each "Accident" Deductible described in this endorsement.

- F. The following is added to Section V - Definitions:

As used in this endorsement:

"Allocated loss adjustment expense" means payments allocated to a specific "accident" we investigate, settle or defend for its investigation, settlement or defense, including:

1. Fees and salaries of attorneys and paralegals, including attorneys and paralegals who are our "employees", we retain on behalf of you or any other "insured";
2. All other litigation or arbitration expenses including fees or expenses of expert witnesses hired either by us or by attorneys we retain on behalf of you or any other "insured";
3. Expenses incurred in seeking recovery from a third party
4. Amounts payable under the following Supplementary Payments included in Section II - Liability Coverage:
  - a. Expenses we incur;
  - b. Bail bond costs;

CA 80 02 02 06



SPECIAL DEDUCTIBLE ENDORSEMENT - CONTINUED

- c. Costs of bonds to release attachments;
- d. Costs taxed against the "insured; and
- e. Interest on a judgment which accrues after entry of a judgment from a "suit" against an "insured" that we defend.
- f. To the extent covered by this policy, interest which accrues from the date of the "accident" to the entry of a judgment from a "suit" against an "insured" that we defend.

All other terms and provisions of this policy remain unchanged.

CA 80 02 02 06



## SPECIAL DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

## SCHEDULE

Each "Accident" Deductible: \$  
Annual Aggregate Deductible: \$

Coverage provided under Section II - Liability Coverage and any Medical Payments, Personal Injury Protection (No Fault) Uninsured Motorists and Underinsured Motorists coverages which are provided by the policy to which this endorsement is attached, are amended by the addition of the following:

A. The amount we must pay:

1. On the "insured's" behalf as damages because of "bodily injury" or "property damage", as "covered pollution cost or expense" and "allocated loss adjustment expenses" we incur from investigating and defending the "insured" against any claim or "suit" under Section II - Liability Coverage;
2. As medical expenses payable to or on behalf of an "insured" under any applicable Auto Medical Payments coverage;
3. As personal injury protection or no fault benefits payable to or on behalf of any "insured" under any applicable No Fault or Personal Injury Protection coverage; and
4. To the "insured" as damages that the "insured" is legally entitled to receive from the owner or operator of an uninsured or underinsured motor vehicle under any applicable Uninsured Motorists or Underinsured Motorists coverage;

arising out of each "accident" will be reduced, subject to the Annual Policy Deductible (if one is shown in the Schedule of this endorsement), by the amount of the Each "Accident" Deductible shown in the Schedule for this endorsement. The Each "Accident" Deductible shall be applied after the application of the applicable Limit of Insurance for each coverage to which this endorsement applies and the total amounts we are required to pay under each coverage will be reduced accordingly.

- B. If an Annual Aggregate Deductible is shown in the Schedule for this endorsement, the maximum deductible you will be required to pay for each annual period, from the inception or annual anniversary date of this policy, shall be the Annual Aggregate Deductible shown in the Schedule for this endorsement. After you have paid the Annual Aggregate Deductible, the Each "Accident" deductible described in paragraph A above will not apply to subsequent "accidents" for the remainder of that annual period from the inception or annual anniversary date of this policy.
- C. To settle any claim or "suit", we may pay (or will pay if required by law) all or any part of the deductible shown in the Schedule for this endorsement. We will notify you if we pay all or a portion of the

CA 80 03 02 06



## SPECIAL DEDUCTIBLE ENDORSEMENT - CONTINUED

deductible and you must reimburse us for the amount of the deductible we have paid on your behalf.

D. The terms and conditions of this policy, including:

1. Our right and duty to investigate and defend the "insured" against any claim or "suit" under this policy; and
2. Yours or any other "insured's" duties in the event of an "accident", claim or "suit" to which this policy applies;

apply irrespective of the application of the Each "Accident" Deductible described in this endorsement.

E. The following is added to Section V - Definitions:

As used in this endorsement:

"Allocated loss adjustment expense" means payments allocated to a specific "accident" we investigate, settle or defend for its investigation, settlement or defense, including:

1. Fees and salaries of attorneys and paralegals, including attorneys and paralegals who are our "employees", we retain on behalf of you or any other "insured";
2. All other litigation or arbitration expenses including fees or expenses of expert witnesses hired either by us or by attorneys we retain on behalf of you or any other "insured";
3. Expenses incurred in seeking recovery from a third party
4. Amounts payable under the following Supplementary Payments included in Section II - Liability Coverage:
  - a. Expenses we incur;
  - b. Bail bond costs;
  - c. Costs of bonds to release attachments;
  - d. Costs taxed against the "insured; and
  - e. Interest on a judgment which accrues after entry of a judgment from a "suit" against an "insured" that we defend.
  - f. To the extent covered by this policy, interest which accrues from the date of the "accident" to the entry of a judgment from a "suit" against an "insured" that we defend.

All other terms and provisions of this policy remain unchanged.

CA 80 03 02 06



## SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

## SCHEDULE

Each "Accident" Layered Deductibles:	First \$250,000 \$1,000,000 in excess of \$1,000,000 combined first Deductible Layer and Company Layer
Company Layer	\$750,000 in excess of \$250,000 Deductible Layer
Annual Aggregate Deductible:	\$

Coverage provided under Section II - Liability Coverage and any Medical Payments, Personal Injury Protection (No Fault) Uninsured Motorists and Underinsured Motorists coverages which are provided by the policy to which this endorsement is attached, are amended by the addition of the following Each "Accident" Layered Deductible:

## A. The amount we must pay:

1. On the "insured's" behalf as damages because of "bodily injury" or "property damage", as "covered pollution cost or expense" and "allocated loss adjustment expenses" we incur from investigating and defending the "insured" against any claim or "suit" under Section II - Liability Coverage;
2. As medical expenses payable to or on behalf of an "insured" under any applicable Auto Medical Payments coverage;
3. As personal injury protection or no fault benefits payable to or on behalf of any "insured" under any applicable No Fault or Personal Injury Protection coverage; and
4. To the "insured" as damages that the "insured" is legally entitled to receive from the owner or operator of an uninsured or underinsured motor vehicle under any applicable Uninsured Motorists or Underinsured Motorists coverage;

arising out of each "accident" will be reduced by the amount of the Each "Accident" Layered Deductibles shown in the Schedule for this endorsement. The Each "Accident" Deductibles shall be applied after the application of the applicable Limit of Insurance for each coverage to which this endorsement applies and the total amounts we are required to pay under each coverage will be reduced accordingly. We will pay the Company Layer indicated in the Schedule for this endorsement and amounts in excess of the largest deductible layer up to the applicable limit of insurance.

- B. If an Annual Aggregate Deductible is shown in the Schedule for this endorsement, the maximum deductible you will be required to pay for each annual period, from the inception or annual anniversary date of this policy, shall be the Annual Aggregate Deductible shown in the

CA 80 04 02 06



## SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT - CONTINUED

Schedule for this endorsement. After you have paid the Annual Aggregate Deductible, the Each "Accident" Layered Deductible described in paragraph A above will not apply to subsequent "accidents" for the remainder of that annual period from the inception or annual anniversary date of this policy.

- C. To settle any claim or "suit", we may pay (or will pay if required by law) all or any part of the deductibles shown in the Schedule for this endorsement. We will notify you if we pay all or a portion of the deductibles and you must reimburse us for the amount of the deductibles we have paid on your behalf.
- D. The terms and conditions of this policy, including:
1. Our right and duty to investigate and defend the "insured" against any claim or "suit" under this policy; and
  2. Yours or any other "insured's" duties in the event of an "accident", claim or "suit" to which this policy applies;

apply irrespective of the application of the Each "Accident" Deductibles described in this endorsement.

- E. The following is added to Section V - Definitions:

As used in this endorsement:

"Allocated loss adjustment expense" means payments allocated to a specific "accident" we investigate, settle or defend for its investigation, settlement or defense, including:

1. Fees and salaries of attorneys and paralegals including attorneys and paralegals who are our "employees" we retain on behalf of you or any other "insured";
2. All other litigation or arbitration expenses including fees or expenses of expert witnesses hired either by us or by attorneys we retain on behalf of you or any other "insured";
3. Expenses incurred in seeking recovery from a third party
4. Amounts payable under the following Supplementary Payments included in Section II - Liability Coverage:
  - a. Expenses we incur;
  - b. Bail bond costs;
  - c. Costs of bonds to release attachments;
  - d. Costs taxed against the "insured"; and
  - e. Interest on a judgment which accrues after entry of a judgment from a "suit" against an "insured" that we defend.
  - f. To the extent covered by this policy, interest which accrues from the date of the "accident" to the entry of a judgment from a "suit" against an "insured" that we defend.

CA 80 04 02 06



SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT - CONTINUED

All other terms and provisions of this policy remain unchanged.

CA 80 04 02 06

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10-10-07  
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PER ACCIDENT DEDUCTIBLE  
PHYSICAL DAMAGE COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following is added to paragraph D. DEDUCTIBLE of SECTION III -  
PHYSICAL DAMAGE:

In the event of "loss" to covered "autos" consisting of a truck or truck tractor and attached "trailer" from a single incident, we will only apply one deductible as follows:

1. If the "loss" is to the truck or truck tractor only, we will reduce the amount we pay for the "loss" by the deductible that applies to the covered truck or truck tractor.
2. If the "loss" is to the "trailer" only, we will reduce the amount we pay for the "loss" by the deductible that applies to the covered "trailer".
3. If the "loss" is to the truck or truck tractor and the attached "trailer", we will reduce the amount we pay for the "loss" by the larger of the covered truck or truck tractor or covered "trailer" deductible.

All other terms and provisions of this policy remain unchanged.

CA 80 05 02 06



AMENDATORY ENDORSEMENT - BROAD KNOWLEDGE OF ACCIDENT, CLAIM, SUIT OR LOSS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

SCHEDULE

Designated person(s) or position(s):

The following is added to Section IV - BUSINESS AUTO CONDITIONS,  
Section V - GARAGE CONDITIONS or Section V - TRUCKERS CONDITIONS  
Condition 2. Duties In The Event Of Accident, Claim, Suit or Loss:

Knowledge of an "accident", claim, "suit" or "loss" by an agent or "employee" of any insured or receipt of any demand, notice, summons or other legal paper in connection with a claim or "suit" by any agent or "employee" of any insured shall not in itself constitute knowledge of the named insured or receipt of the named insured, unless a designated person or position, in the Schedule above, has received such knowledge, demand, notice, summons or legal paper.

CA 80 06 05 07

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ELL 03-35212-01 00 071  
10-10-07  
PAGE 001



ADDITIONAL INSURED - AUTOMATIC STATUS WHEN REQUIRED BY CONTRACT  
OR AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

- A. Section II. Liability A. Coverage 1. Who Is An Insured is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.

The status of an additional insured under this endorsement ends when your operations for that additional insured are completed.

- B. The most we will pay on behalf of the additional insured is the lesser of the amount payable under Section C. Limit Of Insurance or the amount of insurance required by the contract or agreement.
- C. Notwithstanding any requirement, term or condition of any contract or agreement with respect to which this endorsement may pertain, the insurance afforded to the additional insured is subject to all the terms, exclusions and conditions of the Commercial Auto Coverage Form to which this endorsement is attached.

CA 80 07 02 06



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AMENDATORY ENDORSEMENT - UNINTENTIONAL FAILURE TO DISCLOSE  
HAZARDS/EXPOSURES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM CA 00 01

The following is added to Section IV BUSINESS AUTO CONDITIONS B. General  
Conditions

2. Concealment, Misrepresentations Or Fraud

GARAGE COVERAGE FORM CA 00 05

The following is added to Section V GARAGE CONDITIONS B. General Conditions

2. Concealment, Misrepresentation Or Fraud

TRUCKERS COVERAGE FORM CA 00 12

The following is added to Section V TRUCKERS CONDITIONS B. General Conditions

2. Concealment, Misrepresentation Or Fraud

If you or your authorized representative unintentionally failed to  
disclose all hazards and exposures subject to this insurance, we shall  
not deny coverage under this policy because of such oversight. Upon  
discovery of such oversight, you may be required to pay an additional  
premium.

CA 80 08 07 07

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ELL 03-35212-01 00 071  
10-10-07  
PAGE 001



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NON-OWNED TRAILER COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

The following is added to Exclusion B.6.of Section II. Liability Coverage:

This exclusion does not apply to property damage liability for trailers you do not own, but that are in the insured's care, custody or control for loading or unloading operations.

CA 80 09 02 06

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ELL 03-35212-01 00 071  
10-10-07  
PAGE 001



AMENDATORY ENDORSEMENT - PRIMARY PHYSICAL DAMAGE COVERAGE  
LEASED, HIRED, BORROWED OR RENTED AUTOS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

SCHEDULE

Coverage -			
Limit of Insurance - \$	Less \$		Deductible
Coverage -			
Limit of Insurance - \$	Less \$		Deductible
Coverage -			
Limit of Insurance - \$	Less \$		Deductible

For a covered "auto" you lease, hire, rent or borrow, the PHYSICAL DAMAGE COVERAGE Limit Of Insurance is replaced by the following:

C. Limit of Insurance

1. The most we will pay for "loss" in any one "accident" is the least of the following amounts minus any applicable deductible shown in the declarations:
  - a. The actual cash value or cost of repairing or replacing the damaged or stolen property; or
  - b. The amount shown in the Schedule.

CA 80 10 02 06

ELL 03-35212-01 00 071  
10-10-07  
PAGE 001



WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

Business Auto Coverage Form

SCHEDULE

+-----+  
| Name of Person or Organization: |  
| ANY PERSON OR ORGANIZATION THAT YOU ARE REQUIRED BY A WRITTEN CONTRACT |  
| TO WAIVE RECOVERY RIGHTS |  
+-----+

Section IV BUSINESS AUTO CONDITIONS A. Loss Conditions 5. Transfer Of Rights Of Recovery Against Others To Us is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury, loss or damage rising out of your ongoing operations or your work done under a contract with that person or organization. This waiver applies only to the person or organization shown in the Schedule above.

CA 80 11 07 07



AMENDATORY ENDORSEMENT -  
EXPECTED OR INTENDED INJURY EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM

SECTION II - LIABILITY COVERAGE, Paragraph B. EXCLUSIONS, is amended by replacing exclusion 1. EXPECTED OR INTENDED INJURY with the following:

This insurance does not apply to any of the following:

1. EXPECTED OR INTENDED INJURY

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

All other terms and provisions of this policy remain unchanged

CA 80 12 05 07

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ELL 03-35212-01 00 071  
10-10-07  
PAGE 01



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PREMIUM AND RATE ENDORSEMENT

IT IS AGREED THE PREMIUM FOR THIS POLICY SHALL BE DETERMINED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:

TOTAL \$99,999,999.99

IT IS FURTHER AGREED THAT THE ADVANCE PREMIUM IS A DEPOSIT PREMIUM THAT SHALL BE ADJUSTED AT THE END OF THE POLICY PERIOD AT THE RATE IN THE SCHEDULE MULTIPLIED BY THE AVERAGE NUMBER OF UNITS DURING THE POLICY PERIOD. THE AVERAGE SHALL BE COMPUTED AS THE SUM OF THE UNITS AT POLICY INCEPTION AND AT POLICY EXPIRATION DIVIDED BY TWO.

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CA 80 00 07 05

ELL 03-35212-01 00 071  
10-10-07  
PAGE 001



AMENDATORY ENDORSEMENT  
CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

The Cancellation Common Policy Condition is amended by the addition of the following to paragraph A.2.:

If we cancel this policy for any reason, other than non-payment of premium, we will mail or deliver written notice of cancellation at least 90 days prior to the effective date of cancellation.

CA 80 01 07 05

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ELL 03-35212-01 00 071  
10-10-07  
PAGE 001

*SERFF Tracking Number:*      *SEPX-125344319*                      *State:*                      *Arkansas*  
*Filing Company:*              *Sentry Casualty Company*                      *State Tracking Number:*      *AR-PC-07-026625*  
*Company Tracking Number:*      *CA AR0759289F01*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0001 Business Auto*  
*Product Name:*              *NATIONAL ACCOUNTS- COMMERCIAL AUTO*  
*Project Name/Number:*      *COMPANY SPECIFIC AUTO ENDORSEMENTS /CA AR0759289F01*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125344319 State: Arkansas  
Filing Company: Sentry Casualty Company State Tracking Number: AR-PC-07-026625  
Company Tracking Number: CA AR0759289F01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: NATIONAL ACCOUNTS- COMMERCIAL AUTO  
Project Name/Number: COMPANY SPECIFIC AUTO ENDORSEMENTS /CA AR0759289F01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/07/2007

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - FORM FILING ABSTRACT F-1.PDF  
AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).PDF

**Satisfied -Name:** Cover Letter **Review Status:** Approved 11/07/2007

**Comments:**

COVER LETTER

**Attachment:**

Cover Letter.PDF

**Satisfied -Name:** CW MEMO **Review Status:** Approved 11/07/2007

**Comments:**

FILING MEMO

**Attachment:**

CW MEMO.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Sentry Insurance Group	169

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Casualty Company	WI	28460	88-0119246	

<b>5. Company Tracking Number</b>	CA AR0759289F01
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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
	Lori Daul 1800 North Point Drive Stevens Point WI 54481	Product Compliance/Development - Sr. Analyst	715-346-7080 Ext. 7080	715-346-6044	lori.daul@sentry.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Lori Daul

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	20.0001 Business Auto
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	NATIONAL ACCOUNTS - COMMERCIAL AUTO
<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: 03/01/2008      Renewal: 03/01/2008
<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>	10-31-2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CA AR0759289F01
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<b>21.</b>	<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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Sentry Casualty Company received a Certificate of Authority to conduct business in your state. This company will be used by our National Account Department. Sentry National Accounts are characterized by:

- " Broker / Risk Manager negotiated contracts;
- " Loss and / or composite rated premiums in excess of \$100,000;
- " Large deductibles and / or self-insured retentions;
- " Revenues in excess of \$100,000,000; and
- " More than 250 employees.

Previous filings established the rules and forms that would be used when issuing auto coverage underwritten by this company.

This filing requests approval of additional endorsements (refer to the enclosed filing memorandum) that we wish to use with Sentry Casualty Company auto policies.

<b>22.</b>	<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]			
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>EFT</td> </tr> <tr> <td><b>Amount:</b></td> <td>50.00</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	<b>Check #:</b>	EFT	<b>Amount:</b>	50.00
<b>Check #:</b>	EFT			
<b>Amount:</b>	50.00			

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

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

**Page 1 of 2**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 10-31-2007

2. Company Name(s) Sentry Casualty Company

Group Name Sentry Insurance Group NAIC No. 28460 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 19.4 21.2

(b) Class of Business COMMERCIAL AUTO

© Coverages Affected ALL

4. (a) Name of Advisory Organization, if any ISO

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

yes

8. Is the form filed in response to or due to legislation? If so, specify legislation.

no

9. Is the form in response to or due to recent court decisions? If so, give citation.

no

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Lori Daul

**Title**

715-346-7080

**Telephone Number**

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	3-1-2008	CA 70 02 06 87 06 87	ADDITIONAL INSURED
	3-1-2008	CA 70 03 12 90 12 90	ENGINE REBUILDING AND OVERHAUL OPERATIONS
	3-1-2008	CA 70 05 06 87 06 87	DEALERS' DRIVEAWAY COLLISION COVERAGE
	3-1-2008	CA 70 13 06 87 06 87	AUTO ADDITIONAL INSURED
	3-1-2008	CA 70 24 08 89 08 89	EXCLUSION - ALL HAZARDS INSURED ON A SPECIFIED POLICY
	3-1-2008	CA 80 02 02 06 02 06	SPECIAL DEDUCTIBLE ENDORSEMENT
	3-1-2008	CA 80 03 02 06 02 06	SPECIAL DEDUCTIBLE ENDORSEMENT
	3-1-2008	CA 80 04 02 06 02 06	SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT
	3-1-2008	CA 80 05 02 06 02 06	PER ACCIDENT DEDUCTIBLE - PHYSICAL DAMAGE COVERAGE
	3-1-2008	CA 80 06 05 07 05 07	AMENDATORY ENDORSEMENT - BROAD KNOWLEDGE OF ACCIDENT, CLAIM, SUIT OR LOSS
	3-1-2008	CA 80 07 02 06 02 06	ADDITIONAL INSURED - automatic status when required by contract or agreement with you
	3-1-2008	CA 80 08 07 07 07 07	AMENDATORY ENDORSEMENT - unintentional failure to disclose hazards/exposures
	3-1-2008	CA 80 09 02 06 02 06	NON-OWNED TRAILER COVERAGE
	3-1-2008	CA 80 10 02 06 02 06	AMENDATORY - Primary Physical Damage Coverage - leased, hired,

				borrowed, rented autos
	3-1-2008	CA 80 11 07 07	07 07	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS
	3-1-2008	CA 80 12 05 07	05 07	AMENDATORY ENDORSEMENT - Expected or Intended Injury Exclusion
	3-1-2008	CA 80 00 07 05	07 05	PREMIUM AND RATE ENDORSEMENT
	3-1-2008	CA 80 01 07 05	07 05	AMENDATORY ENDORSEMENT - CANCELLATION & NONRENEWAL

**ARKANSAS CERTIFICATE OF COMPLIANCE**

*(You may print or type the information required by this form)*



Vice President General  
Counsel & Corporate  
Secretary

I, William O'Reilly, Secretary of  
*(Name) (Title of Authorized Officer)*

Sentry Casualty Company

*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	YES
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • CA AR0759289F01	
Signature of Authorized Officer •	<i>William O'Reilly</i>
Name of Authorized Officer •	William O'Reilly
Title of Authorized Officer •	Vice President General Counsel & Corporate Secretary
Email address of Authorized Officer •	
Telephone # of Authorized Officer •	715-346-7080
Date •	10-31-2007

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*

Sentry Insurance  
1800 North Point Drive  
P.O. Box 8020  
Stevens Point, WI 54481-8020

Lori Daul  
Compliance/Development Sr. Analyst  
Lori.daul@sentry.com  
715-346-7080  
715-346-6044 (fax)



OCTOBER 31, 2007

Attn: Property & Casualty Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

Sentry Casualty Company NAIC#: 169-28460 FEIN#: 88-0119246  
FORM FILING  
COMMERCIAL AUTO  
IMPLEMENTATION: Policies written on and after 3-1-2008  
COMPANY FILING NUMBER: CA AR0759289F01

Sentry Casualty Company received a Certificate of Authority to conduct business in your state. This company will be used by our National Account Department. Sentry National Accounts are characterized by:

- Broker / Risk Manager negotiated contracts;
- Loss and / or composite rated premiums in excess of \$100,000;
- Large deductibles and / or self-insured retentions;
- Revenues in excess of \$100,000,000; and
- More than 250 employees.

Previous filings established the rules and forms that would be used when issuing auto coverage underwritten by this company.

This filing requests approval of additional endorsements (refer to the enclosed filing memorandum) that we wish to use with Sentry Casualty Company auto policies.

Policy Form(s) and Endorsement(s) Submitted:

Form Title: ADDITIONAL INSURED  
Form No.: CA 70 02 06 87  
Edition Date: 06 87  
Flesch Score: 38.4

Form Title: ENGINE REBUILDING AND OVERHAUL OPERATIONS  
Form No.: CA 70 03 12 90  
Edition Date: 12 90  
Flesch Score: 57

Form Title: DEALERS' DRIVEAWAY COLLISION COVERAGE  
Form No.: CA 70 05 06 87  
Edition Date: 06 87  
Flesch Score: 56.7

Form Title: AUTO ADDITIONAL INSURED  
Form No.: CA 70 13 06 87  
Edition Date: 06 87  
Flesch Score: 46.3

Form Title: EXCLUSION - ALL HAZARDS INSURED ON A SPECIFIED POLICY  
Form No.: CA 70 24 08 89  
Edition Date: 08 89

Form Title: SPECIAL DEDUCTIBLE ENDORSEMENT  
Form No.: CA 80 02 02 06  
Edition Date: 02 06  
Flesch Score: 37.29

Form Title: SPECIAL DEDUCTIBLE ENDORSEMENT  
Form No.: CA 80 03 02 06  
Edition Date: 02 06  
Flesch Score: 37.29

Form Title: SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT  
Form No.: CA 80 04 02 06  
Edition Date: 02 06  
Flesch Score: 37.5

Form Title: PER ACCIDENT DEDUCTIBLE - PHYSICAL DAMAGE COVERAGE  
Form No.: CA 80 05 02 06  
Edition Date: 02 06  
Flesch Score: 65.59

Form Title: AMENDATORY ENDORSEMENT - BROAD KNOWLEDGE OF ACCIDENT,  
CLAIM, SUIT OR LOSS  
Form No.: CA 80 06 05 07  
Edition Date: 05 07  
Flesch Score: 53.6

Form Title: ADDITIONAL INSURED - automatic status when required by contract or  
agreement with you  
Form No.: CA 80 07 02 06  
Edition Date: 02 06  
Flesch Score: 34.6

Form Title: AMENDATORY ENDORSEMENT - unintentional failure to disclose  
hazards/exposures  
Form No.: CA 80 08 07 07  
Edition Date: 07 07  
Flesch Score: 28.7

Form Title: NON-OWNED TRAILER COVERAGE  
Form No.: CA 80 09 02 06  
Edition Date: 02 06

Form Title: AMENDATORY - Primary Physical Damage Coverage - leased, hired,  
borrowed, rented autos

Form No.: CA 80 10 02 06

Edition Date: 02 06

Flesch Score: 57.2

Form Title: WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Form No.: CA 80 11 07 07

Edition Date: 07 07

Flesch Score: 43.9

Form Title: AMENDATORY ENDORSEMENT - Expected or Intended Injury Exclusion

Form No.: CA 80 12 05 07

Edition Date: 05 07

Flesch Score: 34.5

Form Title: PREMIUM AND RATE ENDORSEMENT

Form No.: CA 80 00 07 05

Edition Date: 07 05

Form Title: AMENDATORY ENDORSEMENT - CANCELLATION & NONRENEWAL

Form No.: CA 80 01 07 05

Edition Date: 07 05

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Lori Daul  
Compliance / Development  
715-346-7080  
[Lori.daul@sentry.com](mailto:Lori.daul@sentry.com)

## **ENDORSEMENT FILING MEMORANDUM**

### **CA 70 02 06 87 – ADDITIONAL INSURED**

Auto garage additional insured endorsement, designed to accommodate a specified relationship or capacity.

### **CA 70 03 12 90 – ENGINE REBUILDING AND OVERHAUL OPERATIONS**

Amends the auto garage property damage to “your work” and “your product” exclusions to provide insurance against auto engine property damage arising from engine rebuilding and overhaul operations.

### **CA 70 05 06 87 – DEALERS’ DRIVEAWAY COLLISION COVERAGE**

The endorsement deletes the auto garage 50-mile transportation limitation normally applicable to auto dealers collision coverage.

### **CA 70 13 06 87 – AUTO ADDITIONAL INSURED**

Adds a designated person or organization as an insured, similar to ISO’s CA 20 01, but its use is not limited to lessors.

### **CA 70 24 08 89 – EXCLUSION – ALL HAZARDS INSURED ON A SPECIFIED POLICY**

This endorsement may be used to exclude vehicles which are insured by another, specified policy. It is intended to avoid the stacking of limits which may occur with multiple policy accounts and is used with the Business Auto Coverage Form.

### **CA 80 02 02 06 – SPECIAL DEDUCTIBLE ENDORSEMENT**

The endorsement allows the insured to select a deductible that applies the liability coverage provided under Section II, as well as to any medical payments, personal injury protection, uninsured motorist and underinsured motorist coverage.

The insured can choose to have the deductible apply on an annual aggregate basis or on an each accident basis.

The each “accident” deductible is applied after the coverage limit is applied and the total amounts we are required to pay under each coverage will be reduced accordingly.

In the case of the annual aggregate deductible, the insured will pay the maximum deductible for each annual policy period. After the annual aggregate deductible is paid, a deductible will not apply to subsequent accidents for the remainder of the policy period.

The endorsement also contains a provision regarding other claims handling expenses. The insured will reimburse the company for other claims handling expenses that are not allocated to a specific claim. The form allows for a loss adjustment expense percentage and a maximum adjustment expense basis.

### **CA 80 03 02 06 – SPECIAL DEDUCTIBLE ENDORSEMENT**

The endorsement allows the insured to select a deductible that applies the liability coverage provided under Section II, as well as to any medical payments, personal injury protection, uninsured motorist and underinsured motorist coverage.

The insured can choose to have the deductible apply on an annual aggregate basis or on an each accident basis.

The each “accident” deductible is applied after the coverage limit is applied and the total amounts we are required to pay under each coverage will be reduced accordingly.

In the case of the annual aggregate deductible, the insured will pay the maximum deductible for each annual policy period. After the annual aggregate deductible is paid, a deductible will not apply to subsequent accidents for the remainder of the policy period.

This endorsement is the same as the CA 80 02 with the exception of not including the loss adjustment expense percentage.

**CA 80 04 02 06 – SPECIAL LAYERED DEDUCTIBLE ENDORSEMENT**

The endorsement is similar to the CA 80 03 only the deductibles are layered between the insured and the company. The insured is responsible for the first \$250,000 deductible. The insurer is responsible for the next \$750,000. Over those amounts the insured's next deductible layer of \$1,000,000 would apply to the loss.

**CA 80 05 02 06 – PER ACCIDENT DEDUCTIBLE - PHYSICAL DAMAGE COVERAGE**

For a loss that involves a truck or truck tractor and an attached trailer, only one deductible will be applied; the larger of the covered truck or covered attached trailer deductible.

**CA 80 06 05 07 – AMENDATORY ENDORSEMENT – BROAD KNOWLEDGE OF ACCIDENT, CLAIM, SUIT OR LOSS**

A person other than the named insured can be designated to report the accident or loss to the company on behalf of the insured.

**CA 80 07 02 06 – ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED BY CONTRACT OR AGREEMENT WITH YOU**

The definition of "Who is an Insured" is modified to include an additional insured for whom the insured is performing operations and the contract between the two parties requires that the person or organization be added to the insured's policy as an additional insured.

**CA 80 08 07 07 – AMENDATORY ENDORSEMENT – UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS/EXPOSURES**

This endorsement amends the "Concealment, Misrepresentation, or Fraud" section of the policy. Makes allowance for an authorized representative unintentionally failing to disclose a hazard / exposure.

**CA 80 09 02 06 – NON-OWNED TRAILER COVERAGE**

This endorsement modifies the "Care, Custody, or Control" exclusion by allowing property damage liability for trailers not owned by the insured that are being used for loading or unloading operations.

**CA 80 10 02 06 – AMENDATORY ENDORSEMENT – PRIMARY PHYSICAL DAMAGE COVERAGE – LEASED, HIRED, BORROWED OR RENTED AUTOS**

This endorsement provides a scheduled coverage limit and deductible to be listed for each leased, hired, borrowed or rented vehicle. The basis for paying the loss is the least of following:

- Actual cash value or repair or replacement.
- The amount shown in the schedule.

**CA 80 11 07 07 – WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

The insurance company will waive their right of recovery to a designated person or organization listed in the endorsement. The would apply to a person or organization that required this waiver as part of a written contract with the insured.

**CA 80 12 05 07 – AMENDATORY ENDORSEMENT – EXPECTED OR INTENDED INJURY EXCLUSION**

This endorsement modifies the “Expected or Intended Injury” liability exclusion by adding an exception to cover bodily injury or property damage resulting from the use of reasonable force to protect person or property.

**CA 80 00 07 05 – PREMIUM AND RATE ENDORSEMENT**

This endorsement provides the calculation that will be used to determine the final premium on accounts in which premium is paid in advance. The advance premium is treated as deposit premium and the actual premium is calculated using this formula at the policy expiration.

**CA 80 01 07 05 – AMENDATORY ENDORSEMENT – CANCELLATION AND NONRENEWAL**

This endorsement modifies the advance notification from 30 days to 90 days when cancelling for any reason other than non-payment of premium.