

SERFF Tracking Number: EVST-125386936 State: Arkansas  
Filing Company: Everest National Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: AR-GL-20022322  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: General Liability  
Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
/CW-GL-20019421

## Filing at a Glance

Company: Everest National Insurance Company

Product Name: General Liability SERFF Tr Num: EVST-125386936 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #? \$50  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: AR-GL-20022322 State Status: Fees verified  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Vanessa King Disposition Date: 12/27/2007  
Date Submitted: 12/15/2007 Disposition Status: Approved  
Effective Date Requested (New): 02/01/2008 Effective Date (New):  
Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM Status of Filing in Domicile: Pending

Project Number: CW-GL-20019421

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/27/2007

State Status Changed: 12/27/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are introducing a number of new proprietary endorsements for use in conjunction with its Risk Managed Agribusiness, Distributors, Forest Products, Moving And Storage And Waste Systems Program.

These endorsements are designed to provide greater underwriting and coverage flexibility in response to individual risk characteristics.

SERFF Tracking Number: EVST-125386936 State: Arkansas  
 Filing Company: Everest National Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: AR-GL-20022322  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: General Liability  
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
 /CW-GL-20019421

## Company and Contact

### Filing Contact Information

Vanessa King, Associate Manager, Filing and Regulation vanessa.king@everestire.com

P.O. Box 830 (908) 604-3267 [Phone]

Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

### Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware

477 Martinsville Road Group Code: 1120 Company Type:

P.O. Box 830

Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:

Ltd.

(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

-----

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$0.00	12/15/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
036065	\$50.00	11/28/2007

SERFF Tracking Number: EVST-125386936 State: Arkansas  
Filing Company: Everest National Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: AR-GL-20022322  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: General Liability  
Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
/CW-GL-20019421

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/27/2007	12/27/2007

*SERFF Tracking Number:* EVST-125386936      *State:* Arkansas  
*Filing Company:* Everest National Insurance Company      *State Tracking Number:* #? \$50  
*Company Tracking Number:* AR-GL-20022322  
*TOI:* 17.2 Other Liability - Occurrence Only      *Sub-TOI:* 17.2001 Commercial General Liability  
*Product Name:* General Liability  
*Project Name/Number:* RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
/CW-GL-20019421

## **Disposition**

Disposition Date: 12/27/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: We are still showing that fees have not been received. Approval is based on receipt of fees within the near future, or otherwise, must be rescinded. Thanks.

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125386936 State: Arkansas  
 Filing Company: Everest National Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: AR-GL-20022322  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: General Liability  
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
 /CW-GL-20019421

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured - Designated Person or Organization - Primary Coverage	Approved	Yes

SERFF Tracking Number: EVST-125386936 State: Arkansas  
 Filing Company: Everest National Insurance Company State Tracking Number: #? \$50  
 Company Tracking Number: AR-GL-20022322  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: General Liability  
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
 /CW-GL-20019421

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Designated Person or Organization - Primary Coverage	ECG 20 540 07 07	07 07	Endorsement/Amendment/Conditions	New	0.00	ECG 20 540 07 07.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION – PRIMARY COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Type Of Operation</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf in the performance of your ongoing operations.
- B.** The insurance afforded to the person(s) or organization(s) shown in the Schedule is primary and shall not contribute in any way with any other insurance such person(s) or organization(s) may have.

*SERFF Tracking Number:* EVST-125386936                      *State:* Arkansas  
*Filing Company:* Everest National Insurance Company                      *State Tracking Number:* #? \$50  
*Company Tracking Number:* AR-GL-20022322  
*TOI:* 17.2 Other Liability - Occurrence Only                      *Sub-TOI:* 17.2001 Commercial General Liability  
*Product Name:* General Liability  
*Project Name/Number:* RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
/CW-GL-20019421

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125386936 State: Arkansas  
Filing Company: Everest National Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: AR-GL-20022322  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: General Liability  
Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM  
/CW-GL-20019421

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 12/27/2007

**Comments:**

**Attachments:**

Transmittal.pdf

Form Filing Schedule.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>
Everest Re Group, Ltd.	1120

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	22-2660372	

<b>5. Company Tracking Number</b>	AR-GL-20022322
-----------------------------------	----------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Associate Manager	(908) 604-3267	(908) 604-3526	<a href="mailto:vanessa.king@everestre.com">vanessa.king@everestre.com</a>
<b>7.</b>	Signature of authorized filer		<i>Vanessa King</i>		
<b>8.</b>	Please print name of authorized filer		Vanessa King		

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

<b>9. Type of Insurance (TOI)</b>	General Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Risk Managed Agribusiness, Distributors, Forestry, Moving And Storage And <input type="checkbox"/> Ste Systems Program <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>13. Filing Type</b>	Rate/Loss Cost                      Rules                      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:     2/1/2008    Renewal:     2/1/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<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 #** AR-GL-20022322

**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are introducing the charge for a new proprietary endorsement for use in conjunction with its Risk Managed Agribusiness, Distributors, Forest Products, Moving And Storage And Waste Systems Program.

This endorsement is designed to provide greater underwriting and coverage flexibility in response to individual risk characteristics. ENIC is proposing a charge of \$250 which is consistent with our existing charge for similar endorsements (e.g. Additional Insured - Automatic Status When Required in a Written Agreement With You ECG 20 506) written by other programs.

We request an effective date of February 1, 2008 or the earliest permissible date consistent with your requirements.

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:** 36065  
**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.)**

© 2007 National Association of Insurance Commissioners



## 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>	AR-GL-20022322			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	AR-GL-2022323			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Additional Insured - Designated Person Or Organization - Primary Coverage	ECG 20 540 07 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		