

SERFF Tracking Number: REGU-125386744 State: Arkansas  
 First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50  
 Company Tracking Number: 2007-2227  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: Commercial Inland Marine Form  
 Project Name/Number: /2007-2227

## Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial Inland Marine Form SERFF Tr Num: REGU-125386744 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: 2007-2227

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Authors: Rose Battles, Joanne Sullivan

Disposition Date: 12/17/2007

Date Submitted: 12/13/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 12/17/2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 12/17/2007

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number: 2007-2227

Domicile Status Comments:

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/17/2007

State Status Changed: 12/17/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Technology Insurance Company, Inc. and Wesco Insurance Company, Inc., participants of Insurance Services Office (ISO), are submitting an optional endorsement and Declarations Page for their Commercial Inland Marine Program. All other CIM forms that will be used with this program are those filed on behalf of Technology Insurance Company, Inc. and Wesco Insurance Company, Inc. by ISO as part of its ISO affiliation.

<i>SERFF Tracking Number:</i>	<i>REGU-125386744</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2007-2227</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine Form</i>		
<i>Project Name/Number:</i>	<i>/2007-2227</i>		

Attached for your review:

- State Required Filing Forms
- Inland Marine Declarations Pages – IMDEC Ed 0707
- Per Occurrence Limit of Liability for Property Losses - IM990001 Ed 0807

We ask that this filing become effective for all policies effective upon approval.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Rose Battles,	rosebattles@ircllc.com
50 Broad Street	(941) 926-0144 [Phone]
New York, NY 10004	

### Filing Company Information

Technology Insurance Company, Inc.	CoCode: 42376	State of Domicile: New Hampshire
55 Capital Boulevard	Group Code: 2538	Company Type: P&C
6th Floor		
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 02-0449082	
	-----	

Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
55 Capital Boulevard	Group Code: 2538	Company Type:
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 85-0165753	
	-----	

## Filing Fees

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

*SERFF Tracking Number:*      *REGU-125386744*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Technology Insurance Company, Inc., ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *2007-2227*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*                      *Commercial Inland Marine Form*  
*Project Name/Number:*              */2007-2227*  
  
*Per Company:*                      *No*

SERFF Tracking Number: REGU-125386744 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine Form  
Project Name/Number: /2007-2227

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Technology Insurance Company, Inc.	\$50.00	12/13/2007	17091832
Wesco Insurance Company	\$0.00	12/13/2007	

SERFF Tracking Number: REGU-125386744 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine Form  
Project Name/Number: /2007-2227

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/17/2007	12/17/2007

SERFF Tracking Number: REGU-125386744 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine Form  
Project Name/Number: /2007-2227

## Disposition

Disposition Date: 12/17/2007  
Effective Date (New): 12/17/2007  
Effective Date (Renewal): 12/17/2007  
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

SERFF Tracking Number: REGU-125386744 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	Authorization Letters	Approved	Yes
Form	Technology Ins. Company IM Declarations pages	Approved	Yes
Form	Wesco Ins. Company IM Declarations Pages	Approved	Yes
Form	Per Occurrence Limit Of Liability For Property Losses	Approved	Yes

SERFF Tracking Number: REGU-125386744 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Technology Ins. Company IM Declarations pages	IM DEC	07 07	Declaration News/Schedule		0.00	TIC IM DEC.pdf
Approved	Wesco Ins. Company IM Declarations Pages	IM DEC	07 07	Declaration News/Schedule		0.00	WIC IM DEC.pdf
Approved	Per Occurrence Limit Of Liability For Property Losses	IM990001	0807	Endorsement/Amendment/Conditions		0.00	Form IM990001 0807.pdf



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number	Policy Period	
	From	To
	12:01 A.M. Standard Time at the Named Insured's Address	

Transaction	
<b>Named Insured and Address</b>	<b>Agent</b>
	Telephone:
Business Description	Type of Business

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**COVERAGE**

**PREMIUM**

**TOTAL PREMIUM FOR THIS COVERAGE PART**

Forms and Endorsements Applicable to this Policy

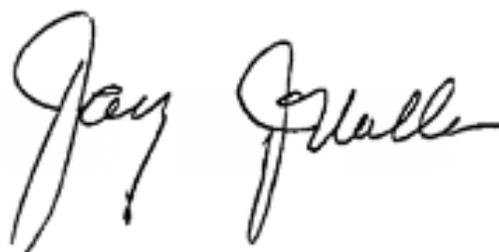
These Declarations together with the common policy conditions, coverage declarations, coverage form(s) and endorsements, if any, issued, complete the above numbered policy.

Issued Date:

IN WITNESS WHEREOF, the company has caused this policy to be executed and at tested by its President and Secretary at Rocky Hill, Connecticut and this policy shall not be valid unless countersigned by an authorized representative of the company.



*President*



*Secretary*



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**ACCOUNTS RECEIVABLE DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

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LIMITS OF INSURANCE

A. PROPERTY AT YOUR PREMISES

Address -See attached schedule for complete address.

Limit of Insurance

Prem Bldg

B. BRANCH PREMISES

C. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE

D. ALL COVERED PROPERTY AT ALL LOCATIONS

DESCRIPTION OF RECEPTACLES

Prem	Bldg	Manufacturer	Class	/ Label	/ Issuer
------	------	--------------	-------	---------	----------

DEDUCTIBLE

The Deductible amount is \$0 unless otherwise stated.

RATES AND PREMIUM

A. Non-reporting  
Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

Annual     Quarterly     Monthly

4. Premium Adjustment Period

Annual     Quarterly     Monthly

5. Rate

SPECIAL PROVISIONS (if any)

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**BAILEES' CUSTOMERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

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LIMITS OF INSURANCE

A. PROPERTY AT YOUR PREMISES

Address -See attached schedule for complete address.

Limit of Insurance

Prem Bldg

B. PROPERTY AT OTHER PREMISES YOU ACQUIRE

This limit applies at each premise. Coverage applies only for 30 days after you acquire the premises.

C. PROPERTY IN TRANSIT

D. PROPERTY NOT INCLUDED AT YOUR PREMISES AND NOT INCLUDED ABOVE

---

DEDUCTIBLE

The Deductible amount is \$250 unless otherwise stated

---

RATES AND PREMIUM

A. Non-reporting  
Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

4. Premium Adjustment Period

5. Rate

Annual     Quarterly     Monthly  
 Annual     Quarterly     Monthly

SPECIAL PROVISIONS (if any)

Issued Date:





Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**BUILDER' S RISK & INSTALLATION DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

LIMITS OF INSURANCE

Limit of Insurance

A. CONSTRUCTION PREMISES:

1. SPECIFIC

Address -See attached schedule for complete address.  
 Prem Bldg

2. BLANKET

Limit at any one constructions or installation site

B. PROPERTY IN TRANSIT

C. PROPERTY AT TEMPORARY STORAGE LOCATIONS

D. MAXIMUM ANY ONE OCCURRENCE

DEDUCTIBLE

The Deductible amount is \$250 unless otherwise stated

RATES AND PREMIUM

A. Non-reporting  
 Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

4. Premium Adjustment Period

5. Premium Base

6. Rates

Annual  Quarterly  Monthly

Annual  Quarterly  Monthly

Gross Receipt s  Completed Values

SPECIAL PROVISIONS (if any)

I

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**COMMERCIAL ARTICLES COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

LIMITS OF INSURANCE

Limit of Insurance

A. Cameras, projection machines, films and related equipment and accessories

Total

B. Musical instruments and related equipment and accessories

Total

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

Cameras  
 Musical Instruments  
 Organs

**RATES AND PREMIUM**

Rate

Premium

A. Cameras, projection machines, films and related equipment and accessories.

B. Musical instruments and related equipment and accessories.

SPECIAL PROVISIONS (if any)

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

COVERAGE PROVISIONS

- |                                 |                                 |
|---------------------------------|---------------------------------|
|                                 | Limit of Insurance              |
| A. EQUIPMENT                    |                                 |
| Specifically Described Property |                                 |
| Prem    Bldg                    |                                 |
|                                 |                                 |
| B. DATA / MEDIA                 | \$5,000 unless otherwise stated |
| C. EXTRA EXPENSE                | \$5,000 unless otherwise stated |

---

DEDUCTIBLE

The Deductible amount is \$250 unless otherwise stated

---

SPECIAL PROVISIONS (if any)

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**EQUIPMENT FLOATER COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

TYPE OF COVERAGE     Broad     Special

**DESCRIPTION OF COVERED PROPERTY**

Description

Limit of Insurance

**DEDUCTIBLE**

The Deductible amount is \$250 unless otherwise stated

**SPECIAL PROVISIONS (if any)**

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**EQUIPMENT DEALERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

**ADDITIONALLY COVERED PROPERTY**

Address – See attached schedule for complete address.  
 Prem      Bldg

Limit of Insurance

- A. Furniture, Fixtures and Office Supplies
- B. Machinery, Tools and Fittings
- C. Patterns, Dies, Molds and Models
- D. Improvements and Betterments

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**DEDUCTIBLE**

The Deductible amount is \$500 unless otherwise stated

---

**SPECIAL PROVISIONS (if any)**

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**EQUIPMENT DEALERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

LIMITS OF INSURANCE	Limit of Insurance	
	IN BUILDING	OUT BUILDING
A. PROPERTY AT YOUR PREMISES		
We cover only at the following described premises: Address -See attached schedule for complete address. Prem Bldg		
B. PROPERTY AT OTHER PREMISES YOU ACQUIRE		
This limit applies at each premise. Coverage applies only for 30 days after you acquire the premises or until the end of the policy, whichever occurs first.		
C. PROPERTY IN TRANSIT		
D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE		
E. ALL COVERED PROPERTY AT ALL LOCATIONS		

**RATES AND PREMIUM**

Non-reporting Rate	Premium
B. Reporting	
1. Deposit Premium	
2. Minimum Annual Premium	
3. Reporting Period	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
4. Premium Adjustment Period	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
5. Premium Base	<input type="checkbox"/> Gross Receipts <input type="checkbox"/> Completed Values
6. Rate	

**SPECIAL PROVISIONS (if any)**

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**FILM DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

LIMITS OF INSURANCE

Address -See attached schedule for complete address.

Limit of Insurance

Prem Bldg

Name of Production

---

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

---

RATES AND PREMIUM

- A. Reporting  
 Estimated Premium  
 Rates
- B. Non-reporting  
 Premium  
 Rates

---

SPECIAL PROVISIONS (if any)

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**FLOOR PLAN DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

Dual Interest

Single Interest

DESCRIPTION OF COVERED PROPERTY

NAME OF SECURED LENDER

LIMITS OF INSURANCE

A. PROPERTY AT NAMED PREMISES

Address - See attached schedule for complete address.

Limit of Insurance

Prem Bldg

B. PROPERTY AT ANY UNNAMED PREMISES

C. PROPERTY IN TRANSIT

D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

Scheduled

Unscheduled

RATES AND PREMIUM

DEPOSIT PREMIUM

MINIMUM ANNUAL PREMIUM

MONTHLY RATE

SPECIAL PROVISIONS (if any)

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

\$ 100,000

**FLOOR PLAN  
 DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

Dual Interest       Single Interest

DESCRIPTION OF COVERED PROPERTY

NAME OF SECURED

LENDER LIMITS OF

INSURANCE

A. PROPERTY AT NAMED PREMISES

Address -See attached schedule for complete address.  
 Prem    Bldg

Limit of Insurance

B. PROPERTY AT ANY UNNAMED PREMISES

C. PROPERTY IN TRANSIT

D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

Scheduled  
 Unscheduled

RATES AND PREMIUM

DEPOSIT PREMIUM

MINIMUM ANNUAL PREMIUM

MONTHLY RATE

SPECIAL PROVISIONS (if any)

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**GENERAL FLOATER COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

TYPE OF COVERAGE     Broad     Special

**DESCRIPTION OF COVERED PROPERTY**

Description

Limit of Insurance

**DEDUCTIBLE**

The Deductible amount is \$250 unless otherwise stated

\$ 500

**SPECIAL PROVISIONS (if any)**

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**TRANSPORTATION COVERAGE PARTS DECLARATIONS**

X X

**PREMIUM FOR THIS COVERAGE FORM** **RATE** **Minimum Premium**

---

TYPE OF COVERAGE     Motor Truck Cargo     Annual Transportation     Trip Transit

**SCHEDULES**

**A. Motor Truck Cargo**

Our Limit for all loss or damage resulting from one occurrence is

**Covered Vehicles**

Year	Manufacturer	Type of Body & Tonnage	Ident. No.	Limit of Insurance
------	--------------	------------------------	------------	--------------------

**B. Annual Transportation**

1. for property in or on tour vehicles.
2. for property in the custody of carrier's for hire.
3. for all loss or damage resulting from one occurrence.

**C. Trip Transit - Limit of Insurance**

---

**DEDUCTIBLE**

The Deductible amount is \$250 unless otherwise stated

---

**SPECIAL PROVISIONS (if any)**

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

**LIMITS OF INSURANCE**

Limit of Insurance

**A. PROPERTY AT YOUR PREMISES**

Address -See attached schedule for complete address.

Prem Bldg

**B. ALL COVERED PROPERTY AT ALL LOCATION**

**DEDUCTIBLE**

The Deductible amount is \$500 unless otherwise stated

**SPECIAL PROVISIONS (if any)**

Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**RADIO AND TELEVISION COVERAGE FORM DECLARATIONS**

<b>LOCATION OF COVERED PROPERTY</b>			
<b>Location</b>	<b>PREMISES ADDRESS</b>		
<b>LIMITS OF INSURANCE</b>			
<b>Location</b>	<b>HEIGHT AND TYPE</b>	<b>TRANSMISSION TOWERS, ANTENNAS</b>	<b>LIMIT</b>
A.			
B.	<b>TRANSMISSION, RECEIVING, RECORDING, STUDIO EQUIPMENT</b>		
C.	<b>PORTABLE TRANSMITTING, RECEIVING, RECORDING, STUDIO EQUIPMENT</b>		
D.	<b>SIMILAR PROPERTY OF OTHERS</b>		
<b>COVERAGE OPTIONS</b>			
<b>Location</b>	<b>EXTRA EXPENSE</b>	<b>LOSS OF INCOME</b>	
<b>RATE</b>			
Rate - Each \$100 of Insurance			
<b>PREMIUM</b>			
<b>TOTAL PREMIUM FOR THIS COVERAGE PART</b>			
<b>DEDUCTIBLE</b>			
We will deduct the following amount from the amount of each adjusted "loss":			
All Covered Property and Extra Expense Combined			
Loss of Income			
<b>LOSS PAYABLE</b>			
We will adjust "loss" only with you and pay any claim jointly to you and the following Loss Payee, as interests may appear:			
<b>SPECIAL PROVISIONS, if any</b>			
<b>FORMS AND ENDORSEMENTS</b>			
Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:			
See Forms and Endorsements Schedule			

\* Information omitted if shown elsewhere in the policy.

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Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

Policy Number:
Named Insured:
Agent:

### RIGGERS LIABILITY COVERAGE FORM DECLARATIONS

<b>COVERED PROPERTY</b>
<b>LIMITS OF INSURANCE</b>
<p>A. Property at Any One Location</p> <p>B. Property in Transit</p> <p>C. All Covered Property in Any One Occurrence</p>
<b>RATES AND PREMIUM</b>
<p>Reporting:</p> <p>a. Deposit Premium</p> <p>b. Minimum Annual Premium</p> <p>c. Reporting Period            <input type="checkbox"/> Annual    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Monthly</p> <p>d. Adjustment Period           <input type="checkbox"/> Annual    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Monthly</p> <p>Rate:</p> <p><b>TOTAL PREMIUM FOR THIS COVERAGE PART</b></p>
<b>DEDUCTIBLE</b>
We will deduct the following amount from the amount of each adjusted "loss":
<b>SPECIAL PROVISIONS, if any</b>
<b>FORMS AND ENDORSEMENTS</b>
<p>Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:</p> <p>See Forms and Endorsements Schedule</p>

\* Information omitted if shown elsewhere in the policy.

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Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

Policy Number:
Named Insured:
Agent:

### TRIP TRANSIT COVERAGE FORM DECLARATIONS

<b>COVERED PROPERTY</b>	
Description of Covered Property	
<b>SHIPPING INFORMATION</b>	
SHIPPED FROM:  <div style="text-align: center;">(Origination)</div>	TO:  <div style="text-align: center;">(Destination)</div>
SHIPPED VIA:  <div style="text-align: center;">(Name of Carrier)</div>	ON OR ABOUT:  <div style="text-align: center;">(Date)</div>
<b>LIMITS OF INSURANCE</b>	
Any One Vehicle  All Covered Property in Any One Occurrence	
<b>RATES AND PREMIUM</b>	
Rate:  <b>TOTAL PREMIUM FOR THIS COVERAGE PART</b>	
<b>DEDUCTIBLE</b>	
We will deduct the following amount from the amount of each adjusted "loss":	
<b>LOSS PAYABLE</b>	
We will adjust "loss" only with you and pay any claim jointly to you and the following Loss Payee, as interests may appear:	
<b>SPECIAL PROVISIONS, if any</b>	
<b>FORMS AND ENDORSEMENTS</b>	
Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:  <div style="text-align: center;">See Forms and Endorsements Schedule</div>	

\* Information omitted if shown elsewhere in the policy.

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Issued Date:



Technology Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**VALUABLE PAPERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

LIMITS OF INSURANCE

A. PROPERTY AT YOUR PREMISES

- 1. Specifically Described Property  
     Prem      Bldg

Limit of Insurance

- 2. All Other Covered Property

B. PROPERTY AWAY FROM YOUR PREMISES

---

DESCRIPTION OF RECEPTACLES

Prem Bldg	Manufacturer	Class / Label / Issuer
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---

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

---

SPECIAL PROVISIONS (if any)

Issued Date:



Technology Insurance Company  
55 Capital Boulevard  
PO Box 758  
Rocky Hill, CT 06067

**Policy Number:**

**Named**

**Insured:**

## LOCATION ADDRESS SCHEDULE

Issued Date:

IMSCHED

INSURED COPY

Ed 0707



Technology Insurance Company  
55 Capital Boulevard  
PO Box 758  
Rocky Hill, CT 06067

**Policy Number:**

**Named**

**Insured:**

## **SUB-LOCATION ADDRESS SCHEDULE**

Issued Date:

IMSCHEd

INSURED COPY

Ed 0707



Technology Insurance Company  
55 Capital Boulevard  
PO Box 758  
Rocky Hill, CT 06067

**Policy Number:**

**Named Insured:**

## FORMS AND ENDORSEMENTS SCHEDULE

---

Coverage Line	Form Nbr.	Ed. Date	Description
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---

Issued Date:

IMSCHEd

INSURED COPY

Ed 0707



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number	Policy Period	
	From	To
	12:01 A.M. Standard Time at the Named Insured's Address	

Transaction	
<b>Named Insured and Address</b>	<b>Agent</b>
	Telephone:
Business Description	Type of Business

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**COVERAGE**

**PREMIUM**

**TOTAL PREMIUM FOR THIS COVERAGE PART**

Forms and Endorsements Applicable to this Policy

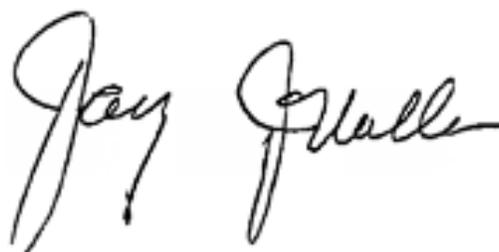
These Declarations together with the common policy conditions, coverage declarations, coverage form(s) and endorsements, if any, issued, complete the above numbered policy.

Issued Date:

IN WITNESS WHEREOF, the company has caused this policy to be executed and at tested by its President and Secretary at Rocky Hill, Connecticut and this policy shall not be valid unless countersigned by an authorized representative of the company.

A handwritten signature in black ink, consisting of stylized, cursive letters that appear to be 'BW'.

*President*

A handwritten signature in black ink, consisting of cursive letters that appear to be 'Jay G. Hall'.

*Secretary*



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**ACCOUNTS RECEIVABLE DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

LIMITS OF INSURANCE

A. PROPERTY AT YOUR PREMISES

Address -See attached schedule for complete address.

Limit of Insurance

Prem Bldg

B. BRANCH PREMISES

C. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE

D. ALL COVERED PROPERTY AT ALL LOCATIONS

DESCRIPTION OF RECEPTACLES

Prem Bldg Manufacturer Class / Label / Issuer

DEDUCTIBLE

The Deductible amount is \$0 unless otherwise stated.

RATES AND PREMIUM

A. Non-reporting  
Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

Annual  Quarterly  Monthly

4. Premium Adjustment Period

Annual  Quarterly  Monthly

5. Rate

SPECIAL PROVISIONS (if any)

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**BAILEES' CUSTOMERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

LIMITS OF INSURANCE

A. PROPERTY AT YOUR PREMISES

Address -See attached schedule for complete address.

Limit of Insurance

Prem Bldg

B. PROPERTY AT OTHER PREMISES YOU ACQUIRE

This limit applies at each premise. Coverage applies only for 30 days after you acquire the premises.

C. PROPERTY IN TRANSIT

D. PROPERTY NOT INCLUDED AT YOUR PREMISES AND NOT INCLUDED ABOVE

---

DEDUCTIBLE

The Deductible amount is \$250 unless otherwise stated

---

RATES AND PREMIUM

A. Non-reporting  
Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

4. Premium Adjustment Period

5. Rate

Annual     Quarterly     Monthly  
 Annual     Quarterly     Monthly

SPECIAL PROVISIONS (if any)

Issued Date:





Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**BUILDER' S RISK & INSTALLATION DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

LIMITS OF INSURANCE

Limit of Insurance

A. CONSTRUCTION PREMISES:

1. SPECIFIC

Address -See attached schedule for complete address.  
 Prem Bldg

2. BLANKET

Limit at any one constructions or installation site

B. PROPERTY IN TRANSIT

C. PROPERTY AT TEMPORARY STORAGE LOCATIONS

D. MAXIMUM ANY ONE OCCURRENCE

DEDUCTIBLE

The Deductible amount is \$250 unless otherwise stated

RATES AND PREMIUM

A. Non-reporting  
 Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

4. Premium Adjustment Period

5. Premium Base

6. Rates

Annual  Quarterly  Monthly

Annual  Quarterly  Monthly

Gross Receipt s  Completed Values

SPECIAL PROVISIONS (if any)

I

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**COMMERCIAL ARTICLES COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

LIMITS OF INSURANCE

Limit of Insurance

A. Cameras, projection machines, films and related equipment and accessories

Total

B. Musical instruments and related equipment and accessories

Total

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

Cameras  
 Musical Instruments  
 Organs

**RATES AND PREMIUM**

Rate

Premium

A. Cameras, projection machines, films and related equipment and accessories.

B. Musical instruments and related equipment and accessories.

SPECIAL PROVISIONS (if any)

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

COVERAGE PROVISIONS

- |                                 |                                 |                    |
|---------------------------------|---------------------------------|--------------------|
|                                 |                                 | Limit of Insurance |
| A. EQUIPMENT                    |                                 |                    |
| Specifically Described Property |                                 |                    |
| Prem     Bldg                   |                                 |                    |
| <br>                            |                                 |                    |
| B. DATA / MEDIA                 | \$5,000 unless otherwise stated |                    |
| C. EXTRA EXPENSE                | \$5,000 unless otherwise stated |                    |

---

DEDUCTIBLE

The Deductible amount is \$250 unless otherwise stated

---

SPECIAL PROVISIONS (if any)

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**EQUIPMENT FLOATER COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

TYPE OF COVERAGE     Broad     Special

**DESCRIPTION OF COVERED PROPERTY**

Description

Limit of Insurance

**DEDUCTIBLE**

The Deductible amount is \$250 unless otherwise stated

**SPECIAL PROVISIONS (if any)**

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**EQUIPMENT DEALERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

**ADDITIONALLY COVERED PROPERTY**

Address – See attached schedule for complete address.  
 Prem      Bldg

Limit of Insurance

- A. Furniture, Fixtures and Office Supplies
- B. Machinery, Tools and Fittings
- C. Patterns, Dies, Molds and Models
- D. Improvements and Betterments

---

**DEDUCTIBLE**

The Deductible amount is \$500 unless otherwise stated

---

**SPECIAL PROVISIONS (if any)**

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**EQUIPMENT DEALERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

LIMITS OF INSURANCE	Limit of Insurance	
	IN BUILDING	OUT BUILDING
<b>A. PROPERTY AT YOUR PREMISES</b>  We cover only at the following described premises: Address -See attached schedule for complete address. Prem Bldg		
<b>B. PROPERTY AT OTHER PREMISES YOU ACQUIRE</b> This limit applies at each premise. Coverage applies only for 30 days after you acquire the premises or until the end of the policy, whichever occurs first.		
<b>C. PROPERTY IN TRANSIT</b>		
<b>D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE</b>		
<b>E. ALL COVERED PROPERTY AT ALL LOCATIONS</b>		

**RATES AND PREMIUM**

Non-reporting Rate	Premium
<b>B. Reporting</b> 1. Deposit Premium 2. Minimum Annual Premium 3. Reporting Period 4. Premium Adjustment Period 5. Premium Base 6. Rate	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Completed Values

**SPECIAL PROVISIONS (if any)**

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**FILM DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

LIMITS OF INSURANCE

Address -See attached schedule for complete address.

Limit of Insurance

Prem Bldg

Name of Production

---

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

---

RATES AND PREMIUM

- A. Reporting  
 Estimated Premium  
 Rates
- B. Non-reporting  
 Premium  
 Rates

---

SPECIAL PROVISIONS (if any)

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**FLOOR PLAN DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

Dual Interest

Single Interest

DESCRIPTION OF COVERED PROPERTY

NAME OF SECURED LENDER

LIMITS OF INSURANCE

A. PROPERTY AT NAMED PREMISES

Address - See attached schedule for complete address.

Limit of Insurance

Prem Bldg

B. PROPERTY AT ANY UNNAMED PREMISES

C. PROPERTY IN TRANSIT

D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

Scheduled

Unscheduled

RATES AND PREMIUM

DEPOSIT PREMIUM

MINIMUM ANNUAL PREMIUM

MONTHLY RATE

SPECIAL PROVISIONS (if any)

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

\$ 100,000

**FLOOR PLAN  
 DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

Dual Interest       Single Interest

DESCRIPTION OF COVERED PROPERTY

NAME OF SECURED

LENDER LIMITS OF

INSURANCE

A. PROPERTY AT NAMED PREMISES

Address -See attached schedule for complete address.  
 Prem    Bldg

Limit of Insurance

B. PROPERTY AT ANY UNNAMED PREMISES

C. PROPERTY IN TRANSIT

D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

Scheduled  
 Unscheduled

RATES AND PREMIUM

DEPOSIT PREMIUM

MINIMUM ANNUAL PREMIUM

MONTHLY RATE

SPECIAL PROVISIONS (if any)

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**GENERAL FLOATER COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

TYPE OF COVERAGE     Broad     Special

**DESCRIPTION OF COVERED PROPERTY**

Description

Limit of Insurance

**DEDUCTIBLE**

The Deductible amount is \$250 unless otherwise stated

\$ 500

**SPECIAL PROVISIONS (if any)**

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**TRANSPORTATION COVERAGE PARTS DECLARATIONS**

X X

**PREMIUM FOR THIS COVERAGE FORM** RATE Minimum Premium

---

TYPE OF COVERAGE     Motor Truck Cargo     Annual Transportation     Trip Transit

**SCHEDULES**

**A. Motor Truck Cargo**

Our Limit for all loss or damage resulting from one occurrence is

**Covered Vehicles**

Year	Manufacturer	Type of Body & Tonnage	Ident. No.	Limit of Insurance
------	--------------	------------------------	------------	--------------------

**B. Annual Transportation**

1. for property in or on tour vehicles.
2. for property in the custody of carrier's for hire.
3. for all loss or damage resulting from one occurrence.

**C. Trip Transit - Limit of Insurance**

---

**DEDUCTIBLE**

The Deductible amount is \$250 unless otherwise stated

---

**SPECIAL PROVISIONS (if any)**

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

**LIMITS OF INSURANCE**

Limit of Insurance

**A. PROPERTY AT YOUR PREMISES**

Address -See attached schedule for complete address.

Prem    Bldg

**B. ALL COVERED PROPERTY AT ALL LOCATION**

**DEDUCTIBLE**

The Deductible amount is \$500 unless otherwise stated

**SPECIAL PROVISIONS (if any)**

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**RADIO AND TELEVISION COVERAGE FORM DECLARATIONS**

<b>LOCATION OF COVERED PROPERTY</b>			
<b>Location</b>	<b>PREMISES ADDRESS</b>		
<b>LIMITS OF INSURANCE</b>			
<b>Location</b>	<b>HEIGHT AND TYPE</b>	<b>TRANSMISSION TOWERS, ANTENNAS</b>	<b>LIMIT</b>
A.			
B.	<b>TRANSMISSION, RECEIVING, RECORDING, STUDIO EQUIPMENT</b>		
C.	<b>PORTABLE TRANSMITTING, RECEIVING, RECORDING, STUDIO EQUIPMENT</b>		
D.	<b>SIMILAR PROPERTY OF OTHERS</b>		
<b>COVERAGE OPTIONS</b>			
<b>Location</b>	<b>EXTRA EXPENSE</b>	<b>LOSS OF INCOME</b>	
<b>RATE</b>			
Rate - Each \$100 of Insurance			
<b>PREMIUM</b>			
<b>TOTAL PREMIUM FOR THIS COVERAGE PART</b>			
<b>DEDUCTIBLE</b>			
We will deduct the following amount from the amount of each adjusted "loss":			
All Covered Property and Extra Expense Combined			
Loss of Income			
<b>LOSS PAYABLE</b>			
We will adjust "loss" only with you and pay any claim jointly to you and the following Loss Payee, as interests may appear:			
<b>SPECIAL PROVISIONS, if any</b>			
<b>FORMS AND ENDORSEMENTS</b>			
Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:			
See Forms and Endorsements Schedule			

\* Information omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.  
 Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1983, 1984

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

Policy Number:
Named Insured:
Agent:

### RIGGERS LIABILITY COVERAGE FORM DECLARATIONS

<b>COVERED PROPERTY</b>
<b>LIMITS OF INSURANCE</b>
<p>A. Property at Any One Location</p> <p>B. Property in Transit</p> <p>C. All Covered Property in Any One Occurrence</p>
<b>RATES AND PREMIUM</b>
<p>Reporting:</p> <p>a. Deposit Premium</p> <p>b. Minimum Annual Premium</p> <p>c. Reporting Period      <input type="checkbox"/> Annual    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Monthly</p> <p>d. Adjustment Period      <input type="checkbox"/> Annual    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Monthly</p> <p>Rate:</p> <p><b>TOTAL PREMIUM FOR THIS COVERAGE PART</b></p>
<b>DEDUCTIBLE</b>
We will deduct the following amount from the amount of each adjusted "loss":
<b>SPECIAL PROVISIONS, if any</b>
<b>FORMS AND ENDORSEMENTS</b>
<p>Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:</p> <p>See Forms and Endorsements Schedule</p>

\* Information omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD. Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1983, 1984

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

Policy Number:
Named Insured:
Agent:

### TRIP TRANSIT COVERAGE FORM DECLARATIONS

<b>COVERED PROPERTY</b>	
Description of Covered Property	
<b>SHIPPING INFORMATION</b>	
SHIPPED FROM:  <div style="text-align: center;">(Origination)</div>	TO:  <div style="text-align: center;">(Destination)</div>
SHIPPED VIA:  <div style="text-align: center;">(Name of Carrier)</div>	ON OR ABOUT:  <div style="text-align: center;">(Date)</div>
<b>LIMITS OF INSURANCE</b>	
Any One Vehicle  All Covered Property in Any One Occurrence	
<b>RATES AND PREMIUM</b>	
Rate:  <b>TOTAL PREMIUM FOR THIS COVERAGE PART</b>	
<b>DEDUCTIBLE</b>	
We will deduct the following amount from the amount of each adjusted "loss":	
<b>LOSS PAYABLE</b>	
We will adjust "loss" only with you and pay any claim jointly to you and the following Loss Payee, as interests may appear:	
<b>SPECIAL PROVISIONS, if any</b>	
<b>FORMS AND ENDORSEMENTS</b>	
Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:  <div style="text-align: center;">See Forms and Endorsements Schedule</div>	

\* Information omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD. Includes copyrighted material of Insurance Services Office, Inc., with its permission. Copyright, Insurance Services Office, Inc., 1983, 1984

Issued Date:



Wesco Insurance Company  
 55 Capital Boulevard  
 PO Box 758  
 Rocky Hill, CT 06067

**INLAND MARINE COVERAGE PART**

Policy Number:
Named Insured:
Agent:

**VALUABLE PAPERS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

LIMITS OF INSURANCE

A. PROPERTY AT YOUR PREMISES

- 1. Specifically Described Property  
 Prem      Bldg

Limit of Insurance

- 2. All Other Covered Property

B. PROPERTY AWAY FROM YOUR PREMISES

---

DESCRIPTION OF RECEPTACLES

Prem Bldg	Manufacturer	Class / Label / Issuer
-----------	--------------	------------------------

---

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated

---

SPECIAL PROVISIONS (if any)

Issued Date:



Wesco Insurance Company  
55 Capital Boulevard  
PO Box 758  
Rocky Hill, CT 06067

**Policy Number:**

**Named**

**Insured:**

## LOCATION ADDRESS SCHEDULE

Issued Date:

IMSCHEd

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Ed 0707



Wesco Insurance Company  
55 Capital Boulevard  
PO Box 758  
Rocky Hill, CT 06067

**Policy Number:**

**Named**

**Insured:**

## **SUB-LOCATION ADDRESS SCHEDULE**

Issued Date:

IMSCHEd

INSURED COPY

Ed 0707



Wesco Insurance Company  
55 Capital Boulevard  
PO Box 758  
Rocky Hill, CT 06067

**Policy Number:**

**Named Insured:**

## FORMS AND ENDORSEMENTS SCHEDULE

---

Coverage Line	Form Nbr.	Ed. Date	Description
---------------	-----------	----------	-------------

---

Issued Date:

IMSCHED

INSURED COPY

Ed 0707

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

**PER OCCURRENCE LIMIT OF LIABILITY FOR PROPERTY LOSSES**

This endorsement modifies insurance provided under the following:

**BUILDERS RISK COVERAGE FORM**

The following Special terms and conditions apply to this policy.

The most we will pay for any one loss or disaster under the Builders Risk Coverage Form is our Primary Loss Limit of \$ \_\_\_\_\_ per occurrence, irrespective of the number of locations or any other limits, coverages, coverage extensions, or conditions of this policy.

*SERFF Tracking Number:*      *REGU-125386744*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Technology Insurance Company, Inc., ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *2007-2227*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*                      *Commercial Inland Marine Form*  
*Project Name/Number:*      */2007-2227*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125386744 State: Arkansas  
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50  
Company Tracking Number: 2007-2227  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine Form  
Project Name/Number: /2007-2227

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 12/17/2007

**Comments:**

**Attachment:**

AR NAIC.pdf

**Satisfied -Name:** Authorization Letters **Review Status:** Approved 12/17/2007

**Comments:**

**Attachments:**

Authorization Letter TIC F.pdf

Authorization Letter WIC F.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 70%; text-align: center;">New Business</td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
AmTrust Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Technology Insurance Company, Inc.	NH	42376	02-0449082	
Wesco Insurance Company	DE	25011	85-0165753	

<b>5. Company Tracking Number</b>	<b>2007-2227</b>
-----------------------------------	------------------

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Rose Battles Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Manager	(941) 926-0144	(212) 571-2502	rosebattles@ircllc.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Rose Battles

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

9. Type of Insurance (TOI)	9.0000 inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:    Upon Approval    Renewal: N/A-NEW
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/13/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

**20. This filing transmittal is part of Company Tracking #** 2007-2227

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

Technology Insurance Company, Inc. and Wesco Insurance Company, Inc., participants of Insurance Services Office (ISO), are submitting an optional endorsement and Declarations Page for their Commercial Inland Marine Program. All other CIM forms that will be used with this program are those filed on behalf of Technology Insurance Company, Inc. and Wesco Insurance Company, Inc. by ISO as part of its ISO affiliation.

Attached for your review:

- State Required Filing Forms
- Inland Marine Declarations Pages – IMDEC Ed 0707
- Per Occurrence Limit of Liability for Property Losses - IM990001 Ed 0807

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

**Check #:** EFT  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

## 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>	2007-2227			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Inland Marine Declarations	IMDEC 0707	<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		



Technology Insurance Company  
An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

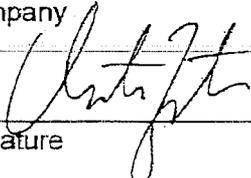
This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Technology Insurance Company, Inc.** This authorization extends to all correspondence regarding this filing.

Christopher Zentner  
Name

12/12/07  
Date

Vice President, Compliance  
Title

Technology Insurance Company, Inc.  
Company

  
Signature

646-458-7922  
Telephone #

Re: **Technology Insurance Company, Inc.**  
**NAIC #: 2538-42376; FEIN #: 02-0449082**  
**Commercial Inland Marine**  
**Form Filing**



Wesco Insurance Company  
An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

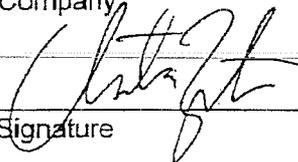
This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner  
Name

12/12/07  
Date

Vice President, Compliance  
Title

Wesco Insurance Company  
Company

  
Signature

646-458-7922  
Telephone #

Re: **Wesco Insurance Company, Inc.**  
**NAIC #: 2538-25011; FEIN #: 85-0165753**  
**Commercial Inland Marine**  
**Form Filing**