

SERFF Tracking Number: SEPX-125374953 State: Arkansas
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA AR07704TRF01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: NON PASSENGER MOTOR CARRIER PROGRAM
Project Name/Number: INDEPENDENT ENDORSEMENT CA 85 02 /CA AR07704TRF01

Filing at a Glance

Company: Sentry Select Insurance Company

Product Name: NON PASSENGER MOTOR CARRIER PROGRAM SERFF Tr Num: SEPX-125374953 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0004 Truckers

Co Tr Num: CA AR07704TRF01

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: SPI SentryInsurancePC

Disposition Date: 12/04/2007

Date Submitted: 12/03/2007

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

State Filing Description:

General Information

Project Name: INDEPENDENT ENDORSEMENT CA 85 02

Status of Filing in Domicile:

Project Number: CA AR07704TRF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/04/2007

Deemer Date:

State Status Changed: 12/04/2007

Corresponding Filing Tracking Number:

Filing Description:

This endorsement will replace our current Downtime endorsement, CA 85 02 06 07. We have revised the endorsement to clarify when coverage applies. Specifically, we have replaced language that coverage begins the later of 7 days after we approve the repair of a covered auto or the covered auto is taken from service for repair after a covered accident to the later of 7 days from the date a covered loss is reported to us or 7 days from the date it is actually taken from service for repair of damage from a covered accident.

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The following sentence is added:

"If you choose to wait, or use your vehicle for a while before repairing it, then "downtime" coverage will begin on the seventh day after those repairs, which we had previously given our agreement to pay for, actually start."

This revised language will better address when coverage applies in situations where the covered auto is deemed to be a total loss.

An annotated endorsement showing revisions via change tracking is included as an exhibit for your review.

Physical Damage Coverage - Downtime CA 85 02 03 08 replaces the 06-07 edition.

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 Select Insurance Company CoCode: 21180 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: 36-2674180

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

SERFF Tracking Number: *SEPX-125374953* *State:* *Arkansas*
Filing Company: *Sentry Select Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CA AR07704TRF01*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0004 Truckers*
Product Name: *NON PASSENGER MOTOR CARRIER PROGRAM*
Project Name/Number: *INDEPENDENT ENDORSEMENT CA 85 02 /CA AR07704TRF01*

Per Company: *No*

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Select Insurance Company	\$50.00	12/03/2007	16914486

SERFF Tracking Number: SEPX-125374953 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/04/2007	12/04/2007

SERFF Tracking Number: *SEPX-125374953* *State:* *Arkansas*
Filing Company: *Sentry Select Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CA AR07704TRF01*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0004 Truckers*
Product Name: *NON PASSENGER MOTOR CARRIER PROGRAM*
Project Name/Number: *INDEPENDENT ENDORSEMENT CA 85 02 /CA AR07704TRF01*

Disposition

Disposition Date: 12/04/2007

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-125374953 State: Arkansas
 Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1, AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	ANNOTATED VERSION OF ENDORSEMENT	Approved	Yes
Form	PHYSICAL DAMAGE COVERAGE - DOWNTIME	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PHYSICAL DAMAGE COVERAGE - DOWNTIME	CA 85 02 03 08	03 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CA 85 02 Previous Filing #:		CA 85 02 03 08 .PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE COVERAGE - DOWNTIME

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

Item **A. COVERAGE - PHYSICAL DAMAGE**, the following is added:

If this policy provides Physical Damage Coverage on a truck or truck tractor, and a covered "loss" occurs to that vehicle, the coverage is extended to cover, in addition to the **LIMIT OF INSURANCE** on the vehicle, the following:

COVERAGE

We will pay for "downtime" in an amount of up to a maximum of \$150 each day and a maximum of \$5,000 each "loss" subject to the following:

"Downtime" coverage will begin the later of:

1. The seventh day after a covered "loss" has been reported to us; or
2. The seventh day after we have given you our agreement to pay for certain repairs and you have given the repair facility your authorization to repair your vehicle that is not road-worthy, or
3. If you choose to wait, or use your vehicle for a while before repairing it, then "downtime" coverage will begin on the seventh day after those repairs, which we had previously given our agreement to pay for, actually start.

"Downtime" coverage will cease:

1. When the covered repairs are completed by the repair facility and they determine that the vehicle is road-worthy, or
2. In the event of a total "loss" to the vehicle, the claim for physical damage coverage has been settled and payment has been issued by us.

If repairs have been completed and you dispute the quality of work done by the facility, then "downtime" coverage will continue immediately after we agree to pay for certain additional repairs by the repair facility.

EXCLUSIONS

We will not pay for "loss" arising out of any dishonest or illegal act, alone or in collusion with another by you, others in the employ or service of you or any person or persons to whom the property may be entrusted.

DEFINITIONS

"Downtime" means the time a covered auto is out of service for repair and in the custody of a repair facility. "Downtime" payment is determined by taking the gross revenue generated by the covered auto and deducting all non-continuing expenses to reach the net loss of profit.

Policy No:	Issued To:	Effective:
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Product Name: NON PASSENGER MOTOR CARRIER PROGRAM
Project Name/Number: INDEPENDENT ENDORSEMENT CA 85 02 /CA AR07704TRF01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125374953 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: NON PASSENGER MOTOR CARRIER PROGRAM
Project Name/Number: INDEPENDENT ENDORSEMENT CA 85 02 /CA AR07704TRF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/04/2007

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-
1, AR - CERTIFICATE OF
COMPLIANCE - (AID PC SelfCert
(4/30/03)) **Review Status:** Approved 12/04/2007

Comments:

STATE TRANSMITTALS

Attachments:

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 12/04/2007

Comments:

COVER LETTER

Attachment:

Cover Letter.PDF

Satisfied -Name: ANNOTATED VERSION OF
ENDORSEMENT **Review Status:** Approved 12/04/2007

Comments:

ANNOTATED ENDORSEMENT

Attachment:

ANNOTATED VERSION OF ENDORSEMENT.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only 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					

3. Group Name	Group NAIC #
Sentry Insurance Group	169

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Select Insurance Company	WI	21180	36-2674180	

5. Company Tracking Number	CA AR07704TRF01
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	Lori Daul

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0004 Truckers
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	NON-PASSENGER MOTOR CARRIER PROGRAM
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: 03/01/2008 Renewal: 03/01/2008
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	12-3-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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 12-3-2007

2. Company Name(s) Sentry Select Insurance Company

Group Name Sentry Insurance Group NAIC No. 21180 Group No. 169

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

(b) Class of Business NON-PASSENGER MOTOR CARRIER (TRUCKERS)

© Coverages Affected _____

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

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
CA 85 02 06 07	3-1-2008	CA 85 02 03 08 03 08	PHYSICAL DAMAGE COVERAGE - DOWNTIME

ARKANSAS CERTIFICATE OF COMPLIANCE

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



I, Janet Fagan, Vice President of
 (Name) (Title of Authorized Officer)

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

Company Name(s)	NAIC #
SENTRY SELECT INSURANCE COMPANY	21180

Company Tracking Number • CA AR07704TRF01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Janet Fagan
Title of Authorized Officer •	Vice President
Email address of Authorized Officer •	
Telephone # of Authorized Officer •	Date •
715-346-7080	12-3-07

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 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

Sentry Select Insurance Company
1800 North Point Drive
P.O. Box 8036
Stevens Point, WI 54481-8036

Lori Daul
Compliance/Development

lori.daul@sentry.com

715 346-7080
800 610-4888
715 346-6044 Fax



December 3, 2007

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property & Casualty Division

SENTRY SELECT INSURANCE COMPANY#: 169-21180 FEIN#: 36-2674180
MOTOR CARRIER NON-PASSENGER PROGRAM
DIVISION ONE – COMMERCIAL AUTO
FORM FILING
IMPLEMENTATION DATE: Policies Written on and after 3-1-2008
COMPANY TRACKING NUMBER: CA AR07704TRF01

Reference Prior filing number: CA AR06999TRF01

This endorsement will replace our current Downtime endorsement, CA 85 02 06 07. We have revised the endorsement to clarify when coverage applies. Specifically, we have replaced language that coverage begins the later of 7 days after we approve the repair of a covered auto or the covered auto is taken from service for repair after a covered accident **to** the later of 7 days from the date a covered loss is **reported** to us or 7 days from the date it is actually taken from service for repair of damage from a covered accident.

The following sentence is added:

“If you choose to wait, or use your vehicle for a while before repairing it, then “downtime” coverage will begin on the seventh day after those repairs, which we had previously given our agreement to pay for, actually start.”

This revised language will better address when coverage applies in situations where the covered auto is deemed to be a total loss.

An annotated endorsement showing revisions via change tracking is included as an exhibit for your review.

Form Title: Physical Damage Coverage - Downtime
Form No.: CA 85 02 03 08 Replaces: CA 85 02 06 07
Edition Date: 03/08

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

S T R E N G T H • P R O T E C T I O N • V I G I L A N C E[®]
SINCE 1904

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL DAMAGE COVERAGE - DOWNTIME

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

Item **A. COVERAGE - PHYSICAL DAMAGE**, the following is added:

If this policy provides Physical Damage Coverage on a truck or truck tractor, and a covered "loss" occurs to that vehicle, the coverage is extended to cover, in addition to the **LIMIT OF INSURANCE** on the vehicle, the following:

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"Downtime" coverage will begin the later of:

1. The seventh day after a covered "loss" has been reported to us; or
2. The seventh day after we have given you our agreement to pay for certain repairs and you have given the repair facility your authorization to repair your vehicle that is not road-worthy, or
3. If you choose to wait, or use your vehicle for a while before repairing it, then "downtime" coverage will begin on the seventh day after those repairs, which we had previously given our agreement to pay for, actually start.

Deleted: On the seventh day after the covered "loss" occurs;

"Downtime" coverage will cease:

1. When the covered repairs are completed by the repair facility and they determine that the vehicle is road-worthy, or
2. In the event of a total "loss" to the vehicle, the claim for physical damage coverage has been settled and payment has been issued by us.

If repairs have been completed and you dispute the quality of work done by the facility, then "downtime" coverage will continue immediately after we agree to pay for certain additional repairs by the repair facility.

EXCLUSIONS

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DEFINITIONS

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Policy No:	Issued To:	Effective:
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CA 85 02 03 08

