

SERFF Tracking Number: CRUM-125264485 State: Arkansas  
First Filing Company: The North River Insurance Company, ... State Tracking Number: AR-PC-07-025812  
Company Tracking Number: IL06  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Earlier  
Project Name/Number: 14IL/IL06

## Filing at a Glance

Companies: The North River Insurance Company, United States Fire Insurance Company, Crum & Forster Indemnity Company

Product Name: Earlier SERFF Tr Num: CRUM-125264485 State: Arkansas  
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-025812  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: IL06 State Status: PENDING FEES  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Author: Roger Bennett Disposition Date: 08/17/2007  
Date Submitted: 08/16/2007 Disposition Status: Approved  
Effective Date Requested (New): 10/01/2007 Effective Date (New): 10/01/2007  
Effective Date Requested (Renewal): 10/01/2007 Effective Date (Renewal):  
10/01/2007

## General Information

Project Name: 14IL Status of Filing in Domicile: Pending  
Project Number: IL06 Domicile Status Comments: This filing is pending in the domicile states of NJ and DE.  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 08/17/2007  
State Status Changed: 08/17/2007 Deemer Date:  
Corresponding Filing Tracking Number: N/A

### Filing Description:

This form is to be available upon mutual agreement with the insured, and provides extended advance notice of cancellation/nonrenewal; only when the requested advance notice period is longer than that required by state statute.

Especially with multistate policies, we need to clearly avoid potential regulatory cancellation and/or nonrenewal time conflicts. This new endorsement isolates the changes we are making, so that if the form's language is in conflict with a particular state's cancellation and or nonrenewal provisions, only the exposures we are insuring for that particular state will be governed by that state's cancellation/nonrenewal requirements. Our intention is to avoid imposing one state's

<i>SERFF Tracking Number:</i>	<i>CRUM-125264485</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Earlier</i>		
<i>Project Name/Number:</i>	<i>14IL/IL06</i>		

cancellation/nonrenewal requirements upon the other states we insure on a multistate policy.

Upon approval of this filing, we will no longer be using the previously filed and approved form, FM 303.0.5 01 07, Amendment Of Cancellation And Non-renewal Policy Conditions.

If approved by the Department for an earlier date than the date shown below, it would be appreciated.

## Company and Contact

### Filing Contact Information

Roger W. Bennett, Regulatory Compliance Specialist	roger_bennett@cfins.com
305 MADISON AVENUE	(973) 490-6809 [Phone]
MORRISTOWN, NJ 07962	(973) 490-6062[FAX]

### Filing Company Information

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

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United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

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Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-2868548	

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## Filing Fees

SERFF Tracking Number: CRUM-125264485 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Set Fee  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
99200	\$50.00	08/15/2007

### **State Specific**

Check\_No: 99200  
Check\_Amt: 50.  
Check\_Rec: 08-15-2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/17/2007	08/17/2007

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Project Name/Number: 14IL/IL06

## Disposition

Disposition Date: 08/17/2007  
Effective Date (New): 10/01/2007  
Effective Date (Renewal): 10/01/2007  
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Earlier Notice Of Cancelation and Non-Renewal Provided By Us	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Earlier Notice Of Cancellation and Non-Renewal Provided By Us	FM 303.0.14	08 07	Endorsement/Amendment/Conditions New		0.00	14 0807.pdf

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

**EARLIER NOTICE OF CANCELLATION AND  
NON-RENEWAL PROVIDED BY US**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL INLAND MARINE COVERAGE FORM  
COMMERCIAL PROPERTY COVERAGE FORM  
CRIME AND FIDELITY COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

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

**SCHEDULE**

**Number of Days' Notice for Cancellation** \_\_\_\_\_

**Number of Days' Notice for Nonrenewal** \_\_\_\_\_

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph 2. of either the CANCELLATION Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

For any statutorily permitted reason, the number of days required for notice of nonrenewal is increased to the number of days shown in the Schedule above, or to the number of days required by an applicable state cancellation and/or nonrenewal endorsement, whichever is greater.

If no entry appears in a blank above, and the information is not shown in the Declarations, the number of days for cancellation or nonrenewal shall be governed by the applicable state requirement, if any.

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<i>Product Name:</i>	<i>Earlier</i>		
<i>Project Name/Number:</i>	<i>14IL/IL06</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

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

**Review Status:** Approved 08/17/2007

**Comments:**

Attached.

**Attachment:**

AR Trans IL06.pdf

## Property & Casualty Transmittal Document

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>Name</b> <b>Fairfax Financial</b>	<b>Group NAIC # 0158</b>
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4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	United States Fire Insurance Co.	DE	21113		
	The North River Insurance Co.	NJ	21105		
	Crum & Forster Indemnity Co	DE	31348		

<b>5. Company Tracking Number</b>	IL06
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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
	Roger W. Bennett Crum & Forster Insurance	Reg. Compliance	973-490-6809	973-490-6062	Roger-bennett@cfins.com
	305 Madison Ave. Morristown, NJ 07962				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roger W. Bennett		

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

9.	Type of Insurance (TOI)	Commercial Property & Casualty
10.	Sub-Type of Insurance (Sub-TOI)	Interline
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Interline
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: 10/01/07      Renewal: 10/01/07
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	08/16/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This Filing Transmittal is part of Company Tracking#</b>	IL06
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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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Especially with multistate policies, we need to clearly avoid potential regulatory cancellation and/or nonrenewal time conflicts. This new endorsement isolates the changes we are making, so that if the form's language is in conflict with a particular state's cancellation and or nonrenewal provisions, only the exposures we are insuring for that particular state will be governed by that state's cancellation/nonrenewal requirements. Our intention is to avoid imposing one state's cancellation/nonrenewal requirements upon the other states we insure on a multistate policy.

Upon approval of this filing, we will no longer be using the previously filed and approved form, FM 303.0.5 01 07, Amendment Of Cancellation And Non-renewal Policy Conditions.

<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]
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**Check #: 99200**  
**Amount: 50.**

**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.)**

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## 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>	IL06
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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<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	Earlier Notice of Cancellation And Non-Renewal Provided By Us	FM 303.0.14 08 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FM 303.0.5 01 07	
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		

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>IL06</b>
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>N/A</b>
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Rate Increase
  Rate Decrease
 Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	N/A Form Filing	<input 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	