Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Property and Casualty Insurance Company of Hartford, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: Motor Truck Cargo	SERFF Tr Num: HART-125275884	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: AR-PC-07-025927
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: FF.05.001.2007.02	State Status:
Filing Type: Form	Co Status: Initial Filing	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Deirdre Walsh, Joe DiPaola	Disposition Date: 08/29/2007
	Date Submitted: 08/28/2007	Disposition Status: Approved
Effective Date Requested (New): 12/01/2007		Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007		Effective Date (Renewal): 12/01/2007

General Information

Project Name: Motor Truck Cargo	Status of Filing in Domicile: Not Filed
Project Number: FF.05.001.2007.02	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/29/2007	
State Status Changed: 08/29/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

New endorsement and schedule

Company and Contact

Filing Contact Information

Deirdre Walsh, State Filing Analyst	deirdre.walsh@thehartford.com

690 Asylum Avenue
Hartford, CT 06115

(860) 547-3444 [Phone]
(860) 547-3838[FAX]

Filing Company Information

Hartford Casualty Insurance Company Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 29424 Group Code: 91 Group Name: FEIN Number: 06-0294398	State of Domicile: Indiana Company Type: Property State ID Number:
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Hartford Insurance Company of the Midwest Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 37478 Group Code: 91 Group Name: FEIN Number: 06-1008026	State of Domicile: Indiana Company Type: Property State ID Number:
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Hartford Underwriters Insurance Company Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 30104 Group Code: 91 Group Name: FEIN Number: 06-1222527	State of Domicile: Connecticut Company Type: Property State ID Number:
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Property and Casualty Insurance Company of Hartford Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 34690 Group Code: 91 Group Name: FEIN Number: 06-1276326	State of Domicile: Indiana Company Type: Property State ID Number:
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Twin City Fire Insurance Company Hartford Plaza Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 29459 Group Code: 91 Group Name: FEIN Number: 06-0732738	State of Domicile: Indiana Company Type: Property State ID Number:
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Hartford Fire Insurance Company Hartford Plaza 690 Asylum Avenue Hartford, CT 06115 (860) 547-5000 ext. [Phone]	CoCode: 19682 Group Code: 91 Group Name: FEIN Number: 06-0383750	State of Domicile: Connecticut Company Type: State ID Number:
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Hartford Accident and Indemnity Company
690 Asylum Ave
Hartford, CT 06115
(860) 547-5000 ext. [Phone]

CoCode: 22357
Group Code: 91
Group Name:
FEIN Number: 06-0383030

State of Domicile: Connecticut
Company Type: Property
State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Fire Insurance Company	$0.00	08/28/2007	
Hartford Accident and Indemnity Company	$0.00	08/28/2007	
Hartford Casualty Insurance Company	$0.00	08/28/2007	
Twin City Fire Insurance Company	$0.00	08/28/2007	
Hartford Underwriters Insurance Company	$0.00	08/28/2007	
Property and Casualty Insurance Company of Hartford	$0.00	08/28/2007	
Hartford Insurance Company of the Midwest	$0.00	08/28/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0025550956	$50.00	08/23/2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/29/2007	08/29/2007

Disposition

Disposition Date: 08/29/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
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

SERFF Tracking Number:	*HART-125275884*	*State:*	*Arkansas*
First Filing Company:	*Hartford Casualty Insurance Company, ...*	*State Tracking Number:*	*AR-PC-07-025927*
Company Tracking Number:	*FF.05.001.2007.02*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0005 Other Commercial Inland Marine*
Product Name:	*Motor Truck Cargo*		
Project Name/Number:	*Motor Truck Cargo/FF.05.001.2007.02*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Cargo Carrier Choice - Carrier For Hire Coverage Form	Approved	Yes
Form	Cargo Carrier Choice Schedule	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Cargo Carrier Choice - Carrier For Hire Coverage Form	MS 00 77	07 07	Endorsement/Amendment/Conditions New		0.00	ms 00 77.pdf
Approved	Cargo Carrier Choice Schedule	MS 19 25	07 07	Declarations/Schedule New		0.00	ms 19 25.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:	
	New Business	
	Renewal Business	
f.	State Filing #:	
g.	SERFF Filing #:	
h.	Subject Codes	

3.	Group Name	Group NAIC #
	Hartford Financial Services Group	00914

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
	Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
	Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
	Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
	Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
	Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
	Property & Casualty Ins. Co. of Hartford	Indiana	00914-34690	06-1276326	

5.	Company Tracking Number	FF.05.001.2007.02

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Deirdre Walsh	Prod Consultant	860-547-3444	860-547-4849	deirdre.walsh
	Hartford Plaza, Hartford, CT 06115		860-547-	860-547-	@TheHartford.com

7.	Signature of authorized filer	Deirdre Walsh
8.	Please print name of authorized filer	Deirdre Walsh

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

9.	**Type of Insurance (TOI)**	Commercial Inland Marine
10.	**Sub-Type of Insurance (Sub-TOI)**	9.0
11.	**State Specific Product code(s)** **(if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	Motor Truck Cargo
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 12/01/2007 Renewal: 12/01/2007
15.	**Reference Filing?**	☐ Yes ☐ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	08/28/2007
19.	**Status of filing in domicile**	☑ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	ff.05.001.2007.02

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

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 #: 25550956 **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.)

1.	**This filing transmittal is part of Company Tracking #**	FF.05.001.2007.02
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	

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	Cargo Carrier Choice - Carrier For Hire Coverage Form	MS 77 07 07	☑ New ☐ Replacement ☐ Withdrawn		
02	Cargo Carrier Choice Schedule	MS 19 25 07 07	☑ New ☐ Replacement ☐ Withdrawn		
03			☐ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		

CARGO CARRIER CHOICE - CARRIER FOR HIRE COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section F - DEFINITIONS.

A. COVERAGE

1. We will pay those sums you become legally obligated to pay by contract, bill of lading, shipping receipt or tariff for "loss", except for the causes listed in Section **B. EXCLUSIONS**, to "Covered Property", for which an applicable limit of insurance is shown in the Schedule for Vehicles, "Terminals" or Additional Coverages.

2. Limitation: This coverage shall not apply to:

a. Any costs, expenses, attorney's fees, fines, penalties or damages you incur by violating any law or regulation relating to delay in payment, denial or settlement of claims; or

b. Any claim for damages in excess of your contractual liability unless expressly provided by this policy.

3. Property Excluded and Not Covered

We will not pay for "loss", expenses or those sums you become legally obligated to pay to the following:

a. Automobiles, vehicles, transporting vehicles, trailers or containers unless specifically described in a bill of lading or written contract of carriage issued or accepted by you;

b. Property you transport at no charge;

c. Property you are responsible for in your capacity as either a freight forwarder or "transportation broker";

d. Jewelry (including watches that retail for $150 or more), precious or semi-precious stones, precious metals, alloys, furs or other similar valuables;

e. Paintings, statuary and other objects of art;

f. Accounts, bills, bullion, currency, money, deeds, notes, securities, tickets including lottery tickets, evidences of debt; or

g. Any other property excluded by endorsement to this policy.

4. Additional Coverages

a. Debris Removal Expense

We will pay expenses you incur to remove debris of "Covered Property" resulting from a "loss", except for the causes listed in Section **B. EXCLUSIONS**, that occurs during the policy period. The expenses will be paid only if they are reported to us within 180 days of the earlier of:

(1) The date of direct physical "loss"; or

(2) The end date of the policy period.

The most we will pay under this Additional Coverage is $25,000 for all debris removal expenses in any one occurrence.

This Additional Coverage does not apply to expenses to:

(1) Extract "pollutants" from land or water; or

(2) Remove, restore or replace polluted land or water.

b. Pollutant Clean Up and Removal Expense

We will pay any legally imposed expense you incur to extract "pollutants" from land or water if the release, discharge or dispersal of the "pollutants" is caused by or results from a "loss", except for the causes listed in Section **B. EXCLUSIONS** to "Covered Property", which occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the earlier of:

(1) The date of direct physical "loss"; or

(2) The end date of the policy period.

The most we will pay for all pollutant clean up and removal expenses incurred under this Additional Coverage during any single policy period is $25,000.

c. Earned Freight Charges

We will pay your earned freight charges that you cannot collect because of direct physical "loss" to "Covered Property" resulting from a "loss", except for the causes listed in Section **B. EXCLUSIONS**. Earned Freight Charges are freight charges applicable from the point of departure to the location where the "loss" occurs. If this location cannot be ascertained, the earned freight charges will be calculated from the point of departure to the intended destination.

The most we will pay for Earned Freight Charges under this Additional Coverage is $25,000 in any one occurrence.

d. Recovery Extra Expense

We will pay for the actual, reasonable and necessary Extra Expenses you incur resulting directly from the salvage, recovery or storage of recovered property to avoid, minimize or reduce loss. Recovered property means "Covered Property" that has a value greater than the cost to maintain, retain or salvage such property.

The most we will pay for all Recovery Extra Expenses incurred under this Additional Coverage during any single policy period is $25,000.

5. Coverage Extensions

a. Substitution of Vehicles

If coverage is provided on a Scheduled Vehicle basis as shown in the Schedule, we will extend this insurance to cover any temporary substitute vehicle you use when any scheduled transporting vehicle is disabled or replaced.

The most we will pay for "loss" under this Coverage Extension is the applicable Limit of Insurance listed in the Schedule for the disabled or replaced vehicle.

b. Newly Acquired Vehicles

If coverage is provided on a Scheduled Vehicle basis as shown in the Schedule, and you acquire additional transporting vehicles, we will extend the insurance provided by this form to your newly acquired transporting vehicles but:

(1) The most we will pay for "loss" to "Covered Property" from any one newly acquired vehicle is $100,000.

(2) Coverage under this Coverage Extension for Newly Acquired Vehicles will end when any of the following first occurs:

(a) This policy expires or is cancelled;

(b) 30 days expire after you acquired the vehicles;

(c) Coverage is obtained elsewhere; or

(d) You report the vehicles to us.

(3) We will charge you additional premium from the date you acquired the transporting vehicles.

B. EXCLUSIONS

We will not pay for "loss" caused directly or indirectly by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

1. Seizure or destruction of property by order of governmental authority.

But we will pay for acts of destruction to "Covered Property" ordered by governmental authority and taken at the time of a fire to prevent its spread.

2. a. Any weapon employing atomic fission or fusion; or

b. Nuclear reaction or radiation, or radioactive contamination from any other cause. But we will pay for direct physical "loss" to "Covered Property" caused by resulting fire.

3. a. War, including undeclared or civil war;

b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

4. Delay, loss of use, loss of market, or any other consequential "loss". Spoilage is not a consequential "loss".

5. Dishonest acts by:

a. You or any of your partners;

b. Your directors or trustees;

c. Your authorized representatives or employees; or

d. Anyone to whom you released the "Covered Property", including their employees, for any purpose;

whether acting alone or in collusion with others; and whether or not occurring during the hours of employment.

C. LIMITS OF INSURANCE

1. The most we will pay for "loss" in any one occurrence is the applicable Limit of Insurance shown in the SCHEDULE(S), Coverage Form, or Endorsement(s) as follows:

a. Any One Vehicle Limit, or a **Listed Vehicle Limit,** applies to "Covered Property":

(1) While in or on an automobile, truck, trailer, semi trailer, container or any combination of these and to be pulled by one power unit; and

(2) Not at a "Terminal".

b. "Terminal" Limit applies to "Covered Property" at a "Terminal".

c. Expenses - We will not pay more for any expenses incurred to protect or recover property than the amount of "loss" reduced by such expense.

d. Maximum Limit of Insurance, is the most we will pay for all "loss" in any one occurrence to "Covered Property" insured under this Coverage Form.

2. The limits applicable to the Additional Coverages provided in this Coverage Form are in addition to the Limits of Insurance shown in the SCHEDULE.

3. Payments under the Coverage Extensions provided in this Coverage Form will not increase the applicable Limits of Insurance.

D. DEDUCTIBLE

We will adjust the "loss" in any one occurrence as a single "loss". We will not pay for "loss" in any one occurrence until the amount of the adjusted "loss", before applying the applicable Limit of Insurance, exceeds the Deductible amount shown in the SCHEDULE or Endorsement(s). We will then pay the amount of the adjusted "loss" in excess of the Deductible, up to the applicable Limit of Insurance.

E. MODIFIED AND ADDITIONAL CONDITIONS

The Commercial Inland Marine Conditions and the Common Policy Conditions apply except those modified below and in addition to those added below.

1. Commercial Inland Marine Conditions

The following provisions of the Commercial Inland Marine Conditions do not apply to this Coverage Form:

a. Loss Conditions, Appraisal;

b. General Conditions, Valuation.

2. Coverage Territory

We will only pay for "loss" which occurs while the "Covered Property" you transport is located in:

a. The United States of America;

b. Puerto Rico; or

c. Canada.

3. Reimbursement to Us

You must fully reimburse us if we pay a "loss" not covered by this policy but because of any special endorsement that extends our liability and is required by law or any regulatory authority.

4. Loss Payment

Loss Condition, Loss Payment in the Commercial Inland Marine Conditions is replaced by the following:

a. We will give notice of our intentions within 30 days after we receive the sworn proof of loss.

b. We will not pay you more than your financial interest in the "Covered Property".

c. We may adjust losses directly with the owners of lost or damaged property if other than you. If we pay the owners, such payments will satisfy your claim against us for the owner's property. We will not pay the owners more than their financial interest in the "Covered Property".

d. We will pay or make good any "loss" covered under this Coverage Form within 30 days after:

(1) we receive a proper claim from the claimant and complete documentation to establish legal liability; or

(2) the entry of a final judgment.

e. We will not be liable for any part of a "loss" that has been paid or made good by others.

"Covered Property" shall be valued in accordance with your legal liability. At your discretion, "Covered Property" which was sold by a Seller, prior to delivery to you and prior to any loss, shall be valued at the destination market value less any charges or expenses not incurred.

5. Transfer of Rights of Recovery Against Others to Us

Loss Condition, Transfer of Rights of Recovery Against Others to Us in the Commercial Inland Marine Conditions is replaced by the following:

Any rights you have to recover all or part of any payment we have made under this Coverage Form are transferred to us. You must do nothing after loss to impair those rights of recovery and you agree that you will not waive any of your rights against any other party. At our request, you will bring "suit" or transfer your rights to bring suit to us and help us enforce those rights.

6. Legal Action Against Us

General Condition, Legal Action Against Us in the Commercial Inland Marine Conditions is replaced by the following:

No person or organization has a right under this Coverage Form:

a. to join us as a party or otherwise bring us into a "suit" asking for damages from you; or

b. to sue us unless all of the terms and conditions of this Coverage Form have been fully met.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against you obtained after an actual trial; but we will not be liable for damages that are not payable under the terms of this Coverage Form or that are in excess of the applicable Limit of Insurance. An agreed settlement means a settlement and release of liability signed by us, you and the claimant or the claimant's legal representative.

7. Reporting and Premium Calculation

a. Reports.

Within 30 days after the end of each reporting period shown in the Declarations, you will report to us the amount of the Premium Base shown in the Schedule. We will compute the premium:

Using the rates per each $100 of "gross receipts" or other Premium Base shown in the Schedule; and

(1) As of each Premium Adjustment Period shown in the Schedule.

b. Premium Adjustment.

(1) When the Annual Premium Adjustment Period is shown in the Schedule, we will compare the total computed premium to the Deposit Premium. If it is more than the Deposit Premium, you will pay us the difference. If it is less than the Deposit Premium, we will pay you the difference.

(2) When any other Premium Adjustment Period is shown in the Schedule, we will apply the computed premium to the Deposit Premium until it is used up. You will pay us all premiums that exceed the Deposit Premium.

c. Minimum Premium.

You must pay at least the minimum premium shown in the Schedule.

d. Records

You will keep exact records of your Premium Base from your business activities. You must retain these records for three years after this policy ends.

e. Obligation to Correct Errors

If the examination and audit of your books and records shows that the amounts of Premium Base you reported to us are less than the amounts you should have reported, you must pay us any additional premium due.

8. Salvage

Any recovery of salvage on a "loss" will accrue entirely to our benefit until the sum paid by us has been made up. If our benefit of salvage recovery exceeds the "loss" sum we paid to you, then we will return the difference to you, less salvage recovery expenses.

F. DEFINITIONS

1. "Covered Property" means lawful property not otherwise excluded, owned by others and accepted into your care, custody or control for the purpose of transportation.

2. "Gross Receipts" means the total amount, collected or not, due you for the transportation of the property from:

a. Shippers;

b. Consignees; or

c. Other Carriers.

3. "Loss" means accidental direct and actual physical damage externally caused by a lawful risk event that occurs by chance during the policy period.

4. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

5. "Suit" means a civil proceeding in which damages because of direct physical "loss" to property you transport are alleged. "Suit" includes an arbitration proceeding to which you must submit or submit with our consent.

6. "Transportation Broker" means a party that arranges for transportation of property, but which does not physically perform the transportation themselves.

7. "Terminal" means a location of transloading, transshipping, consolidating, deconsolidating, or temporary storage.

COMMERCIAL INLAND MARINE
CARGO CARRIER CHOICE SCHEDULE

ABCDEFGHIJ

This schedule provides supplementary information to be used with the Commercial Inland Marine Cargo Carrier Choice – Carrier of Hire Coverage Form as indicated below.

Policy Number:

Rate: **$** **Premium:** **$**

Deductible: **$** **Maximum Limit:** **$**

CARGO CARRIER CHOICE - CARRIER FOR HIRE – COVERAGE FORM

Coverage is provided for 1., 2., 3. below only if a Limit of Insurance is shown.

	Limits of Insurance
1. Any One Vehicle (not listed)	**$**
2. Listed Vehicle Limits (See Schedule below)	
3. Terminal(s) - Address must be shown below.	
a.	**$**
b.	**$**
c.	**$**
d.	**$**
e. Unscheduled Terminal(s)	**$**

CARGO COVERAGE - Your Property on Your Vehicles

Coverage is provided for 1. and 2. below only if a Limit of Insurance is shown.

	Limits of Insurance
1. Any One Vehicle (not listed)	**$**
2. Listed Vehicle Limits (See Schedule below)	

ADDITIONAL COVERAGE(S)

Description of Additional Coverage	**Limit of Insurance**	**Deductible**
	$	**$**
	$	**$**

SCHEDULE OF VEHICLES	**Limits of Insurance**
	$
	$
	$
	$
	$
	$
	$
	$

COMMERCIAL INLAND MARINE
CARGO CARRIER CHOICE SCHEDULE

ABCDEFGHIJ

Rate Information

Rate data does NOT apply to filing.