

<i>SERFF Tracking Number:</i>	<i>HNST-125256385</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln General Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025756</i>
<i>Company Tracking Number:</i>	<i>2007AR15CU</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2020 Commercial Umbrella &amp; Excess</i>
<i>Product Name:</i>	<i>2007AR15CU - CU Insurity Decs</i>		
<i>Project Name/Number:</i>	<i>2007AR15CU - CU Insurity Decs/2007AR15CU</i>		

## Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: 2007AR15CU - CU Insurity Decs      SERFF Tr Num: HNST-125256385      State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only      SERFF Status: Closed      State Tr Num: AR-PC-07-025756  
 Sub-TOI: 17.2020 Commercial Umbrella & Excess      Co Tr Num: 2007AR15CU      State Status:

Filing Type: Form      Co Status: David Csurics      Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
 Author: David Csurics      Disposition Date: 08/16/2007  
 Date Submitted: 08/08/2007      Disposition Status: Approved

Effective Date Requested (New): 10/01/2007      Effective Date (New):  
 Effective Date Requested (Renewal): 10/01/2007      Effective Date (Renewal):

## General Information

Project Name: 2007AR15CU - CU Insurity Decs	Status of Filing in Domicile: Authorized
Project Number: 2007AR15CU	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/16/2007	
State Status Changed: 08/16/2007	Deemer Date:
Corresponding Filing Tracking Number:	

### Filing Description:

Lincoln General Insurance Company is in the process of converting to a new issuing system. We anticipate being able to issue some Commercial Umbrella policies via this system as soon as October 1, 2007, which is the proposed effective date of this filing. We would like to file the attached forms as optional for commercial umbrella, so that they are available for policies that are issued via our new system. The declarations pages and schedules included in this filing were supplied to us by the vendor of this system. We are not withdrawing any forms at this time, due to the fact that we will not be issuing all commercial umbrella policies from this system for at least several months.

The attached explanatory memo contains a detailed listing of the forms submitted in this filing.

SERFF Tracking Number: HNST-125256385 State: Arkansas  
 Filing Company: Lincoln General Insurance Company State Tracking Number: AR-PC-07-025756  
 Company Tracking Number: 2007AR15CU  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess  
 Product Name: 2007AR15CU - CU Insurity Decs  
 Project Name/Number: 2007AR15CU - CU Insurity Decs/2007AR15CU

## Company and Contact

### Filing Contact Information

David Csurics, Product Analyst dcsurics@lincolngeneral.com  
 PO Box 3709 (800) 876-3350 [Phone]  
 York, PA 17402 () -[FAX]

### Filing Company Information

Lincoln General Insurance Company CoCode: 33855 State of Domicile: Pennsylvania  
 P.O. Box 3709 Group Code: 1326 Company Type: Property & Casualty  
 3501 Concord Rd  
 York, PA 17402 Group Name: Kingsway Financial State ID Number:  
 Group  
 (717) 757-0000 ext. [Phone] FEIN Number: 23-2023242  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 for forms filing. Total of 3 forms.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$50.00	08/08/2007	15017415

SERFF Tracking Number: HNST-125256385 State: Arkansas  
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Product Name: 2007AR15CU - CU Insurity Decs  
Project Name/Number: 2007AR15CU - CU Insurity Decs/2007AR15CU

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/16/2007	08/16/2007

*SERFF Tracking Number:*      *HNST-125256385*                      *State:*                      *Arkansas*  
*Filing Company:*              *Lincoln General Insurance Company*              *State Tracking Number:*      *AR-PC-07-025756*  
*Company Tracking Number:*      *2007AR15CU*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*              *Sub-TOI:*                      *17.2020 Commercial Umbrella & Excess*  
*Product Name:*              *2007AR15CU - CU Insurity Decs*  
*Project Name/Number:*      *2007AR15CU - CU Insurity Decs/2007AR15CU*

## **Disposition**

Disposition Date: 08/16/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *HNST-125256385* State: *Arkansas*  
 Filing Company: *Lincoln General Insurance Company* State Tracking Number: *AR-PC-07-025756*  
 Company Tracking Number: *2007AR15CU*  
 TOI: *17.2 Other Liability - Occurrence Only* Sub-TOI: *17.2020 Commercial Umbrella & Excess*  
 Product Name: *2007AR15CU - CU Insurity Decs*  
 Project Name/Number: *2007AR15CU - CU Insurity Decs/2007AR15CU*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Explanatory Memo	Approved	Yes
<b>Supporting Document</b>	Transmittal Document	Approved	Yes
<b>Form</b>	Common Policy Declarations	Approved	Yes
<b>Form</b>	Commercial Liability Umbrella Declarations	Approved	Yes
<b>Form</b>	Commercial Umbrella/Excess Liability Supplemental Schedule of Underlying Insurance	Approved	Yes

SERFF Tracking Number: HNST-125256385 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Declarations	CO-DEC (07/ 01)	July 2001	Declaration New s/Schedule		0.00	CO-DEC.pdf
Approved	Commercial Liability Umbrella Declarations	CU DEC 09 00	September 2000	Declaration New s/Schedule		0.00	CU DEC.pdf
Approved	Commercial Umbrella/Excess Liability Supplemental Schedule of Underlying Insurance	UM 0041 04 00	April 2000	Declaration New s/Schedule		0.00	UM 0041.pdf



Policy Number:  
Renewal Of:

**COMMERCIAL LIABILITY UMBRELLA DECLARATIONS**  
**Lincoln General Insurance Company**

3501 Concord Road, York, PA 17402

Named Insured and Mailing Address

Producer Name and Address

Producer No.

Policy Period

From:

To:

at 12:01 A.M., Standard Time at your mailing address shown above.

**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.**

**DESCRIPTION OF BUSINESS**

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**LIMITS OF INSURANCE**

EACH OCCURRENCE LIMIT  
(LIABILITY COVERAGE)

\$ \_\_\_\_\_

PERSONAL & ADVERTISING INJURY LIMIT

\$ \_\_\_\_\_ Any one person or organization

AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to  
"covered autos")

\$ \_\_\_\_\_

OTHER:

\$ \_\_\_\_\_

SELF INSURED RETENTION

\$ \_\_\_\_\_

Sub-total Premium

\$ \_\_\_\_\_

STATE TAX OR OTHER (if applicable)

\$ \_\_\_\_\_

TOTAL PREMIUM (SUBJECT TO AUDIT)

\$ \_\_\_\_\_

(PAYABLE AT INCEPTION)

AUDIT PERIOD (IF APPLICABLE):

**ENDORSEMENTS**

**ENDORSEMENTS ATTACHED TO THIS POLICY: SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Countersigned:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Representative

CU DEC 09 00

Copyright, Insurance Services Office, Inc., 2000

Insured

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**COMMERCIAL UMBRELLA/ EXCESS LIABILITY SUPPLEMENTAL  
SCHEDULE OF UNDERLYING INSURANCE**

**SCHEDULE OF UNDERLYING INSURANCE**  
(Show insurer, policy number, policy period, coverage, and limits of insurance)

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<b>Commercial Liability Limits:</b>	Each Occurrence	_____
_____ w/ Personal Injury	Personal & Advertising Injury Liability	_____
_____ and Advertising Injury	General Aggregate	_____
_____ Liability Coverage	Products/ Completed Work Aggregate	_____
_____ w/ Broad Form		
_____ Contractual		
_____ Liability Coverage		
_____ w/ Non-Owned Auto		
_____ Liability Coverage/		
_____ Hired Auto Liability		
_____ Coverage		
_____ Occurrence Form		
_____ Claims-Made Form		

Retroactive Date: \_\_\_\_\_

Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

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<b>Auto Liability Limits:</b>	Combined Single Limit Or	_____
_____ w/ Non-Owned Auto	Bodily Injury-Each Person	_____
_____ Liability Coverage/	Bodily Injury-Each Accident	_____
_____ Hired Auto Liability	Property Damage-Each Accident	_____
_____ Coverage		

Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

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<b>Employers Liability Limits:</b>	Combined Single Limit Or	_____
(Separate Policy)	Bodily Injury by Accident-Each Accident	_____
	Bodily Injury by Disease-Policy Limit	_____
	Bodily Injury by Disease-Each Employee	_____

Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_



**Watercraft Liability Limits:** Combined Single Limit Or \_\_\_\_\_  
Bodily Injury-Each Person \_\_\_\_\_  
Bodily Injury-Each Accident \_\_\_\_\_  
Property Damage-Each Accident \_\_\_\_\_

Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: \_\_\_\_\_

**Liquor Liability Limits** Each Occurrence \_\_\_\_\_  
Aggregate \_\_\_\_\_  
\_\_\_\_\_ Occurrence Form  
\_\_\_\_\_ Claims-Made Form

Retroactive Date: \_\_\_\_\_  
Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period \_\_\_\_\_

**Miscellaneous Liability** Each Occurrence \_\_\_\_\_  
Type: Employee Benefits Aggregate \_\_\_\_\_  
(Describe)  
\_\_\_\_\_ Occurrence Form  
\_\_\_\_\_ Claims-Made Form

Retroactive Date: \_\_\_\_\_  
Insurer \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Policy Period \_\_\_\_\_

**Miscellaneous Liability** Each Occurrence \_\_\_\_\_  
Type: Garage Aggregate \_\_\_\_\_  
(Describe)  
\_\_\_\_\_ Occurrence Form  
\_\_\_\_\_ Claims-Made Form

Retroactive Date: \_\_\_\_\_  
Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period \_\_\_\_\_

*SERFF Tracking Number:*      *HNST-125256385*                      *State:*                      *Arkansas*  
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*TOI:*                      *17.2 Other Liability - Occurrence Only*              *Sub-TOI:*                      *17.2020 Commercial Umbrella & Excess*  
*Product Name:*              *2007AR15CU - CU Insurity Decs*  
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HNST-125256385 State: Arkansas  
Filing Company: Lincoln General Insurance Company State Tracking Number: AR-PC-07-025756  
Company Tracking Number: 2007AR15CU  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess  
Product Name: 2007AR15CU - CU Insurity Decs  
Project Name/Number: 2007AR15CU - CU Insurity Decs/2007AR15CU

## Supporting Document Schedules

**Satisfied -Name:** Explanatory Memo **Review Status:** Approved 08/16/2007  
**Comments:**  
**Attachment:**  
Explanatory Memo.pdf

**Satisfied -Name:** Transmittal Document **Review Status:** Approved 08/16/2007  
**Comments:**  
**Attachment:**  
Transmittal Doc RRFS-1.pdf

## **EXPLANATORY MEMO**

Lincoln General Insurance Company is in the process of converting to a new issuing system. We would like to file the following forms as optional for commercial umbrella, so that they are available for policies as we are able to issue them via our new system. The declarations pages and schedules included in this filing were supplied to us by the vendor of this system. We are not withdrawing any forms at this time, due to the fact that we will not be issuing all commercial umbrella policies from this system for at least several months. Following are the Schedules, Declarations for use with our new system, which are included in this filing:

1. CO-DEC 07 01, "Common Policy Declarations" ;
2. CU-DEC 09 00, "Common Liability Umbrella Declarations" ;
3. UM 0041 04 00, "Commercial Umbrella / Excess Liability Supplemental Schedule Of Underlying Insurance".

## 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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Kingsway Financial Group	1326

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Lincoln General Insurance Company	PA	33855	23-2023242	N/A

<b>5. Company Tracking Number</b>	2007AR15CU
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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
	David Csurics PO BOX 3709 3501 Concord Road York, PA 17402	Filing Analyst	800-876-3350 x6310	717-757-7917	dcsurics@lincolngeneral.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		David A. Csurics		

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

<b>9. Type of Insurance (TOI)</b>	Commercial Umbrella
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Commercial Umbrella
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12. Company Program Title (Marketing title)</b>	Commercial Auto
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 10-01-2007      Renewal: 10-01-2007
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	08-08-2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2007AR15CU
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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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Lincoln General Insurance Company is in the process of converting to a new issuing system. We anticipate being able to issue some Commercial Umbrella policies via this system as soon as October 1, 2007, which is the proposed effective date of this filing. We would like to file the attached forms as optional for commercial umbrella, so that they are available for policies that are issued via our new system. The declarations pages and schedules included in this filing were supplied to us by the vendor of this system. We are not withdrawing any forms at this time, due to the fact that we will not be issuing all commercial umbrella policies from this system for at least several months.

The attached explanatory memo contains a detailed listing of the forms submitted in this filing.

<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 #: 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>	2007AR15CU
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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>	2007AR15CU
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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	Common Policy Declarations	CO-DEC (07/ 01)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Commercial Liability Umbrella Declarations	CU DEC 09 00	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Commercial Umbrella/Excess Liability Supplemental Schedule of Underlying Insurance	UM 0041 04 00	<input checked="" 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		

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## 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>	N/A
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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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)
Lincoln General Insurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<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.</b>	<b>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>	0.0%	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	0.0%	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>	\$0.00	
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	N/A	

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

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