

SERFF Tracking Number: LDRE-125264231 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-025809
Company Tracking Number: G4807F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: Filing of Commercial Interline Forms/G4807F

Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial Interline

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

SERFF Tr Num: LDRE-125264231 State: Arkansas

SERFF Status: Closed

Co Tr Num: G4807F

Co Status:

Author: Joy Landholm

Date Submitted: 08/16/2007

State Tr Num: AR-PC-07-025809

State Status: PENDING FEES

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

Disposition Date: 08/17/2007

Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date Requested (Renewal): 12/01/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal):
12/01/2007

General Information

Project Name: Filing of Commercial Interline Forms

Project Number: G4807F

Reference Organization:

Reference Title:

Filing Status Changed: 08/17/2007

State Status Changed: 08/17/2007

Corresponding Filing Tracking Number:

Filing Description:

At this time our Company would like to file the following Independent Commercial Interline Forms with your Department for all policies written to become effective on or after December 1, 2007:

GU 49 03 07 07 Calculation of Premium

GU 49 06 07 07 Named Insured

GU 49 52 07 07 Nuclear Energy Liability Exclusion Endorsement (Broad Form)

GU 49 77 01 07 Installment Endorsement

Status of Filing in Domicile: Authorized

Domicile Status Comments: Nebraska, our
domicile state, is File and Use

Reference Number:

Advisory Org. Circular:

Deemer Date:

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The changes made to these forms is we have updated the lines of insurance.

Included in this filing are:

1. Forms listing which includes the Form Number which is being replaced and the approval date from your Department.
2. Side-by-side explanation of the replaced forms.
3. Mark-up copies of the forms being updated.

Company and Contact

Filing Contact Information

Joy Landholm, Compliance Technician j.landholm@gwccnet.com
 1100 W. 29th Street (800) 228-8602 [Phone]
 South Sioux City,, NE 68776 (402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company	CoCode: 11371	State of Domicile: Nebraska
1100 W. 29th Street	Group Code: 150	Company Type: P & C
So. Sioux City, NE 68776	Group Name:	State ID Number:
(402) 494-2411 ext. [Phone]	FEIN Number: 47-6024508	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Nebraska, our domicile state, has no filing fee

We used your filing fee of \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$0.00	08/16/2007	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
216688	\$50.00	08/16/2007

State Specific

Check_No: 216688
Check_Amt: 50.00
Check_Rec: mailing 08-16-2007

SERFF Tracking Number: LDRE-125264231 State: Arkansas
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TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: Filing of Commercial Interline Forms/G4807F

Correspondence Summary

Dispositions

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

SERFF Tracking Number: LDRE-125264231 *State:* Arkansas
Filing Company: Great West Casualty Company *State Tracking Number:* AR-PC-07-025809
Company Tracking Number: G4807F
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: Filing of Commercial Interline Forms/G4807F

Disposition

Disposition Date: 08/17/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125264231 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-025809
 Company Tracking Number: G4807F
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Interline
 Project Name/Number: Filing of Commercial Interline Forms/G4807F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Forms Explanation	Approved	Yes
Supporting Document	Mark-up copies	Approved	Yes
Supporting Document	copy of check	Approved	No
Form	Calculation of Premium	Approved	Yes
Form	Named Insured	Approved	Yes
Form	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	Approved	Yes
Form	Installment Endorsement	Approved	Yes

SERFF Tracking Number: LDRE-125264231 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-025809
 Company Tracking Number: G4807F
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Interline
 Project Name/Number: Filing of Commercial Interline Forms/G4807F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Calculation of Premium	GU 49 03	07 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GU 49 03 07 03 Previous Filing #:		GU 49 03 07 07.pdf
Approved	Named Insured	GU 49 06	07 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GU 49 06 07 03 Previous Filing #:		GU 49 06 07 07.pdf
Approved	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	GU 49 52	07 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL 00 21 04 98 Previous Filing #:		GU 49 52 07 07.pdf
Approved	Installment Endorsement	GU 49 77	01 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GU 49 77 07 03 Previous Filing #:		GU 49 77 01 07.pdf

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL UMBRELLA COVERAGE PART
TRUCKERS EXCESS POLICY
COMMERCIAL EXCESS INSURANCE POLICY

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- TRUCKERS EXCESS POLICY
- COMMERCIAL EXCESS INSURANCE POLICY

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

The Named Insured shown in the Declarations shall include:

Named Insured (continued)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
(BROAD FORM)**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL UMBRELLA COVERAGE PART
TRUCKERS EXCESS POLICY
COMMERCIAL EXCESS INSURANCE POLICY

1. The insurance does not apply:
 - A. Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an "insured" under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance association of Canada or any of their successors, or would be an "insured" under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
 - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from the "hazardous properties" of "nuclear material", if:
 - (1) The "nuclear material"
 - (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or
 - (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:
 - a. "**Hazardous properties**" include radioactive, toxic or explosive properties;
 - b. "**Nuclear material**" means "source material", "Special nuclear material" or "by-product material";

- c. **"Source material"**, "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;
- d. **"Spent fuel"** means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor";
- e. **"Waste"** means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".
- f. **"Nuclear facility"** means:
 - (1) Any "nuclear reactor";
 - (2) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";
- (3) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- (4) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations;
- g. **"Nuclear reactor"** means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;
- h. **"Property damage"** includes all forms of radioactive contamination of property.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INSTALLMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL UMBRELLA COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

Your policy is to be paid for on Installments. The down payment is:

Your SCHEDULE of payments is as follows:

PAYMENT NUMBER	BILL DATE	PREMIUM	TOTAL
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SERFF Tracking Number: LDRE-125264231 *State:* Arkansas
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Company Tracking Number: G4807F
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: Filing of Commercial Interline Forms/G4807F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125264231 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: AR-PC-07-025809
Company Tracking Number: G4807F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: Filing of Commercial Interline Forms/G4807F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/17/2007

Comments:

Attachments:

PC TD-1.pdf

PC FFS-1.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 08/17/2007

Comments:

Attachment:

AR endorsements list.pdf

Satisfied -Name: Forms Explanation **Review Status:** Approved 08/17/2007

Comments:

Attachment:

AR explanation.pdf

Satisfied -Name: Mark-up copies **Review Status:** Approved 08/17/2007

Comments:

Attachment:

Mark-up copies.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2. Insurance Department Use only</td> </tr> <tr> <td colspan="2">a. Date the filing is received:</td> </tr> <tr> <td colspan="2">b. Analyst:</td> </tr> <tr> <td colspan="2">c. Disposition:</td> </tr> <tr> <td colspan="2">d. Date of disposition of the filing:</td> </tr> <tr> <td colspan="2">e. Effective date of filing:</td> </tr> <tr> <td style="width: 60%;">New Business:</td> <td></td> </tr> <tr> <td>Renewal Business:</td> <td></td> </tr> <tr> <td colspan="2">f. State Filing #:</td> </tr> <tr> <td colspan="2">g. SERFF Filing #: LDRE-125264231</td> </tr> <tr> <td style="width: 60%;">h. Subject Codes:</td> <td></td> </tr> </table>	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 #: LDRE-125264231		h. Subject Codes:	
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h. Subject Codes:																							

3. Group Name	Group NAIC#
Old Republic Group	0150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great West Casualty Company	Nebraska	11371	47-6024508	

5. Company Tracking Number	G4807F
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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
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer		<i>Mark Galvin</i>		
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

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

9.	Type of Insurance (TOI)	35.0 - Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Comm'l Interline Filings
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Commercial 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: 12-01-2007 Renewal: 12-01-2007
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	August 16, 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 #	G4807F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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At this time our Company would like to file the following Independent Commercial Interline Forms with your Department for all policies written to become effective on or after December 1, 2007:

GU 49 03 07 07 Calculation of Premium
GU 49 06 07 07 Named Insured
GU 49 52 07 07 Nuclear Energy Liability Exclusion Endorsement (Broad Form)
GU 49 77 01 07 Installment Endorsement

The changes made to these forms is we have updated the lines of insurance.

Included in this filing are:

1. Forms listing which includes the Form Number which is being replaced and the approval date from your Department.
2. Side-by-side explanation of the replaced forms.
3. Mark-up copies of the forms being updated.

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 #: 216688 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 #	G4807F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Calculation of Premium	GU 49 03 07 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	GU 49 03 07 03	
02	Named Insured	GU 49 06 07 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	GU 49 06 07 03	
03	Nuclear Energy Liability Excl. Endorsement (Broad Form)	GU 49 52 07 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 00 21 04 98	
04	Installment Endorsement	GU 49 77 01 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	GU 49 77 07 03	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

**GREAT WEST CASUALTY COMPANY
1100 WEST 29TH STREET
SOUTH SIOUX CITY, NEBRASKA 68776**

**COMMERCIAL LINES POLICY
COMMERCIAL INTERLINE ENDORSEMENTS**

(Forms are listed in order of presentation. The side-by-side explanations are attached to the filing)

Commercial Interline Company Forms

GU 49 03 07 07	Calculation of Premium
GU 49 06 07 07	Named Insured
GU 49 52 07 07	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
GU 49 77 01 07	Installment Endorsement

Form GU 49 03 07 07 replaces Form GU 49 03 07 03 which was approved by your Department effective January 1, 2004.

Form GU 49 06 07 07 replaces Form GU 49 06 07 03 which was approved by your Department effective January 1, 2004.

Form GU 49 52 07 07 replaces Form IL 00 21 04 98 which was approved by your Department effective November 1, 1998.

Form GU 49 77 01 07 replaces Form GU 49 77 07 03 which was approved by your Department effective January 1, 2004.

**GREAT WEST CASUALTY COMPANY
1100 W. 29TH STREET
SOUTH SIOUX CITY, NEBRASKA 68776**

COMMERCIAL INTERLINE ENDORSEMENTS

GU 49 03 07 07
CALCULATION OF PREMIUM

GWCC changes

The only change we made to this form is we have updated the lines of insurance we are currently writing.

ISO Form explanation

IL 0003- Calculation of Premium.

GU 49 06 07 07
NAMED INSURED

GWCC changes

The only change we made to this form is we have updated the lines of insurance we are currently writing.

ISO Form explanation

No comparable ISO form.

GU 49 52 07 07
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)

GWCC changes

The only change we made to this form is we have updated the lines of insurance we are currently writing. We have assigned a company number as the lines of insurance do not match ISO's.

ISO Form explanation

ISO form IL 00 21

No change in intent.

GU 49 77 01 07
INSTALLMENT ENDORSEMENT

GWCC changes

The only change we made to this form is we have updated the lines of insurance we are currently writing.

ISO Form explanation

No comparable ISO form.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL UMBRELLA COVERAGE PART
- ~~EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE FORM~~
- ~~SPECIAL MULTI-LINE COVERAGE PART~~
- [TRUCKERS EXCESS POLICY](#)
- [COMMERCIAL EXCESS INSURANCE POLICY](#)

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- ~~EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE FORM~~
- ~~SPECIAL MULTI-LINE COVERAGE PART~~
- [TRUCKERS EXCESS POLICY](#)
- [COMMERCIAL EXCESS INSURANCE POLICY](#)

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

The Named Insured shown in the Declarations shall include:

Named Insured (continued)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
(BROAD FORM)**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL UMBRELLA COVERAGE PART
~~EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE FORM~~
~~SPECIAL MULTI-LINE COVERAGE FORM~~
[TRUCKERS EXCESS POLICY](#)
[COMMERCIAL EXCESS INSURANCE POLICY](#)

1. The insurance does not apply:
 - A. Under any Liability Coverage, to "bodily injury" or "property damage":
 - (1) With respect to which an "insured" under the policy is also an "insured" under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance association of Canada or any of their successors, or would be an "insured" under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
 - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
 - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from the "hazardous properties" of "nuclear material", if:
 - (1) The "nuclear material"
 - (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or
 - (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an "insured"; or
 - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:
 - a. "**Hazardous properties**" include radioactive, toxic or explosive properties;
 - b. "**Nuclear material**" means "source material", "Special nuclear material" or "by-product material";

c. **"Source material"**, "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

d. **"Spent fuel"** means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor";

e. **"Waste"** means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

f. **"Nuclear facility"** means:

(1) Any "nuclear reactor";

(2) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";

(3) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(4) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations;

g. **"Nuclear reactor"** means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;

h. **"Property damage"** includes all forms of radioactive contamination of property.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INSTALLMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL UMBRELLA COVERAGE PART
- ~~SPECIAL MULTI-LINE COVERAGE PART~~

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

Your policy is to be paid for on Installments. The down payment is:

Your SCHEDULE of payments is as follows:

PAYMENT NUMBER	BILL DATE	PREMIUM	TOTAL
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