

SERFF Tracking Number: SEPX-125264706 State: Arkansas  
Filing Company: Sentry Select Insurance Company State Tracking Number: AR-PC-07-025814  
Company Tracking Number: GL AR07346DOF01  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Commercial General Liability  
Project Name/Number: 2007 General Liability/GL AR07346DOF01

## Filing at a Glance

Company: Sentry Select Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: SEPX-125264706 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-025814  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR07346DOF01 State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: SPI SentryInsurancePC Disposition Date: 08/17/2007  
Date Submitted: 08/16/2007 Disposition Status: Approved  
Effective Date Requested (New): 11/01/2007 Effective Date (New):  
Effective Date Requested (Renewal): 11/01/2007 Effective Date (Renewal):

## General Information

Project Name: 2007 General Liability Status of Filing in Domicile: Pending  
Project Number: GL AR07346DOF01 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/17/2007 Deemer Date:  
State Status Changed: 08/17/2007  
Corresponding Filing Tracking Number:  
Filing Description:  
We are filing new and revised Commercial General Liability (CGL) Endorsements pertaining to All Terrain Vehicles, Snowmobiles, Miniature Motorcycles and Off Road Motorcycles. Please refer to the attached Forms Filing Memorandum for the new, revised and replaced form information.

We ask for your approval of this filing.

## Company and Contact

### Filing Contact Information

Lance Broecker, Product

[lance.broecker@sentry.com](mailto:lance.broecker@sentry.com)

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Compliance/Development - Analyst

1800 North Point Drive (715) 346-8450 [Phone]  
Stevens Point, WI 54481 (715) 346-6044[FAX]

**Filing Company Information**

Sentry Select Insurance Company CoCode: 21180 State of Domicile: Wisconsin  
1800 North Point Drive Group Code: 169 Company Type:  
Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:  
Group  
(715) 346-6000 ext. [Phone] FEIN Number: 36-2674180  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Select Insurance Company	\$50.00	08/16/2007	15149607

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/17/2007	08/17/2007

*SERFF Tracking Number:*      *SEPX-125264706*                      *State:*                      *Arkansas*  
*Filing Company:*              *Sentry Select Insurance Company*              *State Tracking Number:*      *AR-PC-07-025814*  
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*Product Name:*              *Commercial General Liability*  
*Project Name/Number:*      *2007 General Liability/GL AR07346DOF01*

## **Disposition**

Disposition Date: 08/17/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Form	Youth ATV Exclusion	Approved	Yes
Form	ATV Lease or Rental Exclusion	Approved	Yes
Form	Additional Insured - Operator of ATV	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Youth ATV Exclusion	CG 88 15	05 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CG 88 15 Previous Filing #:		CG 88 15.PDF
Approved	ATV Lease or Rental Exclusion	CG 88 18	09 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CG 88 18 Previous Filing #:		CG 88 18.PDF
Approved	Additional Insured - Operator of ATV	CG 88 31	09 07	Endorsement/Amendment/Conditions New	0.00		CG 88 31.PDF



YOUTH ALL TERRAIN VEHICLE  
SNOWMOBILE, MINIATURE MOTORCYCLE AND OFF ROAD MOTORCYCLE EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. The following exclusion is added to Paragraph 2., EXCLUSIONS of SECTION I - COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY:

This insurance does not apply to:

1. "Bodily injury" or "property damage" arising out of the sale, lease, rental, repair or customer demonstration of any:
  - a. "All terrain vehicle";
  - b. Snowmobile;
  - c. Miniature motorcycle (also known as a mini-bike or pocket bike); or
  - d. Motorcycle (designed exclusively for off road use) designed for operators 16 years of age or less; or

2. "Bodily injury" arising out of anyone "occupying" a vehicle described in Paragraph 1. above.

- B. For the purposes of this endorsement, the following definitions are added:

"All terrain vehicle" means a land motorized vehicle, whether or not subject to motor vehicle registration:

1. With three or four broad, low pressure tires (less than 10 pounds per square inch);
2. With a seat to be straddled by the operator and, where applicable, a passenger;
3. With handlebars for steering; and
4. Designed for off-road use.

"Occupying" means in, upon, getting in, on, out or off.

CG 88 15 05 07



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ALL TERRAIN VEHICLE, SNOWMOBILE, MINI-BIKE, AND  
OFF ROAD MOTORCYCLE - LEASE OR RENTAL EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. The following exclusion is added to Paragraph 2., EXCLUSIONS of SECTION I - COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY:

This insurance does not apply to "bodily injury" or "property damage" arising out of the lease or rental of any "all terrain vehicle", snowmobile, miniature motorcycle (also known as a mini-bike or pocket bike), or motorcycle (designed exclusively for off-road use). This exclusion does not apply to your, your "employee's" or "executive officer's" liability arising from an "all terrain vehicle" or snowmobile provided as a temporary substitute to a customer whose "all terrain vehicle" or snowmobile is being serviced or repaired.

- B. For the purposes of this endorsement, the following definition is added:

"All terrain vehicle" means a land motorized vehicle, whether or not subject to motor vehicle registration:

1. With three or four broad, low pressure tires (less than 10 pounds per square inch);
2. With a seat to be straddled by the operator and, where applicable, a passenger;
3. With handlebars for steering; and
4. Designed for off-road use.

CG 88 18 09 07



NAMED INSURED: AMANDA'S TEST

EFFECTIVE DATE: 06-01-07

ADDITIONAL INSURED - OPERATOR OF ALL TERRAIN VEHICLES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

NAME OF ADDITIONAL INSURED PERSON(S):

XX
XX
XX
XX
XX
XX

A. SECTION II - WHO IS AN INSURED is amended to include as an insured the person(s) shown in the Schedule but only with respect to their liability arising from the operation of an "all terrain vehicle", snowmobile, miniature motorcycle (also known as mini-bike or pocket bike) or motorcycle (designed exclusively for off road use) you own. However, the named person(s) is not an insured for "property damage" to property owned by, rented to, in the charge of or occupied by you.

B. Under SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 4.b. Excess Insurance is amended by the addition of the following:

This insurance is excess over any other insurance, whether primary, excess, contingent, or on any other basis, available to the person(s) named in the Schedule.

C. For the purposes of this endorsement, the following definition is added:

"All terrain vehicle" means a land motorized vehicle, whether or not subject to motor vehicle registration:

- 1. With three or four broad, low pressure tires (less than 10 pounds per square inch);
2. With a seat to be straddled by the operator and, where applicable, a passenger;
3. With handlebars for steering; and
4. Designed for off-road use.

CG 88 31 09 07

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*Project Name/Number:*              *2007 General Liability/GL AR07346DOF01*

## **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:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 08/17/2007

**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

**Satisfied -Name:** AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 08/17/2007

**Comments:**

**Attachment:**

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).PDF

**Satisfied -Name:** AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 08/17/2007

**Comments:**

**Attachment:**

AR - NAIC FORM FILING SCHEDULE.PDF

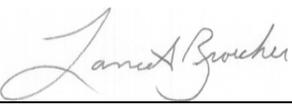
## Property & Casualty Transmittal Document

<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: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Sentry Insurance Group	169			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Sentry Select Insurance Company	WI	21180	36-2674180	

<b>5. Company Tracking Number</b>	GL AR07346DOF01
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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
	Lance Broecker 1800 North Point Drive Stevens Point WI 54481	Product Compliance/ Development Analyst	715-346-6000 Ext. 8450	715-346-6044	lance.broecker@sentry.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Lance Broecker		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	17.2 Other Liability - Occurrence Only
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.2001 Commercial General Liability
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Commercial General Liability
<b>13.</b>	<b>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.</b>	<b>Effective Date(s) Requested</b>	New: 11-01-07      Renewal: 11-01-07
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	August 16, 2007
<b>19.</b>	<b>Status of filing in domicile</b>	<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>	GL AR07346DOF01
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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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We are filing new and revised Commercial General Liability (CGL) Endorsements pertaining to All Terrain Vehicles, Snowmobiles, Miniature Motorcycles and Off Road Motorcycles. Please refer to the attached Forms Filing Memorandum for the new, revised and replaced form information.

We ask for your approval of 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]
	<p><b>Check #:</b> SERFF EFT <b>Amount:</b> \$50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed August 16, 2007

2. Company Name(s) Sentry Select Insurance Company

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

3. (a) Annual Statement Line of Business Number (Page 14) 17.2

(b) Class of Business General Liability

© Coverages Affected \_\_\_\_\_

4. (a) Name of Advisory Organization, if any ISO

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Forms have been filed and are pending approval.

8. Is the form filed in response to or due to legislation? If so, specify legislation.

No.

9. Is the form in response to or due to recent court decisions? If so, give citation.

No.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Lance Broecker

**Title**

715-346-8450

**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
CG 88 15 12 04	11-01-07	CG 88 15 05 07	Youth ATV Exclusion
CG 88 18 1204	11-01-07	CG 88 18 09 07	ATV Lease or Rental Exclusion
	11-01-07	CG 88 31 09 07	Additional Insured - Operator of ATV

**ARKANSAS CERTIFICATE OF COMPLIANCE**

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



Vice President General  
Counsel & Corporate  
Secretary

I, William O'Reilly, Secretary of  
*(Name) (Title of Authorized Officer)*

Sentry Select Insurance Company

*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • GL AR07346DOF01	
Signature of Authorized Officer •	<i>William O'Reilly</i>
Name of Authorized Officer •	William O'Reilly
Title of Authorized Officer •	Vice President General Counsel & Corporate Secretary
Email address of Authorized Officer •	
Telephone # of Authorized Officer •	Date • August 16, 2007

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*

## 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>	GL AR07346DOF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	GL AR07346DOR01
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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	Youth ATV Exclusion	CG 88 15 05 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 88 15	
02	ATV Lease or Rental Exclusion	CG 88 18 09 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG 88 18	
03	Additional Insured - Operator of ATV	CG 88 31 09 07	<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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		