

SERFF Tracking Number: HCAS-125291338 State: Arkansas
Filing Company: The Ohio Casualty Insurance Company State Tracking Number: AR-PC-07-026099
Company Tracking Number: 20060317
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Comm. IM - Motor Truck Cargo Forms 2007
Project Name/Number: Comm. IM - Motor Truck Cargo Forms 2007/20060317

Filing at a Glance

Company: The Ohio Casualty Insurance Company

Product Name: Comm. IM - Motor Truck Cargo SERFF Tr Num: HCAS-125291338 State: Arkansas
Forms 2007

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-026099

Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: 20060317 State Status:

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Margie Benge Disposition Date: 09/20/2007

Date Submitted: 09/14/2007 Disposition Status: Approved

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

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

General Information

Project Name: Comm. IM - Motor Truck Cargo Forms 2007

Project Number: 20060317

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 09/20/2007

State Status Changed: 09/17/2007

Corresponding Filing Tracking Number: N/A

Filing Description:

In accordance with the filing requirements of your state, we submit five new Company forms for use in writing Uncontrolled Inland Marine Motor Truck Cargo coverage. These forms are in final print. This form revision is explained on the enclosed Form Filing Memorandum.

We have filed this form revision in 17 states. It has been filed and implemented in our domicile state of Ohio.

These new forms will give our Company the option to write Uncontrolled Inland Marine coverage for Motor Truck Cargo

SERFF Tracking Number: HCAS-125291338 State: Arkansas
 Filing Company: The Ohio Casualty Insurance Company State Tracking Number: AR-PC-07-026099
 Company Tracking Number: 20060317
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Comm. IM - Motor Truck Cargo Forms 2007
 Project Name/Number: Comm. IM - Motor Truck Cargo Forms 2007/20060317

in a policy portfolio along with Commercial Automobile Truckers coverages. There is no overall rate level impact on our Commercial Inland Marine business due to the introduction of this declarations page and endorsements. These new Company forms will use the same rating/ pricing which is shown on our currently filed Company Countrywide rate page for Motor Truck Cargo Coverage.

We are submitting this filing to be applicable to all policies written on and after October 1, 2007.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of your state.

Company and Contact

Filing Contact Information

Margie Benge, Product Staff Underwriter Margie.Benge@ocas.com
 9450 Seward Road (800) 843-6446 [Phone]
 Fairfield, OH 45014-5456 (513) 603-3123[FAX]

Filing Company Information

The Ohio Casualty Insurance Company CoCode: 24074 State of Domicile: Ohio
 9450 Seward Road Group Code: 148 Company Type:
 Fairfield, OH 45014-5456 Group Name: State ID Number:
 (800) 843-6446 ext. [Phone] FEIN Number: 31-0396250

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per Group for 1 form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$0.00	09/14/2007	

SERFF Tracking Number: *HCAS-125291338* *State:* *Arkansas*
Filing Company: *The Ohio Casualty Insurance Company* *State Tracking Number:* *AR-PC-07-026099*
Company Tracking Number: *20060317*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Comm. IM - Motor Truck Cargo Forms 2007*
Project Name/Number: *Comm. IM - Motor Truck Cargo Forms 2007/20060317*

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
21575607	\$50.00	09/13/2007

SERFF Tracking Number: HCAS-125291338 State: Arkansas
Filing Company: The Ohio Casualty Insurance Company State Tracking Number: AR-PC-07-026099
Company Tracking Number: 20060317
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Comm. IM - Motor Truck Cargo Forms 2007
Project Name/Number: Comm. IM - Motor Truck Cargo Forms 2007/20060317

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/20/2007	09/20/2007

SERFF Tracking Number: *HCAS-125291338* *State:* *Arkansas*
Filing Company: *The Ohio Casualty Insurance Company* *State Tracking Number:* *AR-PC-07-026099*
Company Tracking Number: *20060317*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Comm. IM - Motor Truck Cargo Forms 2007*
Project Name/Number: *Comm. IM - Motor Truck Cargo Forms 2007/20060317*

Disposition

Disposition Date: 09/20/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal): 10/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HCAS-125291338 State: Arkansas
 Filing Company: The Ohio Casualty Insurance Company State Tracking Number: AR-PC-07-026099
 Company Tracking Number: 20060317
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Comm. IM - Motor Truck Cargo Forms 2007
 Project Name/Number: Comm. IM - Motor Truck Cargo Forms 2007/20060317

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter & Filing Memorandum	Approved	Yes
Form	Comm. Lines Policy Common Policy Declarations	Approved	Yes
Form	Motor Truck Cargo Restrictions of Coverage Endorsement	Approved	Yes
Form	Composite Rate Endorsement	Approved	Yes
Form	Amendatory Endorsement – Motor Truck Cargo	Approved	Yes
Form	Vehicle Schedule Endorsement	Approved	Yes

SERFF Tracking Number: HCAS-125291338 State: Arkansas
 Filing Company: The Ohio Casualty Insurance Company State Tracking Number: AR-PC-07-026099
 Company Tracking Number: 20060317
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: Comm. IM - Motor Truck Cargo Forms 2007
 Project Name/Number: Comm. IM - Motor Truck Cargo Forms 2007/20060317

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Comm. Lines Policy Common Policy Declarations	DC 01 00	05-06	Declaration New s/Schedule		0.00	DC 01 00 5 06 DEC Page.pdf
Approved	Motor Truck Cargo Restrictions of Coverage Endorsement	IM 70 00	04-01	Endorseme New nt/Amendm ent/Condi tions		0.00	IM 70 00 04 01 Motor Truck Restrictions Endt.pdf
Approved	Composite Rate Endorsement	TR 02 62	04-01	Endorseme New nt/Amendm ent/Condi tions		0.00	TR 02 62 (04-01) Composite Rate Endt.pdf
Approved	Amendatory Endorsement – Motor Truck Cargo	CM 77 57	01-07	Endorseme New nt/Amendm ent/Condi tions		0.00	CM 77 57 01 07 Strategic CW MTC AMEND ENDT.pdf
Approved	Vehicle Schedule Endorsement	CM 77 58	01-07	Endorseme New nt/Amendm ent/Condi tions		0.00	CM 77 58 01 07 Strategic CW Vehicle Sch Endt.pdf

**COMMERCIAL LINES POLICY
COMMON POLICY DECLARATIONS**

The Ohio Casualty Insurance Company
(A Stock Insurance Company)
part of the Ohio Casualty Group
9450 Seward Road
Fairfield, Ohio 45014
www.ocas.com
1-800-843-6446

POLICY NUMBER:

Renewal of Number

ITEM ONE

NAMED INSURED AND MAILING ADDRESS

PRODUCER

POLICY PERIOD: From: _____ To: _____

PRODUCER CODE:

12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: _____ **BUSINESS DESCRIPTION:** _____

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 STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM
() COMMERCIAL INLAND MARINE	\$
() COMMERCIAL AUTO	\$
() FEES, TAXES, SURCHARGES LISTED BELOW	\$
TOTAL POLICY PREMIUM	\$

() Subject to Audit

The premiums shown on the Common Policy Declarations reflect the total premium for the policy period stated above. Premiums shown on the following declaration pages are annual premiums.

ENDORSEMENTS ATTACHED TO THIS POLICY:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Countersigned _____
(Date)

By _____
(Authorized Representative)

This endorsement changes the policy. Please read it carefully.

Effective Date of Endorsement:

Name of Insured:

Agent Code:

**MOTOR TRUCK CARGO
RESTRICTIONS OF COVERAGE ENDORSEMENT**

This endorsement modifies insurance provided under the following:
MOTOR TRUCK CARGO LIABILITY COVERAGE FORM
MOTOR TRUCK CARGO LIABILITY COVERAGE FORM (SCHEDULE VEHICLE FORM)

The following Coverage Option(s) apply when an "X" is indicated in the box.

- A. **RESTRICTIONS OF COMMODITIES**
In the event of "loss" by theft of the following types of property or any combination thereof, from a vehicle or location, we will not pay more than 10% of the Limit of Insurance applying to the vehicle or location:
1. Electronic equipment, radio and television sets and parts, cameras and any device designed for the recording or reproduction of sound and/or video pictures;
 2. Liquors, wines and other alcoholic beverages (excluding beer);
 3. Firearms and ammunition;
 4. Manufactured tobacco products;
 5. Furs or garments trimmed with fur;
 6. Wearing apparel;
 7. Copper and copper products, precious metals and alloys.
- B. **LOCKED VEHICLE**
We will not pay for "loss" by theft from an unattended vehicle unless at the time of the theft the vehicle is equipped with an entirely enclosed compartment of good condition and provided with suitable locks. All windows, doors and compartments must be closed and locked and there must be visible signs that the theft was the result of forced entry.
- C. **ATTENDED VEHICLE**
We will not pay for "loss" by theft from any vehicle unless at the time of the theft you, or an employee, or other person whose only duty is to attend the vehicle is actually in or upon the vehicle.
- D. **ALARM REQUIREMENT**
1. We will not pay for "loss" by theft from a vehicle unless at the time of the theft the vehicle is equipped with the following alarm system _____
 2. We will not pay for "loss" by theft caused by or resulting from your failure to keep the alarm system in the ON position while the property is in the vehicle except while the property is being loaded or unloaded from the vehicle. While the vehicle is being loaded or unloaded you, an employee or other person whose sole duty is to attend the vehicle must be present.
 3. The alarm system installed in the vehicle must be:
 - a. Maintained in good working order; and
 - b. Inspected and approved at the Inspection Period shown in the Declarations by the person(s) or firm shown in the Declarations.
- You must maintain records of these inspections, which we may examine at any time during the policy period.
4. We will not pay for "loss" by theft if you do not maintain the alarm system in good working order or do not make the required inspections at the stated inspection periods.

E.

TARPAULIN REQUIREMENT

1. We will not pay for "loss" to property in transit in or on an open topped, flat bed or curtain sided trailer or truck caused by or resulting from:
 - a. Marring or scratching;
 - b. Spotting or discoloration;
 - c. Wetness, dampness or rusting

unless the property is completely and securely covered by a waterproof tarpaulin. You must inspect the tarpaulin prior to use and make sure the tarpaulin is in good condition with no holes or tears.

COMPOSITE RATE ENDORSEMENT

The Written Premium for all Motor Truck Cargo Liability Coverage afforded by this policy shall be computed on the basis of the rates shown below.

The Written Premium for all Motor Truck Cargo Liability Coverage will be determined by multiplying the total number of units by the predetermined rate shown below.

Premium Basis <u>Per Unit</u>	Annual Rate <u>Per Unit</u>	Annual Estimated <u>Premium</u>
--	--	--

This endorsement is effective from _____ 12:01 A.M. Standard Time
and forms a part of Policy Number _____
issued to _____

This endorsement changes
the policy.
-- PLEASE READ THIS CAREFULLY --

AMENDATORY ENDORSEMENT – MOTOR TRUCK CARGO

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE REPORTING FORM

The provisions of the Motor Truck Cargo Legal Liability Coverage or Motor Truck Cargo Legal Liability Coverage Reporting Form apply except as otherwise provided in this endorsement.

PROPERTY COVERED

Paragraph 1.a. **Coverage of Property in Vehicles** under Motor Truck Cargo Legal Liability Coverage is replaced by the following:

- a. **Coverage** -- “We” cover direct physical loss caused by a covered peril to property of others described on the “schedule of coverages” while in the due course of “transit” including loading and unloading. However, such coverage shall apply only in the due course of “transit” while being transported by the specific units described in the Vehicle Schedule Endorsement.

SUPPLEMENTAL COVERAGES

Supplemental Coverage **Newly Acquired Terminals** is deleted when the “schedule of coverages” indicates that Terminal coverage does not apply.

The following is added to Supplemental Coverages:

Vehicle Substitution -- “You” may use a temporary substitute if a vehicle described on the Vehicle Schedule Endorsement is disabled or replaced. The most the “we” pay for a loss involving a substitute vehicle is the “limit” shown on the “schedule of coverages.”

PERILS EXCLUDED

The following is added to the Perils Excluded of Motor Truck Cargo Legal Liability Coverage:

Contamination or Deterioration -- “We” do not pay for loss caused by contamination or deterioration including corrosion, decay, fungus, mildew, mold, rot, rust or any quality, fault, or weakness in the covered property that causes it to damage or destroy itself.

Paragraph 2.a. **Contamination or Deterioration** under Motor Truck Cargo Legal Liability Coverage Reporting Form is replaced by the following:

- a. **Contamination or Deterioration** -- "We" do not pay for loss caused by contamination or deterioration including corrosion, decay, fungus, mildew, mold, rot, rust or any quality, fault, or weakness in the covered property that causes it to damage or destroy itself.

This endorsement changes
the policy.
-- PLEASE READ THIS CAREFULLY --

VEHICLE SCHEDULE ENDORSEMENT

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE
MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE REPORTING FORM

SCHEDULE

Unit Number	Description of Unit
--------------------	----------------------------

SERFF Tracking Number: *HCAS-125291338* *State:* *Arkansas*
Filing Company: *The Ohio Casualty Insurance Company* *State Tracking Number:* *AR-PC-07-026099*
Company Tracking Number: *20060317*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Comm. IM - Motor Truck Cargo Forms 2007*
Project Name/Number: *Comm. IM - Motor Truck Cargo Forms 2007/20060317*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HCAS-125291338 State: Arkansas
Filing Company: The Ohio Casualty Insurance Company State Tracking Number: AR-PC-07-026099
Company Tracking Number: 20060317
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Comm. IM - Motor Truck Cargo Forms 2007
Project Name/Number: Comm. IM - Motor Truck Cargo Forms 2007/20060317

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/20/2007

Comments:

See attached Transmittal Document PC TD-1 and Form Filing Schedule PC FFS-1.

Attachments:

AR PCTD-1(2006).pdf
AR PCFFS-1(2006).pdf

Satisfied -Name: Cover Letter & Filing Memorandum **Review Status:** Approved 09/20/2007

Comments:

See attached filing cover letter and Filing Memorandum.

Attachments:

AR mb0914MotorTruck d8 File.arf.pdf
d8MotorTruckFormMemo NewState 1007.cwf.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #

5. Company Tracking Number	
-----------------------------------	--

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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

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

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14.	Effective Date(s) Requested	New: _____ Renewal: _____
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	
------------	--	--

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

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 #:
Amount:

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 #				
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			[] New [] Replacement [] Withdrawn		
02			[] 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		



September 14, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE THE OHIO CASUALTY INSURANCE COMPANY - NAIC #148-24074
DIVISION EIGHT - COMMERCIAL INLAND MARINE
COMPANY FORM REVISION – UNCONTROLLED
MOTOR TRUCK CARGO COVERAGE – NEW COMPANY FORMS
COMPANY FILING NUMBER: 20060317

In accordance with the filing requirements of your state, we submit five new Company forms for use in writing Uncontrolled Inland Marine Motor Truck Cargo coverage. These forms are in final print. This form revision is explained on the enclosed Form Filing Memorandum.

We have filed this form revision in 17 states. It has been filed and implemented in our domicile state of Ohio.

These new forms will give our Company the option to write Uncontrolled Inland Marine coverage for Motor Truck Cargo in a policy portfolio along with Commercial Automobile Truckers coverages. There is no overall rate level impact on our Commercial Inland Marine business due to the introduction of this declarations page and endorsements. These new Company forms will use the same rating/ pricing which is shown on our currently filed Company Countrywide rate page for Motor Truck Cargo Coverage.

We are submitting this filing to be applicable to all policies written on and after October 1, 2007.

To the best of our knowledge, information and belief, this filing is in compliance with the provisions of the insurance statutes, rules and regulations of your state.

MARGIE BENGE, PRODUCT STAFF UNDERWRITER
PROPERTY AND CASUALTY OPERATIONS
1-800-843-6446 EXT. 2841
FAX # (513) 603-3123
E-mail address: margie.benge@ocas.com

MB/ Enc. fil\mb0914MotorTruck d8 File.arf.doc

CLM DIVISION EIGHT - UNCONTROLLED INLAND MARINE
FILING MEMORANDUM

NEW FORMS – MOTOR TRUCK CARGO COVERAGE:

Our Company is currently filed to write Motor Truck Cargo Coverage as optional Uncontrolled Inland Marine business in your state. Our Company wants to file a new declarations page and endorsements which will give us the option to write Uncontrolled Inland Marine Motor Truck Cargo coverage in a policy portfolio along with Commercial Automobile Truckers coverages. This will allow us to focus on the Motor Truck Cargo market segment and to expand our existing commercial lines program offerings.

We are filing to introduce the following new Company forms:

DC 01 00 (5/06) Commercial Lines Policy Common Policy Declarations
IM 70 00 04-01 Motor Truck Cargo Restrictions of Coverage Endorsement
TR 02 62 (04/01) Composite Rate Endorsement
CM 77 57 01 07 Amendatory Endorsement – Motor Truck Cargo
CM 77 58 01 07 Vehicle Schedule Endorsement

These new Company forms are described below:

DC 01 00 (5/06) Commercial Lines Policy Common Policy Declarations

This new DC 01 00 (5/06) Commercial Lines Common Policy Declarations is an optional dec page which will give our Company the option to write Uncontrolled Inland Marine coverage for Motor Truck Cargo in a policy portfolio along with Commercial Automobile Truckers coverages. Commercial Inland Marine premium and Commercial Automobile premium can each be shown on this Common Policy Declarations.

IM 70 00 04-01 Motor Truck Cargo Restrictions of Coverage Endorsement

This new IM 70 00 04-01 Motor Truck Cargo Restrictions of Coverage Endorsement is used with our Inland Marine Motor Truck Cargo coverage in order to optionally add the following coverage restrictions to the policy: A. Restrictions of Commodities, B. Locked Vehicle, C. Attended Vehicle, D. Alarm Requirement, and E. Taurpaulin Requirement. A restriction can be added to the policy by marking an “X” in the appropriate box on this endorsement. The risk characteristics of the insured will determine if any restrictions need to be added to the policy by use of this endorsement.

TR 02 62 (04/01) Composite Rate Endorsement

This new TR 02 62 (04/01) Composite Rate Endorsement is an optional endorsement used with our Inland Marine Motor Truck Cargo coverage in order to indicate an annual estimated premium if the policy is written on a Non Monthly Reporting basis.

CM 77 57 01 07 Amendatory Endorsement – Motor Truck Cargo

This new CM 77 57 01 07 Amendatory Endorsement – Motor Truck Cargo is an optional endorsement used with our Inland Marine Motor Truck Cargo coverage. It modifies the wording that applies to Motor Truck Cargo Legal Liability Coverage IM 7451 01 07 and Motor Truck Cargo Legal Liability Coverage Reporting Form IM 7450 01 07. Since AAIS has recently introduced the 01 07 edition of these forms for use in your state, replacing the earlier 04 04 edition, we are introducing our endorsement CM 77 57 to clarify some of the coverage wording found in the AAIS forms having 01 07 edition. Our endorsement modifies Paragraph 1.a. Coverage of Property in Vehicles to clarify coverage in the due course of “transit”; it modifies the Supplemental Coverages wording to delete Newly Acquired Terminals, if the schedule indicates that Terminal coverage does not apply, and to add Vehicle Substitution coverage; and it modifies the Perils Excluded to clarify what is not covered under “Contamination or Deterioration.”

CM 77 58 01 07 Vehicle Schedule Endorsement

This new CM 77 58 01 07 Vehicle Schedule Endorsement is an optional endorsement used with our Inland Marine Motor Truck Cargo coverage. It provides a schedule to list units on the policy for Motor Truck Cargo Legal Liability Coverage or Motor Truck Cargo Legal Liability Coverage Reporting Form.

No Rate Impact

There is no overall rate level impact on our Commercial Inland Marine business due to the introduction of the declarations page and endorsements contained in this filing.

Our new Common Policy Declarations and new endorsements in this filing will be used whenever our Company decides to write Inland Marine Motor Truck Cargo coverage in a policy portfolio along with Commercial Auto coverages. These new Company forms will use the same rating/ pricing which is shown on our currently filed Company rate page for Motor Truck Cargo Coverage. We will continue to use the same motor truck cargo rates and premiums, and also the same Deductible Factors, Judgment Modification, Expense Modification, and Minimum Premiums as those shown in our Company's currently filed Motor Truck Cargo Coverage Countrywide Rate Page (09-07 edition).

Since we have not changed our current rating & pricing which applies to Motor Truck Cargo coverage, our new Company forms in this filing have no rate impact on our current book of business.

fil\d8MotorTruckFormMemo NewState 1007.cwf.doc