

SERFF Tracking Number: PHLX-125301494 State: Arkansas  
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026198  
Company Tracking Number: CA AR0030702R01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: Volunteer Fire  
Project Name/Number: Volunteer Fire/CA AR0030702R01

## Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Volunteer Fire SERFF Tr Num: PHLX-125301494 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-026198  
Sub-TOI: 20.0003 Other Co Tr Num: CA AR0030702R01 State Status:  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins  
Author: SPI PhiladelphiaIndemnity Disposition Date: 09/28/2007  
Date Submitted: 09/24/2007 Disposition Status: Approved  
Effective Date Requested (New): 11/01/2007 Effective Date (New): 11/01/2007  
Effective Date Requested (Renewal): Effective Date (Renewal):  
11/01/2007

## General Information

Project Name: Volunteer Fire Status of Filing in Domicile:  
Project Number: CA AR0030702R01 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/28/2007  
State Status Changed: 09/24/2007 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

Philadelphia Indemnity Insurance Company is introducing six new commercial automobile endorsements that will be available for risks with volunteer firefighting, ambulance and rescue related exposures. These endorsements will be used in conjunction with Insurance Services Office endorsements filed on our behalf.

Attached is a copy of the rule page for your review. There are no premium charges for these endorsements except for Agreed Value Coverage Extension and Schedule PI VF 024.

The premium charge is to use the agreed value for the vehicle(s) listed in the schedule and to use the Insurance Service Office Commercial Automobile rates.

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 Product Name: Volunteer Fire  
 Project Name/Number: Volunteer Fire/CA AR0030702R01

## Company and Contact

### Filing Contact Information

Diane Quarles, Compliance Analyst

One Bala Plaza (610) 617-7751 [Phone]  
 Bala Cynwyd, PA 19004 (866) 478-1433[FAX]

### Filing Company Information

Philadelphia Indemnity Insurance Company  
 One Bala Plaza  
 Suite 100  
 Bala Cynwyd, PA 19004

CoCode: 18058  
 Group Code: 677

State of Domicile: Pennsylvania  
 Company Type:

(610) 617-7900 ext. [Phone]

Group Name: Philadelphia  
 Insurance Companies  
 FEIN Number: 231738402  
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State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
42090	\$100.00	09/10/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

<i>SERFF Tracking Number:</i>	<i>PHLX-125301494</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026198</i>
<i>Company Tracking Number:</i>	<i>CA AR0030702R01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Volunteer Fire</i>		
<i>Project Name/Number:</i>	<i>Volunteer Fire/CA AR0030702R01</i>		

## **Disposition**

Disposition Date: 09/28/2007  
Effective Date (New): 11/01/2007  
Effective Date (Renewal): 11/01/2007  
Status: Approved  
Comment:

*SERFF Tracking Number:*      *PHLX-125301494*                      *State:*                      *Arkansas*  
*Filing Company:*              *Philadelphia Indemnity Insurance Company*      *State Tracking Number:*      *AR-PC-07-026198*  
*Company Tracking Number:*      *CA AR0030702R01*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0003 Other*  
*Product Name:*              *Volunteer Fire*  
*Project Name/Number:*      *Volunteer Fire/CA AR0030702R01*

**An error occurred rendering Disposition 125260542: null.**

SERFF Tracking Number: PHLX-125301494 State: Arkansas  
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026198  
 Company Tracking Number: CA AR0030702R01  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
 Product Name: Volunteer Fire  
 Project Name/Number: Volunteer Fire/CA AR0030702R01

**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

**Overall Percentage of Last Rate Revision:**

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia Indemnity Insurance Company	%	%				%	%

SERFF Tracking Number: *PHLX-125301494* State: *Arkansas*  
 Filing Company: *Philadelphia Indemnity Insurance Company* State Tracking Number: *AR-PC-07-026198*  
 Company Tracking Number: *CA AR0030702R01*  
 TOI: *20.0 Commercial Auto* Sub-TOI: *20.0003 Other*  
 Product Name: *Volunteer Fire*  
 Project Name/Number: *Volunteer Fire/CA AR0030702R01*

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Volunteer Fire Department Program	PI-VF-Rule	New	PI-VF-Rule .PDF

**Philadelphia Indemnity Insurance Company  
Division One – Commercial Automobile  
Independent Automobile Forms  
Volunteer Fire Department Program**

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The following independent Commercial Automobile endorsements are available for risks with volunteer firefighting, ambulance or rescue related exposures.

1. Business Auto Liability Coverage Extension
  - a. Description:

This mandatory endorsement adds or extends various auto liability coverages.
  - b. Form: PI-VF-022
  - c. Premium Determination: There is no premium charge.
2. Business Auto Physical Damage Coverage Extension
  - a. Description:

This mandatory endorsement adds or extends various auto physical damage coverages.
  - b. Form: PI-VF-023
  - c. Premium Determination: There is no premium charge.
3. Agreed Value Coverage Extension and Schedule
  - a. Description:

This optional endorsement is used to amend the valuation provision to allow for Agreed Value Coverage for specifically described autos.
  - b. Form: PI-VF-024
  - c. Premium Determination: Use the agreed value and Insurance Service Office's Commercial Automobile rates.
4. Limitation of Coverage to Designated Named Insured
  - a. Description:

This optional endorsement is used when our named insured is a municipality, but we only intend to cover the fire department or ambulance squad operations of the municipality.
  - b. Form: PI-VF-025
  - c. Premium Determination: There is no premium charge.
5. Waiver of Charitable or Governmental Immunity
  - a. Description:

This optional endorsement is used when the Company intends to waive any charitable or governmental immunities that may exist for the insured in the adjustment of

**Philadelphia Indemnity Insurance Company  
Division One – Commercial Automobile  
Independent Automobile Forms  
Volunteer Fire Department Program**

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claims and in the defense of suits against the insured. The insured can opt to have the Company impose the immunities, but must make that request in writing.

b. Form: PI-VF-026

c. Premium Determination: There is no premium charge.

6. Amendment – Care, Custody or Control Exclusion

a. Description:

This mandatory endorsement modifies the Care, Custody or Control exclusion in the Business Auto Form by limiting its application and providing some coverage.

b. Form: PI-VF-027

c. Premium Determination: There is no premium charge.

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TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: Volunteer Fire  
Project Name/Number: Volunteer Fire/CA AR0030702R01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/28/2007

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC RATE RULE FILING SCHEDULE.PDF

**Satisfied -Name:** AR - RATE FILING ABSTRACT RF-1 **Review Status:** Approved 09/28/2007

**Comments:**

**Attachment:**

AR - RATE FILING ABSTRACT RF-1.PDF

**Satisfied -Name:** Letter **Review Status:** Approved 09/28/2007

**Comments:**

**Attachment:**

Letter.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>			
Philadelphia Insurance Companies	0677			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

<b>5. Company Tracking Number</b>	CA AR0030702R01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Diane Quarles One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst	877-438-7459	866-478-1433	<a href="mailto:quarlesd@phlyins.com">quarlesd@phlyins.com</a>
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Diane Quarles		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	20.0003 Other
<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>	Volunteer Fire Program
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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 (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 11/1/07      Renewal: 11/1/07
<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>	9/24/07
<b>19.</b>	<b>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 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>	CA AR0030702R01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	CA AR0030702F01
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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>	F&U
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4a. Rate Change by Company (As Proposed)							
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)
Philadelphia Indemnity Insurance Company		0	0	0	0	0	0
		0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
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)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing - Number of policyholders affected	N/A	

<b>6.</b>	Overall percentage of last rate revision	
<b>7.</b>	Effective Date of last rate revision	
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	PI-VF-Rule (04/07)	<input checked="" 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	

**FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT**

1.	This filing transmittal is part of Company Tracking #	CA AR0030702R01
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	n/a

Company Name		Company NAIC Number	
3.	A. Philadelphia Indemnity Insurance Company	B.	0677-18058

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 20.0 Commercial Auto	B.	20.0003 Other

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

7.

Expense Constants	Selected Provisions
A. Total Production Expense	N/A
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

8. N/A Apply Lost Cost Factors to Future filings? (Y or N)
9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): \_\_\_\_\_
10. N/A Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): \_\_\_\_\_

# Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004  
610-617-7900 Fax: 610-617-7600

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September 24, 2007

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE: Philadelphia Indemnity Insurance Company  
NAIC -677-18058 FEIN - 23-1738402  
Volunteer Fire Department Program  
Commercial Automobile - Rule  
Our Filing Number: CA AR 0030702R01

Dear Sir or Madam:

Philadelphia Indemnity Insurance Company is introducing six new commercial automobile endorsements and associated rules that will be available for risks with volunteer firefighting, ambulance and rescue related exposures. These endorsements will be used in conjunction with Insurance Services Office endorsements filed on our behalf.

The following endorsements are being filed under separate cover.

- Business Auto Liability Coverage Extension – Form # PI-VF-022 (04/07)
- Business Auto Physical Damage Coverage Extension – Form # PI-VF-023 (04/07)
- Agreed Value Coverage Extension and Schedule – Form # PI-VF-024 (04/07)
- Limitation of Coverage to Designated Named Insured – Form # PI-VF-025 (04/07)
- Waiver of Charitable or Governmental Immunity – Form # PI-VF-026 (04/07)
- Amendment – Care, Custody or Control Exclusion – Form # PI-VF-027(04/07)

Attached is a copy of the rule page for your review. There are no premium charges for these endorsements except for Agreed Value Coverage Extension and Schedule PI VF 024.

The premium charge is to use the agreed value for the vehicle(s) listed in the schedule and to use the Insurance Service Office Commercial Automobile rates.

We would like to implement this filing for all policies effective on or after November 1, 2007, or as soon as possible after receiving you notice of acceptance. Your acknowledgment and approval will be appreciated.

Sincerely,



Diane Quarles  
Compliance Analyst  
(610) 617-7751 Fax (866) 478-1433  
quarlesd@phlyins.com