

SERFF Tracking Number: RLSC-125278108 State: Arkansas
Filing Company: RLI Insurance Company State Tracking Number: AR-PC-07-025963
Company Tracking Number: COP-F-0807
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1004 Manufacturers Output
Portion Only
Product Name: Commercial Output Program Forms Filing
Project Name/Number: Commercial Output Program Forms Filing/COP-F-0807

Filing at a Glance

Company: RLI Insurance Company

Product Name: Commercial Output Program SERFF Tr Num: RLSC-125278108 State: Arkansas

Forms Filing

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-025963

Portion Only

Sub-TOI: 05.1004 Manufacturers Output

Co Tr Num: COP-F-0807

State Status:

Filing Type: Form

Co Status:

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

Author: Fred Gigliotti

Disposition Date: 09/04/2007

Date Submitted: 08/30/2007

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: Commercial Output Program Forms Filing

Project Number: COP-F-0807

Status of Filing in Domicile: Authorized

Domicile Status Comments: Authorized for use
in Illinois, our domiciliary state, under its file &
use requirements.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/04/2007

State Status Changed: 08/30/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RLI is submitting five (5) independent forms for use with AAIS' Commercial Output Program.

Company and Contact

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/04/2007	09/04/2007

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Signature Page	Approved	Yes
Form	Commercial Output Program Declarations	Approved	Yes
Form	TRIA Supplemental Declarations	Approved	Yes
Form	Change Endorsement	Approved	Yes
Form	Applicable Forms & Endorsements	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Signature Page	ILF 0001	(01/01)	Other	New		0.00	ILF 0001 (01-01).pdf
Approved	Commercial Output Program Declarations	OMIM 100A	(05/07)	Declaration	New s/Schedule		0.00	OMIM 100A (05-07).pdf
Approved	TRIA Supplemental Declarations	CPR 110A	(01/06)	Declaration	New s/Schedule		0.00	CPR 110A (01-06).pdf
Approved	Change Endorsement	CPR 2100	(11/95)	Endorsement/Amendment/Conditions	New		0.00	CPR 2100 (11-95).pdf
Approved	Applicable Forms & Endorsements	OMP 2150	(05/05)	Declaration	New s/Schedule		0.00	OMP 2150 (05-05).pdf

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Vice President & Corporate Secretary



President & COO



RLI Insurance Company

9025 N. Lindbergh Drive • Peoria, IL 61615 • (309) 692-1000

A stock insurance company, herein called Company.

COMMERCIAL OUTPUT PROGRAM – DECLARATIONS

Policy Number:

Producer:

Renewal of:

"NAMED INSURED" AND ADDRESS

POLICY PERIOD From _____ To _____ at 12:01 A.M. Standard Time at your mailing address shown above.

BUILDING PROPERTY AND BUSINESS PERSONAL PROPERTY COVERAGES

- Property covered at any one location \$ _____
- Refer to Schedule of Locations Endorsement
- Replacement cost applies

TIME ELEMENT COVERAGES

- Blanket Total Income Coverage Limit \$ _____
- Extra Expense Coverage \$ _____
- Refer to Schedule of Locations Endorsement

INCOME COVERAGE OPTIONS (check one)

- Earnings, rents and extra expense
- Earnings and extra expense
- Rents and extra expense

Period of Loss Extension
Total Days _____

DEDUCTIBLE AMOUNT \$ _____

Refer to Deductible Schedule

OTHER

OTHER ENDORSEMENTS MADE A PART OF THIS POLICY AT TIME OF ISSUE

MORTGAGE HOLDER NAME AND MAILING ADDRESS

LOCATION

PREMIUM PAYABLE AT INCEPTION \$ _____

RLI Insurance Company

9025 North Lindbergh Drive, Peoria, IL 61615

SUPPLEMENTAL DECLARATIONS

Policy No:

Named Insured and Mailing Address

If coverage for Certified Acts of Terrorism, as defined in the Terrorism Risk Insurance Act of 2002, is provided under the terms of your insurance policy, losses caused by acts of terrorism is partially reimbursed by the United States under a formula whereby the United States pays 90% in 2006 and 85% in 2007 of covered terrorism losses exceeding a prescribed deductible to the insurance company providing for the coverage.

Portion of premium attributable to coverage for Certified Acts of Terrorism \$ _____

Portion of premium attributable to coverage for Certified Acts of Terrorism
(fire only), as required by law \$ _____

With respect to any one or more "certified acts of terrorism" under the federal Terrorism Risk Insurance Act of 2002, we will not pay any amounts for which we are not responsible under the terms of that Act (including subsequent action of Congress pursuant to the Act) due to the application of any clause which results in a cap on our liability for payments for terrorism losses.

Endorsement Effective Date:

Endorsement Number:

CHANGE ENDORSEMENT

Insured Name:

- ADDITIONAL PREMIUM \$
- RETURN PREMIUM \$
- NO PREMIUM CHANGE

TOTAL \$ _____

IT IS UNDERSTOOD AND AGREED THAT:

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. PREMIUM | <input type="checkbox"/> 7. COVERAGE | <input type="checkbox"/> 13. COVERAGE IS CANCELLED |
| <input type="checkbox"/> 2. DEPOSIT PREMIUM | <input type="checkbox"/> 8. INCEPTION DATE | <input type="checkbox"/> SHORT RATE |
| <input type="checkbox"/> 3. MINIMUM PREMIUM | <input type="checkbox"/> 9. EXPIRATION DATE | <input type="checkbox"/> PRO RATE |
| <input type="checkbox"/> 4. RATE | <input type="checkbox"/> 10. TERMS | <input type="checkbox"/> MINIMUM PREMIUM APPLIES |
| <input type="checkbox"/> 5. INSTALLMENT | <input type="checkbox"/> 11. NAME OF INSURED | <input type="checkbox"/> 14. ADDITIONAL INSURED BUT ONLY AS RESPECTS THE OPERATIONS OF THE NAMED INSURED |
| <input type="checkbox"/> 6. AUDIT | <input type="checkbox"/> 12. ADDRESS OF INSURED | |
| <input type="checkbox"/> IS CHARGED FOR THE PERIOD: | <input type="checkbox"/> IS AMENDED TO READ AS FOLLOWS: | |

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

DATE OF ISSUE:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

APPLICABLE FORMS & ENDORSEMENTS

FORMS AND ENDORSEMENTS LISTED BELOW APPLY TO AND ARE MADE PART OF THIS POLICY AT TIME OF ISSUE.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

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Portion Only
Product Name: Commercial Output Program Forms Filing
Project Name/Number: Commercial Output Program Forms Filing/COP-F-0807

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/04/2007

Comments:

Attachments:

PC TD-1 (3-07).pdf
PC FFS-1 (3-07).pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/04/2007

Comments:

Attachment:

CW Cover Ltr - COP.pdf

Property & Casualty Transmittal Document

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:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
RLI INSURANCE GROUP	783

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
RLI Insurance Company	Illinois	13056	37-0915434	

5. Company Tracking Number	COP-F-0807
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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
	Fred Gigliotti 9025 N. Lindbergh Dr. Peoria, Illinois 61615	Administrator - Insurance Department Affairs	(800) 331-4929 x5435	(309) 692-4634	Fred_Gigliotti@rlico rp.com

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

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

9. Type of Insurance (TOI)	Commercial Multi-Peril
10. Sub-Type of Insurance (Sub-TOI)	Commercial Output
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Output Program
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: October 1, 2007 Renewal: October 1, 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 30, 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 #	COP-F-0807
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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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August 30, 2007

RE: Commercial Multi-Peril (Commercial Output Program)
 Five Independent Company-Developed Forms
 RLI INSURANCE COMPANY NAIC #: 783-13056 FEIN #: 37-0915434
 Company Filing Number: COP-F-0807

Dear Sir/Madam:

Enclosed, for your review and approval, are five (5) independent company-developed forms which RLI Insurance Company intends to use with the various classes of the American Association of Insurance Services' (AAIS) Commercial Output Program. These forms are new and replace no other forms currently on file for RLI. We will use these company-developed forms in addition to those which are available to us through our affiliation with the AAIS. Please note that with the exception of our Commercial Output Declarations Page, these forms have been previously filed and accepted by your insurance department for use with our Commercial Inland Marine business. A Forms Index/Synopsis is enclosed for reference purposes.

In accordance with your state insurance department's prior approval regulations, we request these forms be approved for use with policies processed on and after October 1, 2007, or coincident with the date of your approval, if earlier.

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]
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Check #:**Amount:** A retaliatory filing fee of \$50.00 has been submitted via EFT

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.)**



RLI Insurance Company
9025 N. Lindbergh Dr. | Peoria, IL 61615-1431
Phone: 309-692-1000 | Fax: 309-692-1068

|w|w|w|r|i|i|c|o|r|p.c|o|m|

August 30, 2007

RE: Commercial Multi-Peril (Commercial Output Program)
Independent Company-Developed Forms
RLI INSURANCE COMPANY NAIC #: 783-13056 FEIN #: 37-0915434
Company Filing Number: COP-F-0807

Dear Sir/Madam:

Enclosed, for your review and approval, are five (5) independent company-developed forms which RLI Insurance Company intends to use with the various classes of the American Association of Insurance Services' (AAIS) Commercial Output Program. These forms are new and replace no other forms currently on file for RLI. We will use these company-developed forms in addition to those which are available to us through our affiliation with the AAIS. Please note that with the exception of our Commercial Output Declarations Page, these forms have been previously filed and accepted by your insurance department for use with our Commercial Inland Marine business. A Forms Index/Synopsis is enclosed for reference purposes.

In accordance with your state insurance department's prior approval regulations, we request these forms be approved for use with policies effective on and after October 1, 2007, or coincident with the date of your approval, if earlier.

Thank you for your time and attention to this submission. If anything additional is necessary, please contact me at the toll-free number or E-Mail address listed below my name.

Sincerely,

Fred Gigliotti
Administrator – Insurance Department Affairs
(800) 331-4929, ext. 5435
E-Mail Address: Fred_Gigliotti@rlcorp.com