

SERFF Tracking Number: TRGR-125281201 State: Arkansas
Filing Company: Southern Insurance Company State Tracking Number: AR-PC-07-025998
Company Tracking Number: 07-109
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Additional Insured Endorsement/07-109ar

Filing at a Glance

Company: Southern Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: TRGR-125281201 State: Arkansas

SERFF Status: Closed

Co Tr Num: 07-109

Co Status:

Author: Jerry Mobley

Date Submitted: 09/04/2007

State Tr Num: AR-PC-07-025998

State Status: PENDING FEES

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

Disposition Date: 09/05/2007

Disposition Status: Approved

Effective Date (New): 11/01/2007

Effective Date (Renewal):

11/01/2007

Effective Date Requested (New): 11/01/2007

Effective Date Requested (Renewal): 11/01/2007

General Information

Project Name: Additional Insured Endorsement

Project Number: 07-109ar

Reference Organization:

Reference Title:

Filing Status Changed: 09/05/2007

State Status Changed: 09/05/2007

Corresponding Filing Tracking Number:

Filing Description:

Filing Additional Insured Endorsement, CA R041 06 07

Status of Filing in Domicile: Not Filed

Domicile Status Comments: We are filing the
same ISO form as approved for Texas

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

William Bradford, Senior Products Filing

bill.bradford@republicgroup.com

Specialist

5525 LBJ Freeway

(972) 788-6617 [Phone]

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Dallas, VT 75240 (972) 788-6609[FAX]

Filing Company Information

Southern Insurance Company CoCode: 19216 State of Domicile: Texas
5525 LBJ Freeway Group Code: 3489 Company Type:
Dallas, TX 75240 Group Name: The Republic Group State ID Number:
(972) 788-6001 ext. [Phone] FEIN Number: 75-6021170

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/05/2007	09/05/2007

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Disposition

Disposition Date: 09/05/2007

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Status: Approved

Comment:

Rate data does NOT apply to filing.

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Product Name: Commercial Automobile
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured	Approved	Yes

SERFF Tracking Number: TRGR-125281201

State: Arkansas

Filing Company: Southern Insurance Company

State Tracking Number: AR-PC-07-025998

Company Tracking Number: 07-109

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile

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Rate Information

Rate data does NOT apply to filing.

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Republic Group of Companies	3489

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Southern Insurance Company	Texas	19216	75-6021170	

5. Company Tracking Number	07-109
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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
	Jerry Mobley 5525 LBJ Freeway Dallas, TX 75240-6241	State Filings Analyst	972-788-6619	972-788-6909	Jerry.Mobley@republicGroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jerry Mobley		

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

9.	Type of Insurance (TOI)	20.0000 Commercial Automobile
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Automobile
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/a
12.	Company Program Title (Marketing title)	Commercial Automobile
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: Nov. 1, 2007 Renewal: Nov. 1, 2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Insurance Services Office
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	September 4, 2007
19.	Status of filing in domicile	<input checked="" 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 #	07-109
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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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We are filing our company endorsement, Additional Insured, Form number CA R041. This form is identical to the form used in Texas to provide coverage for an additional insured. This form will be used in the majority of the time with our contractor business.

The applicable filing exhibits are attached. If additional information is needed, please contact me.

Thank you for your assistance.

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 #: 000302086

Amount: \$50.00

SERFF filing

Check to be mailed separately

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 #	07-109
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a

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	Additional Insured	CA R041 06 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		
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		

PC FFS-1

