

SERFF Tracking Number: UNFG-125287942 State: Arkansas
First Filing Company: Lafayette Insurance Company, ... State Tracking Number: AR-PC-07-026105
Company Tracking Number:
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Auto
Project Name/Number: CA7117 0907/CA-AL-AR-LA-MS-TN-UFC-LAF-01012008-XX-XX-F-CA7117 0907

Filing at a Glance

Companies: Lafayette Insurance Company, United Fire & Casualty Company

Product Name: Commercial Auto SERFF Tr Num: UNFG-125287942 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-026105
Sub-TOI: 20.0003 Other Co Tr Num: State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Stella Bradke Disposition Date: 09/20/2007
Date Submitted: 09/17/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):
01/01/2008

General Information

Project Name: CA7117 0907 Status of Filing in Domicile: Pending
Project Number: CA-AL-AR-LA-MS-TN-UFC-LAF-01012008-XX-XX-F-CA7117 0907 Domicile Status Comments: Filing
CA7117 0907 simultaneously.
Reference Organization: ISO Reference Number: NA
Reference Title: NA Advisory Org. Circular: NA
Filing Status Changed: 09/20/2007
State Status Changed: 09/17/2007 Deemer Date:
Corresponding Filing Tracking Number: CA-AR-UFC-LAF-01012008-
XX-XX-F-CA7117 0907
Filing Description:
Filing the following:

NEW FORM DESCRIPTION REPLACES
CA7117 0907 Exclusion of Designated Person CA7013 1088

EXPLANATION FOR FILING

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With this "Exclusion of Designated Person" endorsement, we are in compliance with the state law or departmental policy with regard to the documentation necessary for excluding a driver(s).

No rate impact with this endorsement filing.

All state mandatory amendatory forms continue to apply.

Company and Contact

Filing Contact Information

Stella Bradke, General Clerk sbradke@unitedfiregroup.com
 118 2nd Ave SE (319) 399-5228 [Phone]
 Cedar Rapids, IA 52407-3909 (319) 286-2570[FAX]

Filing Company Information

Lafayette Insurance Company	CoCode: 18295	State of Domicile: Louisiana
118 2nd Ave SE	Group Code: 248	Company Type: Property Casualty
PO Box 73909		
Cedar Rapids, IA 52407-3909	Group Name: United Fire Group	State ID Number:
(319) 399-5700 ext. [Phone]	FEIN Number: 72-0232830	

United Fire & Casualty Company	CoCode: 13021	State of Domicile: Iowa
118 2nd Ave SE	Group Code: 248	Company Type: Property Casualty
PO Box 73909		
Cedar Rapids, IA 52407-3909	Group Name: United Fire Group	State ID Number:
(319) 399-5700 ext. [Phone]	FEIN Number: 42-0644327	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$25 per form per Company
 one form / two Companies / \$25 x 2 = \$50
 \$25 United Fire & Casualty Company

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\$25 Lafayette Insurance Company
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Fire & Casualty Company	\$50.00	09/17/2007	15651370
Lafayette Insurance Company	\$0.00	09/17/2007	

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 09/20/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion of Designated Person	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion of Designated Person	CA 71 17	09 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CA 70 13 10 88 Previous Filing #:		CA7117 0907.pdf CA7013 1088.pdf

Policy Number:

Effective Date:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF DESIGNATED PERSON

This Endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE**
- GARAGE COVERAGE FORM**
- TRUCKERS COVERAGE FORM**
- MOTOR CARRIERS COVERAGE FORM**

The following Exclusion is added to all coverages:

This policy does not apply to "loss" arising out of the ownership, maintenance, operation or use of any vehicle by the following person or persons:

Where mandated by law, this exclusion shall not operate to provide protection less than required by applicable minimum financial responsibility limits.

If no Effective Date is indicated above, this exclusion is effective at the commencement of the policy period.

By signing this endorsement, I accept the coverage limitation as shown above. In states where applicable, the use of insured vehicles by excluded persons may be grounds for cancellation of an auto policy.

Date: _____

Signed: _____ (Named Insured)

Title: _____

Signed: _____ (Witness)

The absence of a signature above, where a signature is not required, shall not affect the validity of this form.

Information required to complete this endorsement, if not shown above, will be shown in the Declarations Section.

All other terms, conditions, limitations and agreements of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF DESIGNATED PERSON

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM

The following exclusion is added to all coverages:

This policy does not apply to "loss" arising out of the ownership, maintenance, operation or use of any vehicle by the following person:

Date: _____

Signed _____
(Named Insured)

Signed _____
(Witness)

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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number:
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/20/2007

Comments:

See attachments.

Attachments:

CA AR Prop & Cas Trans Doc F777AR_021307[1] CA7117.pdf
CA AR Form Filing Schedule F778AR CA7117.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
UNITED FIRE GROUP	248

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
UNITED FIRE & CASUALTY COMPANY	IA	13021	42-0644327	NA
LAFAYETTE INSURANCE COMPANY	LA	18295	72-0232830	NA

5. Company Tracking Number	CA-AR-UFC-LAF-01012008-XX-XX-F
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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
	DAVID RUDE	Analyst	800-332-7977	3192862552	drude@unitedfiregroup.com
	118-2nd Ave SE Cedar Rapids, IA 52401				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		David Rude		

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	20.0001 & 20.0002
12. Company Program Title (Marketing title)	Commercial Auto
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: 01-01-2008 Renewal: 01-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA

17. Reference Organization # & Title	NA
18. Company's Date of Filing	9-17-2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	IM-AR-UFC/LAF-01012008-XX-XX-F
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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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**RE: ISO DIVISION ONE – COMMERCIAL AUTO
CA 71 17 09 07 – EXCLUSION OF DESIGNATED PERSON**

EFFECTIVE: 01-01-2008 - New & Renewal

We are filing CA 71 17 09 07 to replace CA 70 13 10 88.

<u>NEW FORM</u>	<u>DESCRIPTION</u>	<u>REPLACES</u>
CA7117 0907	Exclusion of Designated Person	CA7013 1088

EXPLANATION OF CHANGE

With this "Exclusion of Designated Person" endorsement, we are in compliance with the state law or departmental policy with regard to the documentation necessary for excluding a driver(s).

No rate impact with this endorsement filing.

The state mandatory amendatory forms will continue to apply.

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 #: EFT
Amount: \$50.00

\$50 PER SUBMISSION

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****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 #	CA-AR-UFC-LAF-01012008-XX-XX-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	NA			
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	Exclusion of Designated Person	CA 71 17 09 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA 70 13 10 88	
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		