

SERFF Tracking Number: XLAM-125279622 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-025976
Company Tracking Number: 07MD-IS-GL01-CW-AR
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline Filing
Project Name/Number: ISO Dec Page Filing/07MD-IS-ML01-CW-AR

Filing at a Glance

Companies: Greenwich Insurance Company, XL Insurance America, Inc. (formerly Winterthur International America Insurance Company), XL Specialty Insurance Company

Product Name: Commercial Interline Filing SERFF Tr Num: XLAM-125279622 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-025976
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 07MD-IS-GL01-CW-AR State Status: PENDING FEES
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Arshay Brown Disposition Date: 09/04/2007
Date Submitted: 08/31/2007 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: ISO Dec Page Filing Status of Filing in Domicile: Pending
Project Number: 07MD-IS-ML01-CW-AR Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/04/2007
State Status Changed: 09/04/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

This is a newly developed declarations for some LOB and for the Auto Tiering project along with revisions to other declarations to satisfy XL Branding initiatives.

Company and Contact

Filing Contact Information

Arshay Brown, State Filings Analyst Arshay.Brown@xlgroup.com
1201 North Market Street (302) 661-7048 [Phone]

SERFF Tracking Number: XLAM-125279622 State: Arkansas
First Filing Company: Greenwich Insurance Company, ... State Tracking Number: AR-PC-07-025976
Company Tracking Number: 07MD-IS-GL01-CW-AR
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline Filing
Project Name/Number: ISO Dec Page Filing/07MD-IS-ML01-CW-AR

Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company CoCode: 22322 State of Domicile: Delaware
1201 North Market street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(866) 304-3079 ext. [Phone] FEIN Number: 95-1479095

XL Insurance America, Inc. (formerly Winterthur CoCode: 24554 State of Domicile: Delaware
International America Insurance Company) Group Code: 1285 Company Type:
1201 North Market street
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 75-6017952

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
1201 N. Market Street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

SERFF Tracking Number: XLAM-125279622 *State:* Arkansas
First Filing Company: Greenwich Insurance Company, ... *State Tracking Number:* AR-PC-07-025976
Company Tracking Number: 07MD-IS-GL01-CW-AR
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Interline Filing
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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$0.00	08/31/2007	
XL Insurance America, Inc. (formerly Winterthur International America Insurance Company)	\$0.00	08/31/2007	
XL Specialty Insurance Company	\$0.00	08/31/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
63799	\$50.00	08/30/2007

SERFF Tracking Number: XLAM-125279622 State: Arkansas
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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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Disposition

Disposition Date: 09/04/2007
Effective Date (New): 10/01/2007
Effective Date (Renewal): 10/01/2007
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
Supporting Document	Forms Schedule	Approved	Yes
Form	Crime and Fidelity Coverage Part Declarations	Approved	Yes
Form	Liquor Liability Declarations	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Forms Schedule	Approved	Yes
Form	Common Policy Declarations Renewal Certificate	Approved	Yes
Form	Business Automobile Declarations	Approved	Yes
Form	Schedule of Covered Autos You Own Extension of Declarations	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Crime and Fidelity Coverage Part Declarations	XIT 000	02 07	Declaration News/Schedule		0.00	XIT 000 0207.pdf
Approved	Liquor Liability Declarations	XIL 002	02 07	Declaration News/Schedule		0.00	XIL 002 0207.pdf
Approved	Common Policy Declarations	XII 000	02 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 GIC-CPD2 (7/99) Previous Filing #: DEC-99-001		XII 000 0207.pdf
Approved	Forms Schedule	XAI 300	10 06	Other New		0.00	XAI 300 1006.pdf
Approved	Common Policy Declarations Renewal Certificate	XIL 003	02 07	Declaration News/Schedule		0.00	XIL 003 0207.pdf
Approved	Business Automobile Declarations	XIC 000	10 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 ECS-AUD1 (7/99) Previous Filing #: DEC-99-001		XIC 000 1007 Bus Auto Dec Final.pdf
Approved	Schedule of Covered Autos You Own Extension of Declarations	XIC 300	10 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 ECS-AUS1(7/99) Previous Filing #: DEC-99-001		XIC 300 1007 Schedule of Covered Autos Final.pdf



**CRIME AND FIDELITY COVERAGE PART DECLARATIONS
(COMMERCIAL ENTITIES)**

POLICY NUMBER:

EFFECTIVE DATE:

12:01 a.m., Standard Time

The Crime and Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSUREDS:

COVERAGE IS WRITTEN: ((Select One))

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES

Insuring Agreements	Limit of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$ Not Covered	\$
2. Forgery or Alteration	\$ Not Covered	\$
3. Inside the Premises - Theft of Money and Securities	\$ Not Covered	\$
4. Inside the Premises - Robbery or Safe Burglary of Other Property	\$ Not Covered	\$
5. Outside the Premises	\$ Not Covered	\$
6. Computer Fraud	\$ Not Covered	\$
7. Funds Transfer Fraud	\$ Not Covered	\$
8. Money Orders and Counterfeit Paper Currency	\$ Not Covered	\$
If Added by Endorsement, Insuring Agreement(s):	\$	\$

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Specific Provisions (if any)

If "Not Covered" is inserted opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

PREMIUM: PREMIUM FOR THIS COVERAGE PART \$

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



**LIQUOR LIABILITY
DECLARATIONS**

POLICY NUMBER:

EFFECTIVE DATE:

12:01 a.m., Standard Time

LIMITS OF INSURANCE					
Each Common Cause Limit					\$
Aggregate Limit					\$
RETROACTIVE DATE (CG 00 34 only)					
This Insurance does not apply to "injury" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" if no Retroactive Date applies)					
ALL PREMISES YOU OWN, RENT OR OCCUPY					
Location No.	Address				
CLASSIFICATION AND PREMIUM					
Location Number	Classification	Class Code	Premium Base	Rate	Advance Premium
					Total Advance Premium \$
FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)					
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:					
PREMIUM: PREMIUM FOR THIS COVERAGE PART \$					

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

COMMON POLICY DECLARATIONS

ADMINISTRATIVE OFFICE
Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040

HOME OFFICE
((Pre-filled based on Company info))

800-688-1840

COMPANY PROVIDING COVERAGE: ((Select One))

POLICY NO.: RENEWAL OF:

POLICY PERIOD

FROM: TO:

AT 12:01 A.M., Standard Time at your mailing address shown below

Named Insured and Address:

Producer:

Business Description:

Form of Business: ((Select One))

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS 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.

	PREMIUM
Commercial Property Coverage Part	\$
Commercial General Liability Coverage Part	\$
Commercial Crime Coverage Part	\$
Commercial Inland Marine Coverage Part	\$
Commercial Automobile Coverage Part	\$
Boiler and Machinery Coverage Part	\$
Other:	\$
Policy Premium:	\$
((Select One))	\$
Premium for Certified Acts of Terrorism	\$ (included in Policy Premium listed above)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART HEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Form(s) and Endorsement(s) applicable to all coverage parts:

Date:

By:

(Authorized Representative)

Type Name:

FORMS SCHEDULE

POLICY NUMBER:
POLICY PERIOD:
NAMED INSURED:

Name

Description

Information Notices

COMMON POLICY DECLARATIONS

Renewal Certificate

ADMINISTRATIVE OFFICE

Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040

HOME OFFICE

((Pre-filled based on Company info))

800-688-1840

COMPANY PROVIDING COVERAGE: ((Select One))

POLICY NO.: RENEWAL OF:

POLICY PERIOD

FROM: TO:

AT 12:01 A.M., Standard Time at your mailing address shown below

This Renewal Certificate renews the expiring policy number shown above for the renewal Policy Period shown above. Except as may be indicated otherwise, it provides a new Limit of Insurance as shown on the coverage part declarations. This Renewal Certificate shall replace the Common Policy Declarations Page of the Expiring Policy for the renewal Policy Period. The terms, conditions, and exclusions of the Expiring Policy and any additional endorsements attached hereto shall apply to the renewal Policy Period.

ATTACH THIS CERTIFICATE TO YOUR EXPIRING POLICY

Named Insured and Address:

Producer:

Business Description:

Form of Business: ((Select One))

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS 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.

	PREMIUM
Commercial General Liability Coverage Part	\$
Other:	\$
Policy Premium:	\$
((Select One))	\$
Premium for Certified Acts of Terrorism	\$ (included in Policy Premium listed above)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART HEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Form(s) and Endorsement(s) applicable to all coverage parts:

Date:

By:

(Authorized Representative)

Type Name:

XIL 003 0207

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BUSINESS AUTO DECLARATIONS

POLICY NUMBER:

EFFECTIVE DATE:

12:01 a.m., Standard Time

ITEM ONE - NAMED INSURED and MAILING ADDRESS#

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
LIABILITY			\$ CSL		
PERSONAL INJURY PROTECTION (P.I.P.)*			SEPARATELY STATED IN EACH P.I.P. END MINUS \$ Ded.		
ADDED P.I.P.*			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT		
OPTIONAL BASIC ECONOMIC LOSS COVERAGE (OBEL) <i>(New York only)</i>					
AGGREGATE NO-FAULT BENEFITS AVAILABLE <i>(New York only)</i>					
MAXIMUM MONTHLY WORK LOSS					
DEATH BENEFITS					
OTHER NECESSARY EXPENSES (per Day)					
PROPERTY PROTECTION INSURANCE (PPI) <i>(Michigan only)</i>					
AUTO MEDICAL PAYMENTS			\$		
MEDICAL EXPENSE AND INCOME LOSS BENEFITS <i>(Virginia Only)</i>			SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.		
UNINSURED MOTORISTS (UM)			\$		
UNDERINSURED MOTORISTS (UIM) <i>(when not included in UM coverage)</i>					
SUPPLEMENTARY UNINSURED /UNDERINSURED MOTORISTS (SUM) <i>(New York only)**</i>			\$		
P H D Y A S M I A C G A E L	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR	\$ Ded. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING***	
	SPECIFIED CAUSES OF LOSS COVERAGE		COST OF REPAIR	\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	
	COLLISION COVERAGE		WHICHEVER IS LESS MINUS	\$ Deductible FOR EACH COVERED AUTO***	
	TOWING & LABOR <i>(not available in California)</i>		\$	for each disablement of a private passenger auto	
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:					
				PREMIUM FOR ENDORSEMENTS	
				ESTIMATED TOTAL PREMIUM	

#Entry optional if shown in Common Policy Declarations

*(or equivalent No-Fault coverage)

** New York-Supplementary UM/UIM coverage-(SUM) applies. The maximum amount payable under SUM coverage shall be the policy's SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

***See ITEM FOUR for hired or borrowed "autos."

By _____
Authorized Representative

POLICY NUMBER:

BUSINESS AUTO DECLARATIONS (Continued)

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION Year; Model; Trade Name; Body Type; Serial Number (s); Vehicle Identification Number (VIN)	PURCHASED		TERRITORY: Town & State where the Covered Auto will be principally garaged
		Original Cost New	Actual NEW (N) Cost & USED (U)	
1				
2				
3				
4				

Covered Auto No.	Radius of Operation (In Miles)	Business use s=service r=retail c=comm'l	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
					Liab.	Phy. Damage			
1									
2									
3									
4									

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)										
Covered Auto No.	LIABILITY		P.I.P.**		ADDED P.I.P.**		P.P.I. <i>(Michigan only)</i>		AUTO MEDICAL PAYMENT	
	Limit (In Thousands)	Premium	Limit * minus deductible shown below	Premium	Limit * (In Thousands)	Premium	Limit * minus deductible shown below	Premium	Limit (In Thousands)	Premium
1										
2										
3										
4										

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)											
Covered Auto No.	MEDICAL EXPENSES AND INCOME LOSS BENEFITS <i>(Virginia only)</i>		OPTIONAL BASIC ECONOMIC LOSS COVERAGE <i>(New York only)</i>		AGGREGATE NO-FAULT <i>(New York only)</i>		MAXIMUM MONTHLY WORK LOSS <i>(New York only)</i>	DEATH BENEFIT <i>(New York only)</i>	OTHER NECESSARY EXPENSES (PER DAY) <i>(New York only)</i>	UNINSURED MOTORISTS	
	Limit * (In Thousands)	Premium	Limit* (In Thousands)	Premium	Limit (In Thousands)	Premium	Limit	Limit	Limit	Limit * (In Thousands)	Premium
1											
2											
3											
4											

COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)												
Covered Auto No.	UNDERINSURED MOTORISTS		SUPPLEMENTARY UNINSURED MOTORISTS <i>(New York only)</i>		COMPREHENSIVE		SPECIFIED CAUSE OF LOSS		COLLISION		TOWING & LABOR	
	Limit * (In Thousands)	Premium	Limit (In Thousands)	Premium	Limit *** minus deductible shown below	Premium	Limit *** minus deductible shown below	Premium	Limit *** minus deductible shown below	Premium	Limit per disablement	Premium
1												
2												
3												
4												

* Absence of a Limit entry in any column means that the Limit in the corresponding Coverage Endorsement applies instead

** (or equivalent No-Fault coverage)

***Limit Stated in ITEM TWO

POLICY NUMBER:

BUSINESS AUTO DECLARATIONS (Continued)

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.

LIABILITY COVERAGE RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIAB.COV. IS PRIMARY)	PREMIUM
TOTAL PREMIUM				

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	ACTUAL CASH VALUE COST OF REPAIRS OR	LIMIT OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE		\$ WHICHEVER IS LESS MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING			
SPECIFIED CAUSES OF LOSS		\$ WHICHEVER IS LESS MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM			
COLLISION		\$ WHICHEVER IS LESS MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO			
TOTAL PREMIUM					

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAME INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
TOTAL			

ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUMS	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
TOTAL PREMIUMS				
MINIMUM PREMIUMS				

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

**SCHEDULE OF COVERED AUTOS YOU OWN
EXTENSION OF DECLARATIONS**

ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION	PURCHASED		TERRITORY Town & State Where the Covered Auto will be principally garaged	CLASSIFICATION								EXCEPT for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss				
		Original Cost New	Actual NEW (N) Cost & USED (U)		Radius of Operation (In Miles)	Business use s=service r=retail c=comm'l	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code					
	Liab.								Phys. Damage								

COVERAGES – PREMIUM, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Covered Auto No.	LIABILITY		P.I.P.**		ADDED P.I.P. **		PROPERTY PROTECTION INS. (Michigan. only)		AUTO MEDICAL PAYMENTS		MEDICAL EXPENSES AND INCOME LOSS BENEFITS (Virginia only)		OPTIONAL BASIC ECONOMIC LOSS COVERAGE (New York only)		AGGREGATE NO-FAULT (New York only)		MAXIMUM MONTHLY WORK LOSS (New York only)
	Limit (In Thousands)	Premium	Limit * minus deductible shown below	Premium	Limit * (In Thousands)	Premium	Limit * minus deductible shown below	Premium	Limit (In Thousands)	Premium	Limit * (In Thousands)	Premium	Limit * (In Thousands)	Premium	Limit (In Thousands)	Premium	Limit

Covered Auto No.	DEATH BENEFIT (New York only)	OTHER NECESSARY EXPENSES (PER DAY) (New York only)	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		SUPPLEMENTARY UNINSURED MOTORISTS (New York only)		COMPREHENSIVE		SPECIFIED CAUSE OF LOSS		COLLISION		TOWING & LABOR	
	Limit	Limit	Limit * (In Thousands)	Premium	Limit * (In Thousands)	Premium	Limit (In Thousands)	Premium	Limit *** minus deductible shown below	Premium	Limit *** minus deductible shown below	Premium	Limit *** minus deductible shown below	Premium	Limit per disablement	Premium

* Absence of a Limit entry in any column means that the Limit in the corresponding Coverage Endorsement applies instead

** (or equivalent No-Fault coverage)

*** Limit stated in ITEM TWO

SERFF Tracking Number: *XLAM-125279622* *State:* *Arkansas*
First Filing Company: *Greenwich Insurance Company, ...* *State Tracking Number:* *AR-PC-07-025976*
Company Tracking Number: *07MD-IS-GL01-CW-AR*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Commercial Interline Filing*
Project Name/Number: *ISO Dec Page Filing/07MD-IS-ML01-CW-AR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125279622 State: Arkansas
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TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline Filing
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Supporting Document Schedules

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

Comments:

Attachment:

NAIC Transmittal.pdf

Satisfied -Name: Forms Schedule **Review Status:** Approved 09/04/2007

Comments:

Attachment:

Forms Schedule.pdf

15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	August 31, 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 #	
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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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The Company is filing a commercial interline declarations form filing. The declarations and schedules will be used in conjunction with the Insurance Services Office, Inc., coverage parts currently on file with your Division.

The common declarations and renewal certificates are interactive. The drop-down selections are highlighted and system generated (i.e., select applicable company and home office address). In addition, the sections on the forms are coded to reflect information applicable to the specified account. For example, if certified terrorism coverage is not purchased reference is not printed on the declarations.

We have also enclosed a list of the declarations and schedules for your review.

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 #: 63799

Amount: 50.00

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 #		07MD-IS-ML01-CW-AR		
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	CRIME AND FIDELITY COVERAGE PART DECLARATIONS	XIT 000 0207	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	LIQUOR LIABILITY DECLARATIONS	XIL 002 0207	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	COMMON POLICY DECLARATIONS	XII 000 0207	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Per previous declarations on file with state	
04	FORMS SCHEDULE	XAI 300 1006	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	COMMON POLICY DECLARATIONS Renewal Certificate	XIL 003 0207	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	BUSINESS AUTOMOBILE DECLARATIONS	XIC 000 1007	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Per previous declarations on file with state	
07	SCHEDULE OF COVERED AUTOS YOU OWN - EXTENSION OF DECLARATIONS	XIC 300 1007	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Per previous declarations on file with state	