

SERFF Tracking Number: EVST-125395069 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: #36070 \$50
 Company Tracking Number: AR-IM-20022384
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Commercial Inland Marine
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
 /CW-IM-20019422

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Commercial Inland Marine	SERFF Tr Num: EVST-125395069	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: #36070 \$50
Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations	Co Tr Num: AR-IM-20022384	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Vanessa King	Disposition Date: 01/03/2008
	Date Submitted: 12/20/2007	Disposition Status: Approved
Effective Date Requested (New): 02/01/2008		Effective Date (New): 02/01/2008
Effective Date Requested (Renewal): 02/01/2008		Effective Date (Renewal): 02/01/2008

State Filing Description:

General Information

Project Name: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
 Status of Filing in Domicile: Pending

Project Number: CW-IM-20019422

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/03/2008

State Status Changed: 01/03/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to introduce a new proprietary endorsement for use in conjunction with its Risk Managed Agribusiness, Distributors, Forest Products, Moving And Storage And Waste Systems Program.

This endorsement is designed to provide greater underwriting and coverage flexibility in response to individual risk

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characteristics.

The \$50 charge associated to this endorsement was previously approved by your office.

Company and Contact

Filing Contact Information

Vanessa King, Associate Manager, Filing and Regulation
 P.O. Box 830 (908) 604-3267 [Phone]
 Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
 477 Martinsville Road Group Code: 1120 Company Type:
 P.O. Box 830
 Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
 Ltd.
 (908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$0.00	12/20/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
036070	\$50.00	11/28/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/03/2008	01/03/2008

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Disposition

Disposition Date: 01/03/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal): 02/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Water-Borne Shipments	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Water-Borne Shipments	EIM 99 509 07 07	07 07	Endorsement/Amendment/Conditions		0.00	EIM 99 509 07 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER-BORNE SHIPMENTS

This endorsement modifies insurance provided under the following:

CARGO LEGAL LIABILITY COVERAGE FORM

SCHEDULE			
Fully Earned Minimum Premium	\$	Deposit Premium	\$
Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.			

A. The following provision is added to Coverage Territory under the **ADDITIONAL CONDITIONS** section:

The coverage territory for water-borne shipments is within and between the 48 contiguous states of the United States of America (including the District of Columbia), Alaska and Canada. This provision applies only to property governed by "your" "Shipping Document" where deemed applicable by the United States Courts and the United States Carriage of Goods by Sea Act.

B. The following provision is added to the **SUPPLEMENTARY PAYMENTS** section as respects water-borne shipments:

General Average And Salvage Charges

We will pay any General Average and/or Salvage charge(s) incurred by you. The General Average and/or Salvage charge(s) will be determined according to the "Shipping Document" and/or the York-Antwerp Rules.

C. The additional premium for this endorsement will be:

1. The fully earned minimum premium shown in the Schedule, which will not be subject to the audit provisions of the Premium Additional Condition; or

2. The deposit premium shown in the Schedule, which will be subject to the audit provisions of the Premium Additional Condition.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/03/2008

Comments:

Attachments:

Transmittal.pdf

Form Filing Schedule.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 #
Everest Re Group, Ltd.	1120

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	22-2660372	

5. Company Tracking Number	AR-IM-20022384
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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
	Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Associate Manager	(908) 604-3267	(908) 604-3526	vanessa.king@everestre.com

7. Signature of authorized filer	<i>Vanessa King</i>
8. Please print name of authorized filer	Vanessa King

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

9. Type of Insurance (TOI)	Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Risk Managed Agribusiness, Distributors, Forestry, Moving And Storage And <input type="checkbox"/> Ste Systems Program <input type="checkbox"/> <input checked="" type="checkbox"/>
13. Filing Type	Rate/Loss Cost Rules 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: 2/1/2008 Renewal: 2/1/2008
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	
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 # AR-IM-20022384

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are introducing the charge for a new proprietary endorsement for use in conjunction with its Risk Managed Agribusiness, Distributors, Forest Products, Moving And Storage And Waste Systems Program.

This endorsement is designed to provide greater underwriting and coverage flexibility in response to individual risk characteristics. ENIC is proposing a charge of \$50 which was previously approved by your office.

We request an effective date of February 1, 2008 or the earliest permissible date consistent with your requirements.

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 #: 36070
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.)**

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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 #	AR-IM-20022384			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AR-IM-20022385			
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	Water-Borne Shipments	EIM 99 509 07 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		