

SERFF Tracking Number: HRLV-125407849 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: IMJM122107-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM Availability of New Equipment Dealers/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CIM	SERFF Tr Num: HRLV-125407849	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IMJM122107-1	State Status: Fees verified and received
Filing Type: Form	Co Status: Submitted to State	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Carol Zwoyer	Disposition Date: 01/08/2008
	Date Submitted: 01/02/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2008		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): 03/01/2008		Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: IM Availability of New Equipment Dealers

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/08/2008

State Status Changed: 01/08/2008

Corresponding Filing Tracking Number:

Filing Description:

We wish to introduce new nonstandard endorsement CM-7265 (Ed. 03-07) Equipment Dealers Inland Marine Enhancements.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

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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 #
Harleysville Mutual Insurance Company	\$50.00	01/02/2008	17306792

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/08/2008	01/08/2008

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Disposition

Disposition Date: 01/08/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

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
Supporting Document	COVER LETTER	Approved	Yes
Form	Equipment Dealers Inland Marine Enhancements	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Dealers Inland Marine Enhancements	CM-7265	12-07	Endorsement/New Amendment/Conditions		0.00	CM-7265 (Ed 3-07) Equipment Dealers IM Enhancements.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT DEALERS INLAND MARINE ENHANCEMENTS

This endorsement modifies insurance provided under the following:

**COMMERCIAL INLAND MARINE CONDITIONS
EQUIPMENT DEALERS COVERAGE FORM**

SCHEDULE*

Coverage	Limit Of Insurance	Deductible	
FALSE PRETENSE	\$ Each Item	\$	Each Occurrence
EQUIPMENT LEASED OR RENTED TO OTHERS	\$ Each Item	\$	Each Occurrence
*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.			

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

A. ALL STOCK AS COVERED PROPERTY

Paragraph **A.1.** of the **Equipment Dealers Coverage Form** is replaced by the following:

1. Covered Property, as used in this Coverage Form, means:
 - a. Your stock in trade; and
 - b. Similar property of others in your care, custody or control.

B. FALSE PRETENSE

1. The following is added to paragraph **A.5. Coverage Extensions** of the **Equipment Dealers Coverage Form**:

d. False Pretense

We will pay for loss of or damage to Covered Property you own that is being held for sale when such loss or damage results from someone causing you to voluntarily part with Covered Property by trick, scheme or under false pretenses.

2. Exclusion **B.2.g.** of the **Equipment Dealers Coverage Form** does not apply to this Coverage Extension.
3. With respect to this Coverage Extension only, the following exclusions are added:
 - a. The insurance provided hereunder does not apply unless:
 - (1) You had legal title to, or consignment papers for, the Covered Property prior to loss; and
 - (2) You make every effort to recover the Covered Property when it is located.
 - b. This Coverage Extension does not apply to a loss in which for any reason a bank or any other drawee fails to pay.
4. The most we will pay under this Coverage Extension for any one item is the False Pretense Limit of Insurance shown in the Schedule. This Coverage Extension is included within the Limit of Insurance applicable to Covered Property at the premises where the damage occurs; it is not additional insurance.
5. In accordance with paragraph **D. Deductible** of the **Equipment Dealers Coverage Form**, a Deductible applies to each occurrence payable under this Coverage Extension as shown in the Schedule.

6. The following is added to paragraph **C. Duties In The Event Of Loss** of the **Commercial Inland Marine Conditions** form:

11. You, or someone on your behalf, must take all reasonable steps to cause a warrant to be issued, as soon as practicable, for the arrest of anyone causing a loss covered under the False Pretense Coverage Extension. Failure to cause such warrant to be issued as required by this Condition shall not invalidate any claim made by you, if it is shown that reasonable efforts were made.

C. EQUIPMENT LEASED OR RENTED TO OTHERS

1. The following is added to paragraph **A.5. Coverage Extensions** of the **Equipment Dealers Coverage Form**:

e. Equipment Leased or Rented To Others

We will pay for direct physical loss of or damage to your stock in trade that you lease or rent to others after it has left your custody or the custody of carriers for hire when you are responsible for delivery, provided:

(1) A written lease or rental contract, stating that the lessee is responsible for the leased equipment, is signed by the lessee and kept on file with you; and

(2) Evidence of insurance, indicating that the lessee has insurance coverage for equipment leased or rented from others, is received by you and kept on file with you.

2. The most we will pay under this Coverage Extension for any one item is the Equipment Leased Or Rented To Others Limit of Insurance shown in the Schedule. This Coverage Extension is included within the Limit of Insurance applicable to Covered Property at the premises from which such stock in trade was rented or leased; it is not additional insurance.

3. In accordance with paragraph **D. Deductible** of the **Equipment Dealers Coverage Form**, a Deductible applies to each occurrence payable under this Coverage Extension as shown in the Schedule.

4. Solely for purposes of the coverage provided by this Coverage Extension, item **d.** under **2. Property Not Covered** of the **Equipment Dealers Coverage Form** does not apply.

All policy provisions not in conflict with this endorsement shall continue to apply. This endorsement is a valid part of the policy when the form number is shown in the Declarations.

SERFF Tracking Number: *HRLV-125407849* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *IMJM122107-1*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *CIM*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/08/2008

Comments:

Attachment:

NAIC 2007.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 01/08/2008

Comments:

Attachment:

CIM Form.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%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125407849
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Carol Zwoyer
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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)	
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: 03/01/2008 Renewal: 03/01/2008

HARLEYSVILLE MUTUAL INSURANCE COMPANY

355 Maple Avenue
Harleysville PA 19438-2297
www.harleysvillegroup.com

January 2, 2008

Honorable Julie Benfield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC# 14168
Commercial Inland Marine
Form Filing
Company File Number: 125407849

Dear Honorable Bowman:

We submit for your review and approval a revision to be applicable to our Commercial Inland Marine Program.

We wish to introduce new nonstandard endorsement CM-7265 (Ed. 03-07) Equipment Dealers Inland Marine Enhancements. This endorsement extends coverage under ISO's CM0022 to cover:

- All stock as Covered Property (not just mobile agricultural and construction equipment);
- False Pretense at limit options of \$25,000, \$50,000, \$100,000 or \$150,000; and
- Equipment Leased or Rented To Others

Attached: CM-7265 (Ed. 3-07) Equipment Dealers Inland Marine Enhancements

Rule of application: These revisions are applicable to all policies written on or after March 1, 2008.

Your favorable consideration will be appreciated.

Very truly yours



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com

CC: Jen Milewski, Lisa Berke