

<i>SERFF Tracking Number:</i>	<i>IATH-125430606</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harco National Insurance Company</i>	<i>State Tracking Number:</i>	<i>#94143 \$50</i>
<i>Company Tracking Number:</i>	<i>CF-AR-2169-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Business Electronic Equipment form 20-0605</i>		
<i>Project Name/Number:</i>	<i>/CF-AR-2169-F</i>		

Filing at a Glance

Company: Harco National Insurance Company

Product Name: Business Electronic Equipment form 20-0605
 SERFF Tr Num: IATH-125430606 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: #94143 \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: CF-AR-2169-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Jim Breitbach

Disposition Date: 01/28/2008

Date Submitted: 01/14/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date (New): 05/01/2008

Effective Date Requested (Renewal): 05/01/2008

Effective Date (Renewal): 05/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: CF-AR-2169-F

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/28/2008

State Status Changed: 01/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Harco is a subscriber of the Insurance Services Office (ISO) for all lines except umbrella.

In this filing we have made some minor revisions in coverage to form number 20-0605 (09/07), Business Electronic Equipment Coverage Form. In the definitions section of this form we are revising the definition of "Business Electronic

SERFF Tracking Number: IATH-125430606 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: #94143 \$50
Company Tracking Number: CF-AR-2169-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Business Electronic Equipment form 20-0605
Project Name/Number: /CF-AR-2169-F

Equipment” to include “any electronic computer equipment used to service vehicles.”

Also, under the definitions section we have revised “Specific Causes of Loss”, to eliminate coverage for faulty construction or error in design, and damage caused by actual work upon the property.

We are requesting an effective date of May 1, 2008 for this revised endorsement.

Company and Contact

Filing Contact Information

Jim Breitbach, Compliance Analyst
2850 West Golf Road
Rolling Meadows, IL 60008

jbreitbach@iat-harco.com
(847) 321-4816 [Phone]
(847) 321-4810[FAX]

Filing Company Information

Harco National Insurance Company
2850 West Golf Road
9th Floor
Rolling Meadows, IL 60008
(800) 448-4642 ext. [Phone]

CoCode: 26433
Group Code: 225

State of Domicile: Illinois
Company Type:

Group Name:
FEIN Number: 13-6108721

State ID Number:

Filing Fees

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

SERFF Tracking Number: IATH-125430606 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: #94143 \$50
Company Tracking Number: CF-AR-2169-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Business Electronic Equipment form 20-0605
Project Name/Number: /CF-AR-2169-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/28/2008	01/28/2008

SERFF Tracking Number: IATH-125430606 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: #94143 \$50
Company Tracking Number: CF-AR-2169-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Business Electronic Equipment form 20-0605
Project Name/Number: /CF-AR-2169-F

Disposition

Disposition Date: 01/28/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: IATH-125430606 State: Arkansas
 Filing Company: Harco National Insurance Company State Tracking Number: #94143 \$50
 Company Tracking Number: CF-AR-2169-F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Business Electronic Equipment form 20-0605
 Project Name/Number: /CF-AR-2169-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Business Electronic Equipment Coverage Form	Approved	Yes

SERFF Tracking Number: IATH-125430606 State: Arkansas
 Filing Company: Harco National Insurance Company State Tracking Number: #94143 \$50
 Company Tracking Number: CF-AR-2169-F
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Business Electronic Equipment form 20-0605
 Project Name/Number: /CF-AR-2169-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Electronic Equipment Coverage Form	20-0605	09/07	Policy/Coverage Replaced	Replaced Form #: 0.00 20-0605 Previous Filing #:		20-0605 0907.pdf

BUSINESS ELECTRONIC EQUIPMENT COVERAGE FORM

A. INSURING AGREEMENT

We will pay for physical "loss", except as listed in the exclusions, to Covered Property at the premises described in the Supplemental Declarations and in transit.

1. COVERED PROPERTY

Covered Property, as used in this Coverage Form, means "Business Electronic Equipment" you own, rent or lease from others. But we only cover property that is rented or leased from others to the extent of your legal liability for that property.

2. PROPERTY NOT COVERED

Covered Property does not include:

- a. Accounts, bills, currency, deeds, evidences of debt, money, notes or securities;
- b. Valuable papers, records, abstracts or manuscripts;
- c. Any other document not converted to data processing "media";
- d. Any data processing "media" which cannot be replaced with other "media" of like kind and quality; or
- e. Property you rent or lease to others while the property is not at the premises described in the Supplemental Declarations.

3. COVERAGE EXTENSIONS

a. EXTRA EXPENSE

We will pay for Extra Expense you necessarily incur to continue normal "operations" which are interrupted as a result of a covered "loss" to Covered Property while at premises described in the Supplemental Declarations. However, we will pay for Extra Expense only for the period of time required with the exercise of due diligence and dispatch to restore normal "operations".

Extra Expense does not include expenses for the repair or replacement of Covered Property, except for those that are in excess of normal expenses you incur to repair, restore or replace covered property.

This coverage extension is primary and any collectible extra expense shown in the Property policy is excess coverage.

b. MEDIA

We will pay for:

- (1) Your data processing "media"; and
- (2) Data processing "media" of others in your care, custody or control. But we only cover to the extent of your legal liability for that property.

4. ADDITIONAL COVERAGE

We will pay for "loss" to Covered Property resulting from damage to the following properties that are not located at the premises described in the Supplemental Declarations:

a. WATER CONDUITS

The following properties when supplying water to premises described in the Supplemental Declarations:

- (1) Pumping stations; and
- (2) Water mains.

b. ELECTRICAL CONDUITS

The following properties when supplying electricity, steam or gas to the premises described in the Supplemental Declarations:

- (1) Utility generating plants;
- (2) Substations;
- (3) Switching stations;
- (4) Transformer stations; and
- (5) Poles, towers and transmission or distribution lines.

These Additional Coverages do not increase the Limits of Insurance provided in this Coverage Form.

B. EXCLUSIONS

1. We will not pay for a "loss" caused directly or indirectly by any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

a. EARTH MOVEMENT

- (1) Any earth movement such as an earthquake, landslide or earth sinking, rising or shifting. But if loss or damage by fire or explosion results, we will pay for that resulting loss or damage.
- (2) Volcanic eruption, explosion or effusion.

b. GOVERNMENTAL ACTION

Seizure or destruction of property by order of government authority.

But we will pay for acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if "loss" caused by such fire would be covered under this Coverage Form.

c. NUCLEAR HAZARD

Nuclear reaction or radiation, or radioactive contamination, however caused. But if loss or damage by fire results, we will pay for that resulting loss or damage.

d. WAR AND MILITARY ACTION

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

e. WATER

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water or their spray, all whether driven by wind or not;
 - (2) Mudslide or mudflow;
 - (3) Water that backs up from a sewer or drain;
 - (4) Water under the ground surface pressing on or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not;
 - (c) Doors, windows or other openings; or
 - (5) Any release of water impounded by a dam.
2. We will not pay for a "loss" caused by or resulting from any of the following:
- a. Delay, loss of market, loss of use or interruption of business.
 - b. Dishonest acts by you, your partners, officers, directors or trustees or anyone entrusted with the property:
 - (1) Acting alone or in collusion with others; or
 - (2) Whether or not occurring during the hours of employment.

This exclusion does not apply to acts by:

 - (1) Your employees, except any employee who is also a partner, officer, director or trustee; or
 - (2) Carriers for hire.
 - c. Unauthorized instructions to transfer property to any person or to any place.
3. We will not pay for a "loss" caused by or resulting from any of the following:
- a. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
 - b. Faulty, inadequate or defective:
 - (1) Planning, zoning, development, surveying, siting;
 - (2) Workmanship, renovation, remodeling, grading, compaction;
 - (3) Materials used in repair, construction, renovation or remodeling; or
 - (4) Maintenance; of part or all of any property wherever located.
 - c. Wear and tear, any quality that causes it to damage or destroy itself, hidden or latent defect, gradual deterioration, depreciation or obsolescence.

C. LIMITS OF INSURANCE

The most we will pay for "loss" in any one occurrence is the applicable Limit of Insurance shown in the Business Electronic Equipment Supplemental Declarations minus the appropriate deductible.

D. DEDUCTIBLE

1. BASIC POLICY DEDUCTIBLE

We will not pay for "loss" or damage in any one occurrence until the amount of "loss" or damage exceeds the Deductible shown in the Supplemental Declarations. We will then pay the amount of loss or damage in excess of the Deductible, up to the applicable Limit of Insurance.

2. SPECIFIC CAUSES OF LOSS DEDUCTIBLE

The Specific Causes of Loss Deductible shown in the Supplemental Declarations applies to the losses defined as "Specific Causes of Loss".

If two or more deductibles apply for one occurrence, the largest deductible will apply.

E. LOSS CONDITIONS

Loss Conditions - Sections 1 through 6 of the Building and Personal Property Coverage Form apply to this Coverage Form. Section 7 of the Building and Personal Property Coverage Form is void and the following applies:

1. VALUATION

a. VALUATION OF MEDIA

We will not pay for more than the actual reproduction costs of covered "media". If you do not replace or reproduce the "media", the most we will pay is the cost of blank "media".

b. VALUATION OF ALL OTHER COVERED PROPERTY

If you repair or replace this property within a reasonable time following "loss", the property will be valued at the full cost of repair or replacement. However, the most we will pay is the least of the following:

- (1) The actual cost to repair or restore the property with materials of like kind and quality;
- (2) The cost of replacing that property with property of similar quality and function;
- (3) The amount you actually and necessarily spend to repair or replace the property; or
- (4) The Limit of Insurance applicable to the property.

If you do not repair or replace this property within a reasonable time following "loss", the most we will pay will be the least of the following:

- (1) Actual cash value of the property;
- (2) Actual cash value of repairs with material of like kind and quality; or
- (3) The Limit of Insurance applicable to the property.

We reserve the right to repair or replace the property or to pay for the property in money. In the event of "loss", the value of property will be determined as of the time of "loss".

F. ADDITIONAL CONDITIONS

The following conditions apply in addition to the Building and Personal Property Coverage Form and the Common Policy Conditions:

1. COVERAGE TERRITORY

We cover property while located at premises described in the Supplemental Declarations and while in transit anywhere in the United States of America, its territories or possessions, or Canada.

2. COINSURANCE does not apply to this Coverage Form.

3. ADDITIONAL PURCHASED PROPERTY

If during the policy period you purchase additional property of a type already covered by this Coverage Form, we will cover such property for up to 60 days, or until the expiration of the policy, whichever comes first. The most we will pay in any one "loss" is \$100,000.

You must report such property within 60 days from the date purchased and pay additional premium due. However, this policy shall not cover such additional property if you do not report it to us within 60 days from the date of purchase.

4. ADDITIONAL ACQUIRED PREMISES

If during the policy period you acquire additional premises, we will cover property of the type already covered by this policy at such premises for up to 60 days, or until the expiration of the policy, whichever comes first. The most we will pay in any one "loss" is \$100,000.

You must report such premises within 60 days from the date acquired and pay any additional premium due. However, this policy shall not cover such additional premises if you do not report it to us within 60 days from the date of acquisition.

G. DEFINITIONS

"Business Electronic Equipment" means data processing and word processing computer equipment and component parts used for business purposes. This includes the "telephone system" at your described premises, and stand alone memory typewriters, and any electronic computer equipment used to service vehicles.

"Loss" means physical damage that is accidental.

"Media" means all forms of converted data, instruction vehicles and computer programs.

"Operations" means your business electronic equipment activities conducted at the premises described in the Supplemental Declarations.

"Specific Causes of Loss" means "loss" caused by the following:

- a. Mechanical breakdown;
- b. Short circuit or other electrical disturbance other than lightning; or
- c. Electrical or magnetic injury, disturbance or erasure of electronic recording tapes or diskettes.

SERFF Tracking Number: IATH-125430606 *State:* Arkansas
Filing Company: Harco National Insurance Company *State Tracking Number:* #94143 \$50
Company Tracking Number: CF-AR-2169-F
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Business Electronic Equipment form 20-0605
Project Name/Number: /CF-AR-2169-F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: IATH-125430606 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: #94143 \$50
Company Tracking Number: CF-AR-2169-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Business Electronic Equipment form 20-0605
Project Name/Number: /CF-AR-2169-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 01/28/2008

Comments:
Attachment:
ARPCTD-1.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 style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #
MCM Corp	0225

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harco National Insurance Company	IL	26433	136108721	

5. Company Tracking Number	CF-AR-2169-F
-----------------------------------	---------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jim Breitbach	Compliance Analyst	847-321-4816	847-321-4810	jbreitbach@iat-harco.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jim Breitbach

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

9.	Type of Insurance (TOI)	1.0000
10.	Sub-Type of Insurance (Sub-TOI)	1.0001
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: 08/01/07 Renewal: 08/01/07

Property & Casualty Transmittal Document---

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

20.	This filing transmittal is part of Company Tracking #	CF-AR-2169-F
------------	--	--------------

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

Harco is a subscriber of the Insurance Services Office (ISO) for all lines except umbrella.

In this filing we have made some minor revisions in coverage to form number 20-0605 (09/07), Business Electronic Equipment Coverage Form. In the definitions section of this form we are revising the definition of "Business Electronic Equipment" to include "any electronic computer equipment used to service vehicles."

Also, under the definitions section we have revised "Specific Causes of Loss", to eliminate coverage for faulty construction or error in design, and damage caused by actual work upon the property.

We are requesting an effective date of May 1, 2008 for this revised endorsement.

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]
<p>Check #: 94143 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.