

SERFF Tracking Number: LNCR-125371199 State: Arkansas
Filing Company: Lancer Insurance Comapny State Tracking Number: #? \$100
Company Tracking Number: CA-FM-01-08AR
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: Deluxe & Family Emergency Endorsements/

Filing at a Glance

Company: Lancer Insurance Comapny
Product Name: Commercial Automobile
TOI: 20.0 Commercial Auto
Sub-TOI: 20.0003 Other
Filing Type: Form

SERFF Tr Num: LNCR-125371199 State: Arkansas
SERFF Status: Closed State Tr Num: #? \$100
Co Tr Num: CA-FM-01-08AR State Status: Fees not received
Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Elizabeth Delaney Disposition Date: 01/10/2008
Date Submitted: 01/09/2008 Disposition Status: Approved
Effective Date (New): 03/01/2008 Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008 Effective Date (Renewal):
03/01/2008

State Filing Description:

General Information

Project Name: Deluxe & Family Emergency Endorsements
Project Number:
Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 01/10/2008
State Status Changed: 01/09/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Pending
Domicile Status Comments:
Reference Number: N/A
Advisory Org. Circular: N/A

Deemer Date:

This filing contains two new endorsements: (1) the "Deluxe Coverage Endorsement," and (2) the "Family Emergency Travel Coverage" endorsement. Both forms broaden coverage under our Business Automobile, Motor Carrier and Truckers policies at no extra cost to our insureds. Because there will be no premium charge for these additional coverages, we are not submitting an accompanying rate filing. Lancer is an ISO subscriber, and uses ISO rates and loss costs for its Commercial Automobile Coverage Part.

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Company and Contact

Filing Contact Information

Elizabeth Delaney, Compliance Specialist edelaney@lancer-ins.com
 370 West Park Avenue (516) 431-4441 [Phone]
 Long Beach, NY 11561 (516) 889-3076[FAX]

Filing Company Information

Lancer Insurance Comapny CoCode: 26077 State of Domicile: Illinois
 370 West Park Avenue Group Code: 3636 Company Type: Property Casualty
 Long Beach, NY 11561 Group Name: Lancer Insurance State ID Number:
 (516) 431-4441 ext. [Phone] FEIN Number: 36-6077839

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 2 forms = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lancer Insurance Comapny	\$0.00	01/09/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
70033656	\$100.00	12/03/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/10/2008	01/10/2008

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Project Name/Number: Deluxe & Family Emergency Endorsements/

Disposition

Disposition Date: 01/10/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment: For future reference, the form filing fee charge is only \$50 per filing. It does not matter how many forms you have.

Rate data does NOT apply to filing.

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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Automobile
 Project Name/Number: Deluxe & Family Emergency Endorsements/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	Deluxe Endorsement	Approved	Yes
Form	Family Emergency Travel Coverage	Approved	Yes

SERFF Tracking Number: LNCR-125371199 State: Arkansas
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Commercial Automobile
 Project Name/Number: Deluxe & Family Emergency Endorsements/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Deluxe Endorsement	LIC-DELUXE-1	10/07	Endorsement/Amendment/Conditions	New	39.40	Deluxe Coverage Endorsement - FINAL.pdf
Approved	Family Emergency Travel Coverage	LIC-FAM-EMERG-1	10/07	Endorsement/Amendment/Conditions	New	30.60	Family Emergency Travel Coverage - FINAL.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DELUXE COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

DIMINISHING DEDUCTIBLE

The following is added to the PHYSICAL DAMAGE COVERAGE Section, Paragraph D. Deductible of the BUSINESS AUTO, MOTOR CARRIER and TRUCKERS COVERAGE FORMS:

For each consecutive policy period that you do not have a paid Physical Damage or Cargo "loss" under this Policy, your deductible stated in the Declarations Page of this Policy will be reduced by the following percentage indicated below:

<u># Of Loss-Free Years with Lancer Insurance Company</u>	<u>Deductible Reduction</u>
1	0%
2	25%
3	50%
4	75%
5+	100%

If we pay a Physical Damage or Cargo "loss" during the policy term, your deductible stated in the Declarations Page will not be reduced on any subsequent claims during the remainder of your policy term, and your deductible reduction will revert back to 0% upon renewal.

AGGREGATE DEDUCTIBLE

The following is added to the PHYSICAL DAMAGE COVERAGE Section, Paragraph D. Deductible of the BUSINESS AUTO, MOTOR CARRIER and TRUCKERS COVERAGE FORMS:

However, regardless of the number of covered "autos" involved in the same "loss," only one deductible will apply to that "loss." If the deductible amounts vary by "autos," then only the highest applicable deductible will apply to that "loss."

PERSONAL EFFECTS COVERAGE

The following is added to the PHYSICAL DAMAGE COVERAGE Section, Paragraph A. Coverage of the BUSINESS AUTO, MOTOR CARRIER and TRUCKERS COVERAGE FORMS:

We will pay for "loss" to "personal effects" of the "insured" while inside a covered "auto" subject to a maximum limit of \$2,500 per "loss," and subject to the Comprehensive, Specified Perils, or Collision deductible, whichever applies, for that covered "auto." However, we will only apply that deductible once if there is "loss" to both "personal effects" and the covered "auto" caused by the same "accident."

The following is added to the PHYSICAL DAMAGE COVERAGE Section, Paragraph B. Exclusions of the BUSINESS AUTO, MOTOR CARRIER and TRUCKERS COVERAGE FORMS:

We will not pay for "loss" to "personal effects" of any of the following:

- a. Accounts, bills currency, deeds, evidence of debt, money, notes, securities, or commercial paper or other documents of value.

- b. Bullion, gold, silver, platinum, or other precious alloys or metals; furs or fur garments; jewelry, watches, precious or semi-precious stones.
- c. Paintings, statuary and other works of art.
- d. Contraband, illegal property or property in the course of illegal transportation or trade.
- e. Animals, birds or fish.
- f. Motorized vehicles.
- g. "Loss" caused by theft, unless there are visible signs or marks of forcible entry into the covered "auto."
- h. "Loss" caused by mysterious disappearance of personal effects, including but not limited to, collusion, conversion, embezzlement, secretion or any other form of intentional loss to the property.

The following is added to Section V - DEFINITIONS of the BUSINESS AUTO Coverage Form, and Section VI – DEFINITIONS of the MOTOR CARRIER and TRUCKERS COVERAGE FORMS:

"Personal effects" means personal property owned by the "Insured."

DOWNTIME LOSS AND RENTAL REIMBURSEMENT COVERAGE:

The following is added to the PHYSICAL DAMAGE COVERAGE Section, Paragraph A. Coverage of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

We will pay any resulting "downtime loss" and rental reimbursement expenses you sustain as a result of a covered physical damage "loss" to a covered "auto" up to a combined maximum of \$100 per day for a maximum of 30 days for the same physical damage "loss" subject to the following conditions:

1. We will cover "downtime loss" and rental reimbursement expenses beginning on the 6th day after:
 - a. We have given you our agreement to pay for repairs to a covered "auto" and you have given the repair facility your authorization to make the repairs; or
 - b. The date you first reported the "loss" to us, if we have declared your covered "auto" a total "loss", and
2. Coverage for "downtime loss" and rental reimbursement expenses will end when any of the following occur:
 - a. You have spare or reserve "auto" available to you to continue your operations.
 - b. You purchase a replacement "auto."
 - c. Repairs to your covered "auto" have been completed by the repair facility and they determine the covered "auto" is road-worthy.
 - d. You reach the 30 days of maximum coverage.

The following is added to Section V - DEFINITIONS of the BUSINESS AUTO Coverage Form, and Section VI – DEFINITIONS of the MOTOR CARRIER and TRUCKERS COVERAGE FORMS:

"Downtime loss" means actual loss of "business income" for the period of time that a covered "auto":

1. Is out of service for repair or replacement as a result of a covered physical damage "loss"; and
2. Is in the custody of a repair facility if not a total "loss".

"Business Income" means:

1. Net income (Net profit or loss before income taxes) that would have been earned or incurred; and
2. Continuing normal operating expenses incurred, including payroll.

OTHER INSURANCE

The following is added to the CONDITIONS Section, Paragraph B. General Conditions, 5. Other Insurance of the BUSINESS AUTO, MOTOR CARRIER, and TRUCKERS COVERAGE FORMS:

Any Personal Effects Coverage and any Downtime Loss and Rental Reimbursement Coverage provided by this endorsement are excess over any other insurance coverage available for the same "loss."

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FAMILY EMERGENCY TRAVEL COVERAGE

This endorsement modifies insurance provided under the following:

MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

SECTION II - LIABILITY COVERAGE, A. 2. Coverage Extensions is amended to include the following:

c. Family Emergency Travel Coverage

In addition to the Limit of Insurance, we will pay reasonable "travel reimbursement expenses" incurred by a family member or associate of an "insured" or passenger of a covered "auto" for travel to visit that "insured" or passenger who was injured in an "accident" involving a covered "auto," subject to the following conditions:

- (1) Regardless of the number of traveling family members or associates, injured "insureds" or passengers, claims made or vehicles involved in the "accident," the most we will pay for all "travel reimbursement expenses" resulting from any one "accident" is \$ 2,500. If the combined total of reasonable travel reimbursement expenses" incurred by two more family members or associates exceeds the \$2,500 per accident limit, we will pay on a pro rata basis.
- (2) Travel must be to visit the injured party at the hospital or in the event of death, to the location necessary to handle the immediate affairs of the deceased.
- (3) Subject to the \$2,500 per accident limit, the most we will pay for the combined total of expenses for room accommodations, meals, and parking for each family member or associate is \$200 per day.
- (4) We will reimburse ground transportation using a personal vehicle at a rate of 40 cents per mile for the actual miles driven.
- (5) All "travel reimbursement expenses" must be supported by written receipts submitted to us no later than 120 days from the date such "travel reimbursement expenses" were incurred.

SECTION VI -DEFINITIONS is amended to include the following:

"Travel reimbursement expenses" include reasonable ground, rail, or air (coach class) transportation, room accommodations, meals, and parking expenses only.

<i>SERFF Tracking Number:</i>	<i>LNCR-125371199</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lancer Insurance Comapny</i>	<i>State Tracking Number:</i>	<i>#? \$100</i>
<i>Company Tracking Number:</i>	<i>CA-FM-01-08AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>Deluxe & Family Emergency Endorsements/</i>		

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: CA-FM-01-08AR
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: Deluxe & Family Emergency Endorsements/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/10/2008

Comments:

Attachment:
AR PCTD.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 01/10/2008

Comments:

Attachment:
Explanatory Memo - 3-1-08.pdf

Property & Casualty Transmittal Document

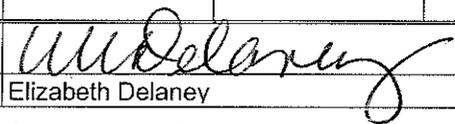
Reset Form

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 #			
	Lancer Financial Group	3636			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Lancer Insurance Company	IL	26077	36-6077839	

5. Company Tracking Number	CA-FM-01-08AR
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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
	Elizabeth Delaney 370 West Park Avenue Long Beach, NY 11561	Compliance Manager	516.431.4441 ext. 3219	516.889.3076	edelaney@lancer-ins.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Elizabeth Delaney		

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]	N/A
12.	Company Program Title (Marketing title)	N/A
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: 3/1/08 Renewal: 3/1/08
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	01/09/2008
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 # CA-FM-01-08AR

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

Lancer Insurance Company
FEIN: 36-6077839
NAIC Company No.: 26077
NAIC Group No.: 3636
Commercial Automobile Forms Filing
Forms: (1) Deluxe Endorsement – LIC-DELUXE-1 (10/07)
(2) Family Emergency Travel Coverage – LIC-FAM-EMERG-1 (10/07)
SERFF Tr Num: LNCR-125371202
Company Tracking Number: CA-FM-01-08AR
Proposed Effective Date: 03/01/08

To Whom It May Concern,

Lancer Insurance Company is submitting the above-captioned forms for your approval. We intend to use these forms on our Business Auto, Motor Carrier and Truckers policies, specifically those written under our Long Haul Trucking Product. Both forms broaden coverage at no extra cost to our insureds. Because there will be no premium charge for these additional coverages, we are not submitting an accompanying rate filing. Lancer is an ISO subscriber, and uses ISO rates and loss costs for its Commercial Automobile Coverage Part.

Our proposed effective date for this filing is 03/01/08.

Thank you in advance for your acknowledgement, and if you have any questions please do not hesitate to contact me.

Very truly yours,

ELIZABETH E. DELANEY
Compliance Manager
(516) 431-4441 ext. 3219
edelaney@lancer-ins.com

[View Complete Filing Description](#)

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 #: 70033656
Amount: 100.00

\$50 per form x 2 forms = \$100.00

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.)

PC TD-1 pg 2 of 2

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-FM-01-08AR			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Deluxe Endorsement	LIC-DELUXE-1 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Family Emergency Travel Coverage	LIC-FAM-EMERG-1 (10/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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		

PC FFS-1

LANCER INSURANCE COMPANY

EXPLANATORY FILING MEMORANDUM

COMMERCIAL AUTOMOBILE FORMS

The Commercial Automobile Coverage Part is ISO-adopted coverage for Lancer Insurance Company ("Lancer"), domiciled in the State of Illinois.

This Line of Business, which consists of forms, rates & rules, is being used by Lancer as a member/subscriber of ISO. However, Lancer would like to begin using the following endorsements, which modify this coverage part, on several of its Business Auto, Motor Carrier and Truckers policies, specifically on those policies written under our Long Haul Trucking product:

1) LIC-DELUXE-1 (10/07) - Deluxe Endorsement

This form provides the insured with personal effects, downtime loss and rental reimbursement coverage. It also provides for a diminishing deductible based on the number of loss-free years the insured has with Lancer, and an aggregate deductible in case more than one covered auto is involved in an accident. This is a broadening of the standard coverage forms.

2) LIC-FAM-EMERG-1 (10/07) - Family Emergency Travel Coverage

This form provides the insured with coverage for travel expenses incurred by a family member or associate, or passenger of a covered auto, for travel to visit that insured or passenger who was injured in an accident involving a covered auto. This is a broadening of the standard coverage forms.

Lancer will not charge any additional premium for the above coverages, and therefore will continue to use its current ISO rates/rules and loss costs that are already on file in your state. Our proposed effective date for this filing 3/1/08.

Please do not hesitate to contact me if you have any questions.