

SERFF Tracking Number: SEPX-125408984 State: Arkansas  
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PR AR07802DOF01  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability  
Product Name: Professional Errors & Omissions Liability  
Project Name/Number: 2008 General Liability/PR AR07802DOF01

## Filing at a Glance

Company: Sentry Select Insurance Company

Product Name: Professional Errors & Omissions Liability

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Filing Type: Form

SERFF Tr Num: SEPX-125408984 State: Arkansas

SERFF Status: Closed

Co Tr Num: PR AR07802DOF01

Co Status:

Author: SPI SentryInsurancePC

Date Submitted: 12/31/2007

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 01/10/2008

Disposition Status: Approved

Effective Date (New):

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: 2008 General Liability

Project Number: PR AR07802DOF01

Reference Organization:

Reference Title:

Filing Status Changed: 01/10/2008

State Status Changed: 01/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We are filing the revised optional endorsement PA001200 12 07 to replace the recently filed PA001200 09 07.

After originally filling the new optional endorsement PA001200 09 07, we discovered that the coverage grant did not include the limits and defense provisions. We have revised paragraph 1., the insuring agreement, to add these provisions which are the same as those in the current coverage form.

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No policies were issued using the original PA001200 09 07.

Please remove the PA001200 09 07 and replace with the PA001200 12 07.

## Company and Contact

### Filing Contact Information

Lance Broecker, Product lance.broecker@sentry.com  
 Compliance/Development - Analyst  
 1800 North Point Drive (715) 346-8450 [Phone]  
 Stevens Point, WI 54481 (715) 346-6044[FAX]

### Filing Company Information

Sentry Select Insurance Company CoCode: 21180 State of Domicile: Wisconsin  
 1800 North Point Drive Group Code: 169 Company Type:  
 Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:  
 Group  
 (715) 346-6000 ext. [Phone] FEIN Number: 36-2674180  
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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 #
Sentry Select Insurance Company	\$50.00	12/31/2007	17301062

SERFF Tracking Number: SEPX-125408984 State: Arkansas  
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Product Name: Professional Errors & Omissions Liability  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/10/2008	01/10/2008

*SERFF Tracking Number:*      *SEPX-125408984*                      *State:*                      *Arkansas*  
*Filing Company:*              *Sentry Select Insurance Company*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *PR AR07802DOF01*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*                      *Sub-TOI:*                      *17.2019 Professional Errors & Omissions Liability*  
  
*Product Name:*                      *Professional Errors & Omissions Liability*  
*Project Name/Number:*              *2008 General Liability/PR AR07802DOF01*

## **Disposition**

Disposition Date: 01/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125408984 State: Arkansas  
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 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability  
 Product Name: Professional Errors & Omissions Liability  
 Project Name/Number: 2008 General Liability/PR AR07802DOF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form	ODOMETER HOUR METER AND PRIOR DAMAGE DISCLOSURE	Approved	Yes

SERFF Tracking Number: SEPX-125408984 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ODOMETER HOUR METER AND PRIOR DAMAGE DISCLOSURE	PA001200	12 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 PA001200 Previous Filing #:		PA001200.PDF



ODOMETER HOUR METER AND PRIOR DAMAGE DISCLOSURE  
ERRORS AND OMISSIONS ENDORSEMENT

This endorsement modifies insurance provided under the following:

ERRORS AND OMISSIONS COVERAGE FORM

A. SECTION I - COVERAGES, COVERAGE B. ODOMETER AND PRIOR DAMAGE  
DISCLOSURE ERRORS AND OMISSIONS is replaced by the following:

COVERAGE B. ODOMETER, HOUR METER AND PRIOR DAMAGE DISCLOSURE ERRORS  
AND OMISSIONS

1. INSURING AGREEMENT

- a. We will pay sums an "insured" legally must pay as "damages" arising from:
  - (1) Negligent errors or omissions which result in civil violation of any federal, state or local statute regarding:
    - (a) Accurate odometer or hour meter readings;
    - (b) Disclosure of prior damage; or
    - (c) Used car disclosures or aftermarket automotive parts disclosures.
  - (2) Inaccurate hour meter disclosures due to:
    - (a) Mechanical failure of an hour meter;
    - (b) Anyone other than an "insured" tampering with an hour meter or otherwise misrepresenting an hour meter reading; or
    - (c) Negligent errors or omissions by an "insured"
- b. The Amount we will pay for "damages" is limited as described in Section III - Limits Of Insurance.
- c. We have the right and duty to investigate and to defend or settle any claim or "suit" for these "damages". However, we have no duty to investigate, defend or settle a claim or "suit" not covered by this insurance. Our payment of the Limit of Insurance ends our duty to investigate, defend or settle.

2. EXCLUSIONS

This coverage does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury".
- b. Loss, claims or "suits" arising out of:
  - (1) Dishonest, malicious, fraudulent, criminal or intentional acts or omissions committed or permitted by:

PA001200 1207



ODOMETER HOUR METER AND PRIOR DAMAGE DISCLOSURE  
ERRORS AND OMISSIONS ENDORSEMENT - CONTINUED

- (a) You the Named Insured;
- (b) Your officers, your "employees" or your agents; or
- (c) Any other "insured".

(2) Liability of others assumed by an "insured" under a contract or agreement.

B. For coverage provided under COVERAGE B only, the definition of "damages" in SECTION VI - DEFINITIONS is replaced by the following:

"Damages" as used in COVERAGE B only, means:

1. The difference between the represented market retail value of an auto or other equipment when sold to your customer and the actual market retail value of such auto or equipment at the time of sale; or
2. Other costs, fees or penalties to be paid by order of enforcement of any federal, state or local statutes to the extent they are insurable by law.

All other terms and provisions of this policy remain unchanged.

PA001200 1207

*SERFF Tracking Number:*      *SEPX-125408984*                      *State:*                      *Arkansas*  
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*Product Name:*                      *Professional Errors & Omissions Liability*  
*Project Name/Number:*              *2008 General Liability/PR AR07802DOF01*

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SEPX-125408984</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PR AR07802DOF01</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Errors &amp; Omissions Liability</i>		
<i>Project Name/Number:</i>	<i>2008 General Liability/PR AR07802DOF01</i>		

## Supporting Document Schedules

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

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

<b>Satisfied -Name:</b>	AR - NAIC FORM FILING SCHEDULE	<b>Review Status:</b>	Approved	01/10/2008
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**Comments:**

**Attachment:**

AR - NAIC FORM FILING SCHEDULE.PDF

<b>Satisfied -Name:</b>	AR - FORM FILING ABSTRACT F-1	<b>Review Status:</b>	Approved	01/10/2008
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**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

<b>Satisfied -Name:</b>	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	<b>Review Status:</b>	Approved	01/10/2008
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**Comments:**

**Attachment:**

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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="width: 50%; border: none;">New Business</td> <td style="border: none;"></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					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Sentry Insurance Group	169			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Sentry Select Insurance Company	WI	21180	36-2674180	

<b>5. Company Tracking Number</b>	PR AR07802DOF01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Lance Broecker 1800 North Point Drive Stevens Point WI 54481	Product Compliance/Development - Analyst	715-346-6000 Ext. 8450	715-346-6044	lance.broecker@sentry.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Lance Broecker		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	17.2 Other Liability - Occurrence Only
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.2019 Professional Errors & Omissions Liability
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Professional Errors & Omissions Liability
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 02-01-08      Renewal: 02-01-08
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	December 31, 2007
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PR AR07802DOF01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing the revised optional endorsement PA001200 12 07 to replace the recently filed PA001200 09 07.

After originally filing the new optional endorsement PA001200 09 07, we discovered that the coverage grant did not include the limits and defense provisions. We have revised paragraph 1., the insuring agreement, to add these provisions which are the same as those in the current coverage form.

No policies were issued using the original PA001200 09 07.

Please remove the PA001200 09 07 and replace with the PA001200 12 07.

<b>22.</b>	<b>Filing Fees</b> (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><b>Check #:</b> SERFF EFT <b>Amount:</b> \$50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

\*\*\*Refer to 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PR AR07802DOF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	NA
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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	ODOMETER HOUR METER AND PRIOR DAMAGE DISCLOSURE	PA001200 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PA001200	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed December 31, 2007

2. Company Name(s) Sentry Select Insurance Company

Group Name Sentry Insurance Group NAIC No. 21180 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 17.2 & 17.2019

(b) Class of Business General Liability

© Coverages Affected Professional Errors and Omissions

4. (a) Name of Advisory Organization, if any \_\_\_\_\_

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Yes

8. Is the form filed in response to or due to legislation? If so, specify legislation.

No

9. Is the form in response to or due to recent court decisions? If so, give citation.

No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Lance Broecker

**Title**

715-346-8450

**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
PA001200 09 07	02-01-08	PA001200 12 07	ODOMETER HOUR METER AND PRIOR DAMAGE DISCLOSURE Includes coverage for certain negligent errors in the disclosure of a piece of equipment's hour meter reading.

**ARKANSAS CERTIFICATE OF COMPLIANCE**

*(You may print or type the information required by this form)*



Vice President General  
Counsel & Corporate  
Secretary

I, William O'Reilly, Secretary of  
*(Name) (Title of Authorized Officer)*

Sentry Select Insurance Company

*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • PR AR07802DOF01	
Signature of Authorized Officer •	<i>William O'Reilly</i>
Name of Authorized Officer •	William O'Reilly
Title of Authorized Officer •	Vice President General Counsel & Corporate Secretary
Email address of Authorized Officer •	<a href="mailto:Bill.Oreilly@sentry.com">Bill.Oreilly@sentry.com</a>
Telephone # of Authorized Officer •	1-715-346-6997
Date •	December 31, 2007

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*