

SERFF Tracking Number: BEUW-125824757 State: Arkansas  
 Filing Company: StarNet Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: AR-PCP-CMP-FM-2008-01  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
 Liability  
 Product Name: Pest Control Program  
 Project Name/Number: Revision to CG 75 04/AR-PCP-CMP-FM-2008-01

## Filing at a Glance

Company: StarNet Insurance Company  
 Product Name: Pest Control Program SERFF Tr Num: BEUW-125824757 State: Arkansas  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50  
 Sub-TOI: 05.0003 Commercial Package Co Tr Num: AR-PCP-CMP-FM-2008-01 State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
 Authors: Ryan Boulware, Donald Harrison, Lawrence Whalley Disposition Date: 10/06/2008  
 Date Submitted: 10/03/2008 Disposition Status: Approved  
 Effective Date Requested (New): On Approval Effective Date (New): 10/06/2008  
 Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 10/06/2008

State Filing Description:

## General Information

Project Name: Revision to CG 75 04 Status of Filing in Domicile: Not Filed  
 Project Number: AR-PCP-CMP-FM-2008-01 Domicile Status Comments:  
 Reference Organization: n/a Reference Number: n/a  
 Reference Title: n/a Advisory Org. Circular: n/a  
 Filing Status Changed: 10/06/2008  
 State Status Changed: 10/06/2008 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 This filing is for the purpose of revising the Inspection Services endorsement CG 75 04 01 04 to liberalize coverage by extending the period of time for a claim from 24 to 36 months.

Informationally, since this is a liberalization of coverage to the benefit of the policyholder, the Company will be

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instructing our claims adjusters to act based on the 36 month period as of October 1, 2008.

This endorsement is a part of the Commercial Multiple Peril filing for the previously submitted "Pest Control Program".

Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of StarNet Insurance Company. All other filed and approved Programs for StarNet Insurance Company remain of file without change.

Please contact me directly if you have any questions regarding this submission. Thank you.

## Company and Contact

### Filing Contact Information

Donald Harrison, State Filings Manager DHarrison@bupllc.com  
 215 Shuman Blvd., Ste. 200 (630) 210-0351 [Phone]  
 Naperville, IL 60563 (630) 210-0377[FAX]

### Filing Company Information

StarNet Insurance Company CoCode: 40045 State of Domicile: Delaware  
 215 Shuman Blvd., Suite 200 Group Code: 98 Company Type: Stock  
 Naperville, IL 60563 Group Name: W.R. Berkley Corporation State ID Number:  
 (630) 210-0360 ext. [Phone] FEIN Number: 22-3590451  
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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 #
StarNet Insurance Company	\$50.00	10/03/2008	22904644

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/06/2008	10/06/2008

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## Disposition

Disposition Date: 10/06/2008

Effective Date (New): 10/06/2008

Effective Date (Renewal): 10/06/2008

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	Stamped Approval of Initial Filing	Approved	Yes
Form	ENDORSEMENT – INSPECTION SERVICES	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ENDORSEMENT – INSPECTION SERVICES	CG 75 04	10 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CG 75 04 01 04 Previous Filing #: The initial filing was a hard copy filing and no State Tracking number is available. We have attached a stamped copy of the DOI approval to the Supporting Documentation tab. Thank you.		CG 75 04 10 08 Endorsement - Inspection Services.pdf

## **ENDORSEMENT – INSPECTION SERVICES**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Except as provided in this endorsement this insurance does not apply to any claim, "suit", or demand made against the insured arising out the rendering or failure to render "Inspection Services" as defined herein.

Subject to a \$ [REDACTED] per claim deductible and subject to a limit of \$ [REDACTED] per accident and \$ [REDACTED] in the aggregate, we will pay on behalf of the insured those sums that you become legally obligated to pay as damages as a result of "bodily injury" or "property damage" caused by your rendering or failure to render "Inspection Services".

"Inspection Services" shall mean the detection, identification, and/or eradication of structural pests or wood destroying organisms, the preparation or approval of drawings, opinions, reports, surveys, designs, or any related specifications in the performance of pest control operations. "Inspection Services" does not include any inspection whose purpose is other than the detection, identification, and/or eradication of structural pests or wood destroying organisms.

The per occurrence and aggregate limits set forth above are the most we will pay for damages because of "bodily injury" or "property damage" under this "Inspection Service" coverage. All such damages are also subject to the completed operations aggregate of the policy. Coverage under this "Inspection Services" coverage shall only extend to claims asserted within thirty-six (36) months from the date of the insured's last inspection, regarding any such claim.

It is agreed that costs of treatment, retreatment, inspection, or reinspection are specifically excluded and no coverage for any such damages is provided by this policy.

**THIS ENDORSEMENT MUST BE ATTACHED TO A CHANGE ENDORSEMENT WHEN ISSUED AFTER THE POLICY IS WRITTEN.**



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 10/06/2008

**Comments:**

**Attachment:**

AR Uniform P&C Transmittal Document (PC-TD-1) ed. 3-1-07.pdf

**Satisfied -Name:** Stamped Approval of Initial Filing **Review Status:** Approved 10/06/2008

**Comments:**

Provided for your convenience. Thank you.

**Attachment:**

AR Initial PCP Stamped Forms Approval.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: 60%; 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					

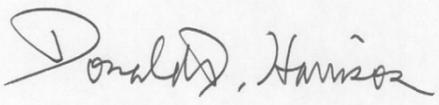
<b>3. Group Name</b>	<b>Group NAIC #</b>
W.R.Berkley Corporation	098

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
StarNet Insurance Company	DE	40045	22-3590451	31778

<b>5. Company Tracking Number</b>	AR-PCP-CMP-FM-2008-01
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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
	Donald Harrison 215 Shuman Blvd., Suite 200 Naperville, IL 60563	Manager of Regulatory Filing and Support	630.210.0351 800.343.0592	630.210.0377	dharrison@bupllc.com

<b>7.</b> Signature of authorized filer	
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<b>8.</b> Please print name of authorized filer	Donald Harrison
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**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	05.0 CMP Liability and Non-Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	05.0003 Commercial Package
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Pest Control Program
<b>13. 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. Effective Date(s) Requested</b>	New:    Upon approval    Renewal:    Upon approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	10-3-08
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-PCP-CMP-FM-2008-01
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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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As listed in the "Filing Description" section of SERFF:

This filing is for the purpose of revising the Inspection Services endorsement CG 75 04 01 04 to liberalize coverage by extending the period of time for a claim from 24 to 36 months.

Informationally, since this is a liberalization of coverage to the benefit of the policyholder, the Company will be instructing our claims adjusters to act based on the 36 month period as of October 1, 2008.

This endorsement is a part of the Commercial Multiple Peril filing for the previously submitted "Pest Control Program".

Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of StarNet Insurance Company. All other filed and approved Programs for StarNet Insurance Company remain of file without change.

Please contact me directly if you have any questions regarding this submission. Thank you.

<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]
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**Check #: n/a - this is EFT**  
**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.)**

PC TD-1 pg 2 of 2



November 24, 2003

Commissioner Mike Pickens  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Pest Control Program  
Commercial Multiple Peril  
Form Filing  
StarNet Insurance Company - 0098 - 40045 FEIN #22-3590451  
Company Filing Number: CMP001-F-04-AR

Dear Commissioner:

The StarNet Insurance Company submits for your review and approval the enclosed forms list. The forms are for use with the new Pest Control Program. These are company developed forms to be used with the ISO forms portfolio.

We wish to adopt the Insurance Services Office (ISO) forms which include the required state specific endorsements for Property, General Liability and Inland Marine.

This program will be written as a package policy with Commercial Property, Commercial General Liability and Commercial Inland Marine.

Attached is a Filing Memorandum providing details of this submission. To comply with the state filing guidelines we have included the required state documents and an extra copy of the filing with a stamped self-addressed envelope for your use in acknowledging receipt of this submission.

We request this filing be approved for all policies effective on and after January 1, 2004.

If there are any questions or comments regarding this submission, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Daphne Crockett'.

Daphne Crockett  
Regulatory Compliance Unit  
Phone: (630) 210-0359  
FAX: (630) 210-0377

Approved until withdrawn  
or revoked

DEC 01 2003

Arkansas Insurance Department

By: Handwritten initials 'RW' in cursive.

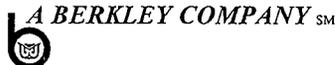
**RECEIVED**

DEC 01 2003

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

c/o Berkley Underwriting Partners, L.L.C.,

215 Shuman Blvd. • Suite 200 • Naperville, IL 60563 • Main (630) 210-0360



AID/P&C DEC 01 '03