

SERFF Tracking Number: IATH-125842608 State: Arkansas  
Filing Company: Harco National Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CA-2474-F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Truckers  
Project Name/Number: PD Form/CA-2474-F

## Filing at a Glance

Company: Harco National Insurance Company

Product Name: Truckers

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

SERFF Tr Num: IATH-125842608

SERFF Status: Closed

Co Tr Num: CA-2474-F

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Authors: Adeline O'Banner, Pam  
Seely

Disposition Date: 10/08/2008

Date Submitted: 10/08/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):  
12/01/2008

State Filing Description:

## General Information

Project Name: PD Form

Project Number: CA-2474-F

Reference Organization:

Reference Title:

Filing Status Changed: 10/08/2008

State Status Changed: 10/08/2008

Corresponding Filing Tracking Number:

Filing Description:

Harco National Insurance Company is filing to remove the co-insurance provisions from form CA-7406 (01/08), Section C, Limit of Insurance, effective 12/01/2008

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

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**Filing Contact Information**

Pam Seely, Regulatory Compliance Analyst pseely@iat-harco.com  
 2850 West Golf Road (847) 321-4850 [Phone]  
 Rolling Meadows, IL 60008 (847) 321-4810[FAX]

**Filing Company Information**

Harco National Insurance Company CoCode: 26433 State of Domicile: Illinois  
 2850 West Golf Road Group Code: 225 Company Type:  
 9th Floor  
 Rolling Meadows, IL 60008 Group Name: State ID Number:  
 (800) 448-4642 ext. [Phone] FEIN Number: 13-6108721  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: One form filing @ \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harco National Insurance Company	\$50.00	10/08/2008	23038022

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/08/2008	10/08/2008

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## Disposition

Disposition Date: 10/08/2008  
Effective Date (New): 12/01/2008  
Effective Date (Renewal): 12/01/2008  
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
Form	Physical Damage Coverage Changes	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Physical Damage Coverage Changes	CA-7406 (12/08)		Endorsement/Amendment/Conditions Replaced	Replaced Form #: CA-7406 (01/08) Previous Filing #:		CA 74 06 12 08.pdf CA 74 06 01 08.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PHYSICAL DAMAGE COVERAGE CHANGES

This endorsement modifies insurance under the following:

TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

This endorsement provides only those coverages where a premium is shown in the Declarations. Each of these coverages applies only to the vehicles shown as covered "autos."

The following changes are made to:

TRUCKERS COVERAGE FORM: SECTION IV - PHYSICAL DAMAGE COVERAGE  
MOTOR CARRIER COVERAGE FORM: SECTION IV - PHYSICAL DAMAGE COVERAGE  
whichever applies.

**B. Exclusions**, in the section that reads "Exclusions 2.e. and 2.f. do not apply to:"; part b.(1) is replaced by the following:

b. Any other electronic equipment that is:

- (1) Necessary for the normal operation of the "auto" or the monitoring of the "auto's" operating system, including satellite communication or tracking equipment and collision prevention systems which are permanently installed or are removable from a housing unit which is permanently installed in the covered "auto"; or

**C. Limits of Insurance** is replaced by the following:

### C. Limits of Insurance

1. Subject to the stated limit shown in the Declarations, the most we will pay for a total loss where a "finance agreement" exists and the Stated Amount is equal to or greater than the outstanding financial obligation is the greater of:
  - a. The outstanding financial obligation under a "finance agreement" for a covered "auto" at the time of loss; or
  - b. The actual cash value of the covered "auto" at the time of the loss or the Stated Amount whichever is less.

In addition, we will endeavor to send you payment within 60 days of a "loss" due to theft and within 30 days for any other "loss." If we do not, subject to the LIMIT OF INSURANCE, we shall also pay for additional payments your "finance agreement" generates, for the covered "auto" only, after the 60th day or 30th day, whichever applies.

2. The most we will pay for any other "loss" in any one "accident" is the lesser of:
  - a. The amount shown as the Stated Amount in the Schedule or in the Declarations;
  - b. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
  - c. The cost of "repairing" or replacing the damaged or stolen property with other of like kind and quality.

3. With respect to a covered "auto" not described in the Declarations, the most we will pay for "loss" is the lesser of 2.b. or 2.c. in above paragraph, reduced by the largest deductible applied to an "auto" of the same type in the Declarations.
4. We will include the reasonable cost of protecting the damaged property as part of a covered "loss."
5. We will pay under Comprehensive Coverage for the cost of "repairing" the damaged windshield on "your covered auto" without a deductible. We will pay only if the Declarations indicate that Comprehensive Coverage applies.

**B. Exclusions**, exclusion 5 is added as follows:

5. At the time of your loss, we will not pay you for any of the following:
  - a. Overdue "finance agreement" payments including any type of late fees or penalties;
  - b. Financial penalties imposed under a "finance agreement" for excessive use, abnormal wear and tear or high mileage;
  - c. Security deposits not normally refunded by the lessor or lender;
  - d. Cost of "finance agreement" related products such as, but not limited to, Credit Life Insurance, Health, Accident or Disability insurance purchased by you;
  - e. Carry-over balances from previous "finance agreements" or other amounts not associated with the covered "auto"; or
  - f. Unpaid principal included in the outstanding "finance agreement" balance that was not used by you to purchase the covered "auto."

**Additional definitions as used in this endorsement:**

1. "Finance agreement" means a written lease or loan contract, entered into, as a part of your business, pertaining to the lease or purchase by you of a covered "auto," and subject to a valid promissory note or written payment obligation contained in a lease, and security agreement or other written agreement establishing a security interest, executed concurrently with the purchase or lease of the covered "auto."
2. "Repairing" does not mean replacing.



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**C. Limits of Insurance** is replaced by the following:

### C. Limits of Insurance

1. Subject to the stated limit shown in the Declarations, the most we will pay for a total loss where a "finance agreement" exists and the Stated Amount is equal to or greater than the outstanding financial obligation is the greater of:
  - a. The outstanding financial obligation under a "finance agreement" for a covered "auto" at the time of loss; or
  - b. The actual cash value of the covered "auto" at the time of the loss or the Stated Amount whichever is less.

In addition, we will endeavor to send you payment within 60 days of a "loss" due to theft and within 30 days for any other "loss." If we do not, subject to the LIMIT OF INSURANCE, we shall also pay for additional payments your "finance agreement" generates, for the covered "auto" only, after the 60th day or 30th day, whichever applies.

2. The most we will pay for any other "loss" in any one "accident" is the lesser of:
  - a. The amount shown as the Stated Amount in the Schedule or in the Declarations;
  - b. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
  - c. The cost of "repairing" or replacing the damaged or stolen property with other of like kind and quality.
  - d. ~~However, if the Stated Amount is less than 80% of the actual cash value at the time of "loss," the most we will pay for "loss" is the lesser of the following amounts:~~

~~(1) The share of the "loss" that the Stated Amount bears to 80% of the actual cash value of the property at the time of "loss";~~

~~(2) The actual cash value of the damaged or stolen property at the time of "loss"; or~~

~~(3) The Stated Amount shown in the Declarations.~~

3. With respect to a covered "auto" not described in the Declarations, the most we will pay for "loss" is the lesser of 2.b. or 2.c. in above paragraph, reduced by the largest deductible applied to an "auto" of the same type in the Declarations.
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<i>Filing Company:</i>	<i>Harco National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA-2474-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Truckers</i>		
<i>Project Name/Number:</i>	<i>PD Form/CA-2474-F</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: IATH-125842608 State: Arkansas  
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Company Tracking Number: CA-2474-F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Truckers  
Project Name/Number: PD Form/CA-2474-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 10/08/2008

**Comments:**

Transmittal Form attached

**Attachment:**

P&C Transmittal.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

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Harco National Insurance Company	Illinois	26433	13-6108721		

<b>5. Company Tracking Number</b>	CA-2474-F
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Pamela Seely Harco National Insurance Co. 2850 W. Golf Rd. Rolling Meadows, IL 60008	Compliance Analyst	847-321-4850	847-321-4810	pseely@iat-harco.com
<b>7. Signature of authorized filer</b>		<i>Pamela A. Seely</i>		
<b>8. Please print name of authorized filer</b>		Pamela A. Seely		

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

<b>9. Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	20.0004 Truckers
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<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: 12/01/2008      Renewal: 12/01/2008
<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>	10/07/2008
<b>19. Status of filing in domicile</b>	<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-2474-F

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

[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 #:

Amount:

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.)

## 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>	<b>CA-2474-F</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	<b>N/A</b>
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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	Physical Damage Coverage changes	CA-7406 (12/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA-7406 (1/08)	
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		

PC FFS-1