

SERFF Tracking Number: QBEC-125875580 State: Arkansas  
Filing Company: Praetorian Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 08-279-IM-AR  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Rental Association Program  
Project Name/Number: ARA - Commercial Inland Marine Form Revision/08-279-IM-AR

## Filing at a Glance

Company: Praetorian Insurance Company

Product Name: American Rental Association Program SERFF Tr Num: QBEC-125875580 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: 08-279-IM-AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Author: Janet Kiger

Disposition Date: 10/29/2008

Date Submitted: 10/27/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 10/29/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 10/29/2008

State Filing Description:

## General Information

Project Name: ARA - Commercial Inland Marine Form Revision

Status of Filing in Domicile: Authorized

Project Number: 08-279-IM-AR

Domicile Status Comments: Illinois approved for use effective November 1, 2008.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 10/29/2008

Deemer Date:

State Status Changed: 10/29/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Praetorian Insurance Company - NAIC: #0517-37257 FEIN: 36-3030511

American Rental Association Program

Independent Commercial Inland Marine

Revision Form Filing

SERFF Tracking Number: QBEC-125875580 State: Arkansas  
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Product Name: American Rental Association Program  
Project Name/Number: ARA - Commercial Inland Marine Form Revision/08-279-IM-AR

Praetorian Insurance Company (PIC) wishes to submit for your review and approval our American Rental Association Program - Independent Commercial Inland Marine – Revised Form Filing. With this filing we are proposing the following:

ARA 20 02 08 08 – Amended Valuation – Actual Cash Value

- Replaced ARA 0024 (02/06)
- Changes the valuation to ACV. The old form deleted the valuation clause in ARA 0020 (02/06) which has since been updated (ARA 2001 0108).
- We revised the Amended Valuation – Actual Cash Value Form to reflect the correct paragraph that is being modified in the Rental Equipment Coverage Form.

Enclosed are the following:

- Filing Fee (if applicable)
- State Filing Transmittal (if applicable)
- Filing Memorandum
- ARA 20 02 08 08 – Amend Valuation – Actual Cash Value – Proposed
- ARA 0024 (02/06) – Amend Valuation – Previously Approved
- Proposed Changes Tracked – Side-by Side Comparison

Our Proposed Effective date is the Date of Approval.

## Company and Contact

### Filing Contact Information

Janet Kiger, Assistant Vice President      janet.kiger@qbeamericas.com  
1200 Landmark Center      (402) 345-1818 [Phone]  
Omaha, NE 68102      (402) 345-4401[FAX]

### Filing Company Information

Praetorian Insurance Company	CoCode: 37257	State of Domicile: Illinois
88 Pine Street - 16th Floor	Group Code: 796	Company Type:
New York , NY 10005	Group Name: QBE Insurance	State ID Number:

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Group

(212) 422-9888 ext. [Phone]

FEIN Number: 36-3030511

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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 #
Praetorian Insurance Company	\$50.00	10/27/2008	23502654

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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Rental Association Program  
Project Name/Number: ARA - Commercial Inland Marine Form Revision/08-279-IM-AR

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/29/2008	10/29/2008

*SERFF Tracking Number:*      *QBEC-125875580*                      *State:*                      *Arkansas*  
*Filing Company:*              *Praetorian Insurance Company*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-279-IM-AR*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *American Rental Association Program*  
*Project Name/Number:*      *ARA - Commercial Inland Marine Form Revision/08-279-IM-AR*

## **Disposition**

Disposition Date: 10/29/2008

Effective Date (New): 10/29/2008

Effective Date (Renewal): 10/29/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: QBEC-125875580 State: Arkansas  
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 Company Tracking Number: 08-279-IM-AR  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: American Rental Association Program  
 Project Name/Number: ARA - Commercial Inland Marine Form Revision/08-279-IM-AR

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	AR Certificate of Compliance	Approved	Yes
<b>Supporting Document</b>	Filing Memo and Side by Side Comparison	Approved	Yes
<b>Form</b>	Amended Valuation - Actual Cash Value	Approved	Yes

SERFF Tracking Number: QBEC-125875580 State: Arkansas  
 Filing Company: Praetorian Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: 08-279-IM-AR  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
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 Project Name/Number: ARA - Commercial Inland Marine Form Revision/08-279-IM-AR

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amended Valuation - Actual Cash Value	ARA 2002	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:51.70 ARA 0024 (02/06) Previous Filing #: ARA-06-F-AR		ARA 20 02 08 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **AMENDED VALUATION – ACTUAL CASH VALUE**

This endorsement modifies insurance provided under the following:

RENTAL EQUIPMENT COVERAGE FORM

Paragraph E. 2. h. is deleted and replaced by the following:

### **h. VALUATION**

The value of the property will be the least of the following amounts:

1. The actual cash value of that property;
2. The cost of reasonably restoring that property to its condition immediately before loss or damage; or
3. The cost of replacing that property with substantially identical property.

In the event of loss or damage, the value of property will be determined as of the time of loss or damage.

*SERFF Tracking Number:*      *QBEC-125875580*                      *State:*                      *Arkansas*  
*Filing Company:*              *Praetorian Insurance Company*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-279-IM-AR*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *American Rental Association Program*  
*Project Name/Number:*      *ARA - Commercial Inland Marine Form Revision/08-279-IM-AR*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: QBEC-125875580 State: Arkansas  
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: American Rental Association Program  
Project Name/Number: ARA - Commercial Inland Marine Form Revision/08-279-IM-AR

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/29/2008

**Comments:**

**Attachments:**

ARPCTD-1.pdf

ARFFS-1.pdf

**Satisfied -Name:** AR Certificate of Compliance **Review Status:** Approved 10/29/2008

**Comments:**

**Attachment:**

ARCOC.pdf

**Satisfied -Name:** Filing Memo and Side by Side Comparison **Review Status:** Approved 10/29/2008

**Comments:**

**Attachments:**

Form Filing Memo.pdf

Side by Side Comparison.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="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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
QBE	0796

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Praetorian Insurance Company	IL	37257	36-3030511	

<b>5. Company Tracking Number</b>	08-279-IM-AR
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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>
	Janet Kiger 1299 Farnam, Suite 950 Omaha NE 68102	Asst VP	800-324-0269 ext 110	402-345-4401	janet.kiger@qbeameric as.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Janet Kiger		

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

<b>9. Type of Insurance (TOI)</b>	09.0 - Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	<b>09.00005 - Other Commercial Inland Marine</b>
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	
<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:    Date of Approval    Renewal:    Date of Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	10/27/08
<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



Effective March 1, 2007

## 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>	08-279-IM-AR			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <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	Amended Valuation – Actual Cash Value	ARA 20 02 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ARA 0024 (02/06)	ARA-06-F-AR Effective 06/12/06
02			<input type="checkbox"/> New <input checked="" 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		



**INSURANCE CORPORATION OF HANNOVER**  
**AMERICAN RENTAL ASSOCIATION**  
**FORM FILING MEMORANDUM**

**ARA 20 02 08 08 – Amended Valuation – Actual Cash Value**

- Replaced ARA 0024 (02/06)
- Changes the valuation to ACV. The old form deleted the valuation clause in ARA 0020 (02/06) which has since been updated (ARA 2001 0108).
- We revised the Amended Valuation – Actual Cash Value Form (ARA 2002 0808) to reflect the correct paragraph that is being modified in the Rental Equipment Coverage Form.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## AMENDED VALUATION – ACTUAL CASH VALUE

This endorsement modifies insurance provided under the following:

RENTAL EQUIPMENT COVERAGE FORM

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### ~~h.~~ VALUATION

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1. The actual cash value of that property;
2. The cost of reasonably restoring that property to its condition immediately before loss or damage; or
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In the event of loss or damage, the value of property will be determined as of the time of loss or damage.

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Deleted: /06)