

SERFF Tracking Number: SEPX-125874925 State: Arkansas  
 First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
 Company Tracking Number: BOPAR08650CGF01  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
 Liability  
 Product Name: Businessowners  
 Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

## Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company

Product Name: Businessowners SERFF Tr Num: SEPX-125874925 State: Arkansas  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: # \$0

Sub-TOI: 05.0002 Businessowners Co Tr Num: BOPAR08650CGF01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Author: SPI SentryInsurancePC Disposition Date: 10/29/2008

Date Submitted: 10/27/2008 Disposition Status: Filed

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name: Water Exclusion Delay  
 Project Number: BOPAR08650CGF01

Status of Filing in Domicile: Pending  
 Domicile Status Comments: Out state of domicile (Wisconsin) has approved ISO's filing; however, we will be delaying adoption at this time here as well.

Reference Organization: ISO

Reference Title:

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Reference Number: CL-2008-OWEFO  
 Advisory Org. Circular:

Deemer Date:

This is to inform your department that we wish to indefinitely delay adoption of the following ISO designation:

\* CL-2008-OWEFO: Businessowners Multistate Water Exclusion Endorsements

SERFF Tracking Number: SEPX-125874925 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
Company Tracking Number: BOPAR08650CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Businessowners  
Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

This designation was filed on behalf of the following companies, for a January 1, 2009, implementation date:

- \* Sentry Insurance A Mutual Company - NAIC 169-24988
- \* Middlesex Insurance Company - NAIC 169-23434

We will make a separate filing with your department once we are in a position to adopt this designation.

Feel free to contact me with any questions.

Thanks,

Dan Zastava  
Compliance/Development Analyst  
Sentry Insurance  
715-346-8210

## Company and Contact

### Filing Contact Information

Dan Zastava, Compliance and Development Sr. dan.zastava@sentry.com  
Analyst

1800 North Point Drive (715) 346-8210 [Phone]  
Stevens Point, WI 54481 (715) 346-6044[FAX]

### Filing Company Information

Sentry Insurance a Mutual Company	CoCode: 24988	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-0333950	
	-----	
Middlesex Insurance Company	CoCode: 23434	State of Domicile: Wisconsin

SERFF Tracking Number: SEPX-125874925 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
Company Tracking Number: BOPAR08650CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Businessowners  
Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

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: 04-1619070  
-----

SERFF Tracking Number: SEPX-125874925 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
Company Tracking Number: BOPAR08650CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Businessowners  
Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Middlesex Insurance Company	\$0.00	10/27/2008	
Sentry Insurance a Mutual Company	\$0.00	10/27/2008	

SERFF Tracking Number: SEPX-125874925 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
Company Tracking Number: BOPAR08650CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Businessowners  
Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: SEPX-125874925 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
Company Tracking Number: BOPAR08650CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Businessowners  
Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

## Disposition

Disposition Date: 10/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: we wish to indefinitely delay adoption of the following ISO designation:

CL-2008-OWEFO: Businessowners Multistate Water Exclusion Endorsements

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: SEPX-125874925 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
Company Tracking Number: BOPAR08650CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Businessowners  
Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

<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	Filed	Yes



SERFF Tracking Number: SEPX-125874925 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: # \$0  
Company Tracking Number: BOPAR08650CGF01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Businessowners  
Project Name/Number: Water Exclusion Delay/BOPAR08650CGF01

## Supporting Document Schedules

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

**Review Status:** Filed 10/29/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

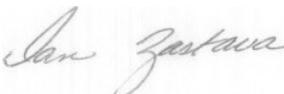
## Property & Casualty Transmittal Document

<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>			
Sentry Insurance Group	169			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Sentry Insurance a Mutual Company	WI	24988	39-0333950	
Middlesex Insurance Company	WI	23434	04-1619070	

<b>5. Company Tracking Number</b>	BOPAR08650CGF01
-----------------------------------	-----------------

**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>
	Dan Zastava 1800 North Point Drive Stevens Point WI 54481	Compliance and Development Analyst	715-346-6000 Ext. 8210	715-346-6044	dan.zastava@sentry.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Dan Zastava		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	05.0 Commercial Multi-Peril - Liability & Non-Liability
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	05.0002 Businessowners
<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>	Businessowners
<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: 01/01/2009      Renewal: 01/01/2009
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CL-2008-OWEFO
<b>18.</b>	<b>Company's Date of Filing</b>	10/27/08
<b>19.</b>	<b>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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BOPAR08650CGF01
------------	--	-----------------

<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]
------------	--

This is to inform your department that we wish to indefinitely delay adoption of the following ISO designation:

\* CL-2008-OWEFO: Businessowners Multistate Water Exclusion Endorsements

This designation was filed on behalf of the following companies, for a January 1, 2009, implementation date:

\* Sentry Insurance A Mutual Company - NAIC 169-24988

\* Middlesex Insurance Company - NAIC 169-23434

We will make a separate filing with your department once we are in a position to adopt this designation.

Feel free to contact me with any questions.

Thanks,

Dan Zastava  
Compliance/Development Analyst  
Sentry Insurance  
715-346-8210

<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]
<b>Check #:</b> <b>Amount:</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*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>	BOPAR08650CGF01
-----------	--	-----------------

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	CL-2008-OWERU
-----------	--	---------------

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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		