

SERFF Tracking Number: ZURC-125850003 State: Arkansas
First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW ML 26885
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Uncover VI - Uniform Intermodal Interchange Endorsement
Project Name/Number: CW ML 26885 - Uniform Intermodal Interchange Endorsement/CW ML 26885

Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company
Product Name: Uncover VI - Uniform Intermodal Interchange Endorsement SERFF Tr Num: ZURC-125850003 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: CW ML 26885 State Status: Fees verified and received
Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Patricia Chudik Disposition Date: 10/08/2008
Date Submitted: 10/08/2008 Disposition Status: Approved
Effective Date Requested (New): 11/15/2008 Effective Date (New): 11/15/2008
Effective Date Requested (Renewal): 11/15/2008 Effective Date (Renewal): 11/15/2008

State Filing Description:

General Information

Project Name: CW ML 26885 - Uniform Intermodal Interchange Endorsement Status of Filing in Domicile: Pending
Project Number: CW ML 26885 Domicile Status Comments:
Reference Organization: NA Reference Number: NA
Reference Title: NA Advisory Org. Circular: NA
Filing Status Changed: 10/08/2008
State Status Changed: 10/08/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The purpose of this filing is to introduce an endorsement for use with our Uncover VI program. The Uniform Intermodal Interchange Endorsement, form number 743 (12-2007), provides for the Insured to contractually indemnify the Uniform Intermodal Interchange facilities against liability claims caused by the Insured. This endorsement is required for the

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Insured to conduct business on the mentioned facilities.

Company and Contact

Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com
 1400 American Lane (847) 605-7714 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas's fee is \$50.00 for a form filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	10/08/2008	23048160

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Universal Underwriters of Texas Insurance \$0.00 10/08/2008
Company

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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): 11/15/2008
Effective Date (Renewal): 11/15/2008
Status: Approved
Comment:

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

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Uniform Intermodal Interchange Endorsement	743	12-2007	Endorsement/New Amendment/Conditions		0.00	743U6 12-07.pdf

ENDORSEMENT NO. 743
UNIFORM INTERMODAL INTERCHANGE ENDORSEMENT
COVERAGE PARTS 830 AND 980
UNICOVER VI

PAGE 1 OF 2

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THE FOLLOWING IS ADDED TO THE INSURING AGREEMENT:

IT IS AGREED THAT SUCH INSURANCE AS IS AFFORDED BY THE DEFINITION OF *INJURY UNDER COVERAGE PART 830, AND *INJURY GROUP 1 UNDER COVERAGE PART 980, APPLIES TO LIABILITY ASSUMED BY *YOU, AS MOTOR CARRIER PARTICIPANT, UNDER SECTION F.4. OF THE UNIFORM INTERMODAL INTERCHANGE AND FACILITIES ACCESS AGREEMENT AND ANY SUBSEQUENT AMENDMENTS THERETO:

F. 4. INDEMNITY

A. SUBJECT TO THE EXCEPTIONS SET FORTH IN SUBSECTION B BELOW, MOTOR CARRIER AGREES TO DEFEND, HOLD HARMLESS, AND FULLY INDEMNIFY THE INDEMNITEES (WITHOUT REGARD TO WHETHER THE INDEMNITEES' LIABILITY IS VICARIOUS, IMPLIED BY LAW, OR AS A RESULT OF THE FAULT OR NEGLIGENCE OF THE INDEMNITEES), AGAINST ANY AND ALL CLAIMS, *SUITS, *LOSS, DAMAGE OR LIABILITY AFFORDED BY THE DEFINITION OF *INJURY UNDER COVERAGE PART 830, AND *INJURY GROUP 1 UNDER COVERAGE PART 980, INCLUDING REASONABLE ATTORNEY FEES AND COSTS INCURRED IN THE DEFENSE AGAINST A CLAIM OR *SUIT, OR INCURRED BECAUSE OF THE WRONGFUL FAILURE TO DEFEND AGAINST A CLAIM OR *SUIT, OR IN ENFORCING SECTION F.4. (COLLECTIVELY, THE *DAMAGES), CAUSED BY OR RESULTING FROM THE MOTOR CARRIER'S: USE OR MAINTENANCE OF THE EQUIPMENT DURING AN INTERCHANGE PERIOD; AND/OR PRESENCE ON THE FACILITY OPERATOR'S PREMISES.

B. EXCEPTIONS

THE FOREGOING INDEMNITY PROVISION SHALL NOT APPLY TO THE EXTENT *DAMAGES: (I) OCCUR DURING THE PRESENCE OF THE MOTOR CARRIER ON THE FACILITY OPERATOR'S PREMISES AND ARE CAUSED BY OR RESULT FROM THE NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS OF THE INDEMNITEES, THEIR AGENTS, "EMPLOYEES", VENDORS OR THIRD PARTY INVITEES (EXCLUDING INDEMNITOR); OR (II) ARE CAUSED BY OR RESULT FROM DEFECTS TO THE EQUIPMENT WITH RESPECT TO ITEMS OTHER THAN THOSE SET FORTH IN EXHIBIT A, UNLESS SUCH DEFECTS WERE CAUSED BY

THE FIRST SENTENCE OF THE DEFINITIONS CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY: A WORD IDENTIFIED WITH AN ASTERISK * INDICATES IT HAS A SPECIFIC MEANING AS DEFINED IN EACH COVERAGE PART.

EDITION 12-2007

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ENDORSEMENT NO. 743
UNIFORM INTERMODAL INTERCHANGE ENDORSEMENT
COVERAGE PARTS 830 AND 980
UNICOVER VI

PAGE 2 OF 2

OR RESULTED FROM THE NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS OF THE MOTOR CARRIER, ITS AGENTS, EMPLOYEES, VENDORS, OR SUBCONTRACTORS DURING THE INTERCHANGE PERIOD.

SUBJECT TO THE FOLLOWING PROVISIONS:

1. THE LIMIT OF THE COMPANY'S LIABILITY UNDER THIS POLICY FOR *DAMAGES BECAUSE OF *INJURY AS DEFINED UNDER COVERAGE PART 830, AND INJURY GROUP 1 UNDER COVERAGE PART 980, ARISING OUT OF THE USE, OPERATION, MAINTENANCE OR POSSESSION OF INTERCHANGE EQUIPMENT SHALL BE THE APPLICABLE AMOUNTS STATED IN THE DECLARATIONS.
2. THE COMPANY SHALL:
 - A. UPON ISSUANCE OF THIS ENDORSEMENT, FURNISH TO THE PRESIDENT, THE INTERMODAL ASSOCIATION OF NORTH AMERICA, 11785 BELTSVILLE DRIVE, 11TH FLR., BELTSVILLE, MD 20705, A PROPERLY EXECUTED CERTIFICATE OF INSURANCE WHICH CARRIES THE NOTATION THAT THE COMPANY HAS ISSUED TO *YOU, THE MOTOR CARRIER, A POLICY OF LIABILITY INSURANCE; AND
 - B. UPON CANCELLATION OR TERMINATION OF THE POLICY OF WHICH THIS ENDORSEMENT FORMS A PART, FURNISH A NOTICE OF SUCH CANCELLATION OR TERMINATION NOT LESS THAN 30 DAYS PRIOR TO THE EFFECTIVE DATE OF SUCH CANCELLATION OR TERMINATION, SUCH NOTICE TO BE MAILED TO SAID PRESIDENT AT THE ABOVE ADDRESS.

THE FIRST SENTENCE OF THE DEFINITIONS CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY: A WORD IDENTIFIED WITH AN ASTERISK * INDICATES IT HAS A SPECIFIC MEANING AS DEFINED IN EACH COVERAGE PART.

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EDITION 12-2007

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	10/08/2008
Comments:				
Attachment:				
NAIC transmittal.pdf				

Property & Casualty Transmittal Document

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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Universal Underwriters Insurance Company	KS	41181	43-1249228	
Universal Underwriters of Texas Insurance Company	TX	40843	36-3139101	

5. Company Tracking Number	CW ML 26885
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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
	Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com
7.	Signature of authorized filer		<i>Patricia E. Chudik</i>		
8.	Please print name of authorized filer		Patricia E. Chudik		

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

9.	Type of Insurance (TOI)	05.0
10.	Sub-Type of Insurance (Sub-TOI)	05.0003
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Unicover VI program – New Endorsement
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: 11-15-2008 Renewal: 11-15-2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	10-08-2008
19.	Status of filing in domicile	<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 #	CW ML 26885
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to seek approval of a new optional endorsement for use with Unicover VI, our commercial multiperil program. The Uniform Intermodal Interchange Endorsement, form number 743 (12-2007), provides for the Insured to contractually indemnify the Uniform Intermodal Interchange facilities against liability claims caused by the Insured. This endorsement is required for the Insured to conduct business on the mentioned facilities.

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]
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Check #: 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.)**

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.)

1.	This filing transmittal is part of Company Tracking #	CW ML 26885
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	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	Uniform Intermodal Interchange Endorsement	743 (12-2007)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	NA
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