

SERFF Tracking Number: HRLV-125900445 State: Arkansas
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: IMJM090308-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM Water Exclusion Endorsements/

Filing at a Glance

Companies: Harleysville Insurance Company, Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company, Harleysville Worcester Insurance Company

Product Name: CIM SERFF Tr Num: HRLV-125900445 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: IMJM090308-1 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Carol Zwoyer Disposition Date: 11/13/2008
Date Submitted: 11/13/2008 Disposition Status: Filed
Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: IM Water Exclusion Endorsements Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: ISO Reference Number: CM-2008-OWEFO
Reference Title: Multistate Forms Revision Advisory Org. Circular: LI-CM-2008-129
Filing Status Changed: 11/13/2008 Deemer Date:
State Status Changed: 11/13/2008
Corresponding Filing Tracking Number:
Filing Description:
Adoption of ISO revision CM-2008-OWEFO with different effective date.

Company and Contact

Filing Contact Information

SERFF Tracking Number: HRLV-125900445 State: Arkansas
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: IMJM090308-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM Water Exclusion Endorsements/

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Insurance Company	\$0.00	11/13/2008	
Harleysville Mutual Insurance Company	\$25.00	11/13/2008	23897362
Harleysville Preferred Insurance Company	\$0.00	11/13/2008	
Harleysville Worcester Insurance Company	\$0.00	11/13/2008	

SERFF Tracking Number: HRLV-125900445 State: Arkansas
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: IMJM090308-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM Water Exclusion Endorsements/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	11/13/2008	11/13/2008

SERFF Tracking Number: HRLV-125900445 State: Arkansas
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: IMJM090308-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM Water Exclusion Endorsements/

Disposition

Disposition Date: 11/13/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 02/01/2009

Status: Filed

Comment: Adoption of ISO revision CM-2008-OWEFO with different effective date.

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: HRLV-125900445 State: Arkansas
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: IMJM090308-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM Water Exclusion Endorsements/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *HRLV-125900445* *State:* *Arkansas*
First Filing Company: *Harleysville Insurance Company, ...* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *IMJM090308-1*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *CIM*
Project Name/Number: *IM Water Exclusion Endorsements/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125900445 State: Arkansas
First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: IMJM090308-1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM Water Exclusion Endorsements/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 11/13/2008
Purposes

Comments:

Attachment:

AR NAIC 2007.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: 50%;">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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	
Harleysville Insurance Company	PA	23582	41-0417250	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	
Harleysville Worcester Insurance Company	PA	26182	04-1989660	

5. Company Tracking Number	125900445
-----------------------------------	-----------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
----------------------------------	--

8. Please print name of authorized filer	Carol Zwoyer
--	--------------

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

9. Type of Insurance (TOI)	Commercial Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: 2/1/09 Renewal: 2/1/09

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	CM-2008-OWEFO
18.	Company's Date of Filing	11/13/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	125900445
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Insurance Services Office, Inc. has announced approval of the Multistate Forms Revision.

Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company, Harleysville Insurance Company and Harleysville Worcester Insurance Company wish to adopt these revisions with the following rule of application:

Rule of Application: These revisions shall be applicable to all policies effective on or after February 1, 2009.

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]	
<p>Check #: EFT Amount: 25.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**