

<i>SERFF Tracking Number:</i>	<i>HRLV-125901864</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Harleysville Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>CPJM082808-1</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>CP</i>		
<i>Project Name/Number:</i>	<i>CP Water Exclusion Endorsements/</i>		

## Filing at a Glance

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

Product Name: CP	SERFF Tr Num: HRLV-125901864	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CPJM082808-1	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Carol Zwoyer	Disposition Date: 11/17/2008
	Date Submitted: 11/14/2008	Disposition Status: Approved
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: CP Water Exclusion Endorsements	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CL-2008-OWEFO
Reference Title: Multistate Water Exclusion Endorsements	Advisory Org. Circular: LI-CF-2008-215
Filing Status Changed: 11/17/2008	
State Status Changed: 11/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Adoption of ISO revision	

## Company and Contact

SERFF Tracking Number: HRLV-125901864 State: Arkansas  
 First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$25  
 Company Tracking Number: CPJM082808-1  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: CP  
 Project Name/Number: CP Water Exclusion Endorsements/

**Filing Contact Information**

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com  
 355 Maple Avenue (215) 256-5735 [Phone]  
 Harleysville, PA 19438-2297 (215) 256-5678[FAX]

**Filing Company Information**

Harleysville Insurance Company	CoCode: 23582	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 41-0417250	

Harleysville Mutual Insurance Company	CoCode: 14168	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-0902325	

Harleysville Preferred Insurance Company	CoCode: 35696	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-2384978	

Harleysville Worcester Insurance Company	CoCode: 26182	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 04-1989660	

**Filing Fees**

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

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*Company Tracking Number:*     *CPJM082808-1*  
*TOI:*                     *01.0 Property*                     *Sub-TOI:*                     *01.0001 Commercial Property (Fire and Allied Lines)*  
  
*Product Name:*             *CP*  
*Project Name/Number:*     *CP Water Exclusion Endorsements/*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Insurance Company	\$0.00	11/14/2008	
Harleysville Mutual Insurance Company	\$25.00	11/14/2008	23937727
Harleysville Preferred Insurance Company	\$0.00	11/14/2008	
Harleysville Worcester Insurance Company	\$0.00	11/14/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/17/2008	11/17/2008

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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
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## Disposition

Disposition Date: 11/17/2008  
Effective Date (New): 02/01/2009  
Effective Date (Renewal): 02/01/2009  
Status: Approved  
Comment: Adoption of ISO revision CL-2008-OWEFO.

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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<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

*SERFF Tracking Number:*      *HRLV-125901864*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*      *CPJM082808-1*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0001 Commercial Property (Fire and Allied Lines)*  
  
*Product Name:*                      *CP*  
*Project Name/Number:*                      *CP Water Exclusion Endorsements/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125901864 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 11/17/2008

**Comments:**  
**Attachment:**  
AR NAIC 2007.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 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					

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

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	

<b>5. Company Tracking Number</b>	125901864
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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
	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 Property
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---

<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CL-2008-OWEFO
<b>18.</b>	<b>Company's Date of Filing</b>	11/13/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	125901864
<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]	

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.

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

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