

SERFF Tracking Number: NRT-125904117 State: Arkansas
First Filing Company: North American Elite Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-04057
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Business Auto - Comm. Auto Expanded and Add'l Coverage End't
Project Name/Number: /

Filing at a Glance

Companies: North American Elite Insurance Company, North American Specialty Insurance Company, Westport Insurance Corporation

Product Name: Business Auto - Comm. Auto SERFF Tr Num: NRT-125904117 State: Arkansas

Expanded and Add'l Coverage End't

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 08-04057

State Status: Fees verified and received

Filing Type: Form

Co Status: Submitted to SID

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Alsa Shih

Disposition Date: 11/20/2008

Date Submitted: 11/19/2008

Disposition Status: Approved

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

Effective Date (New): 01/01/2009

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

Effective Date (Renewal):
01/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/20/2008

State Status Changed: 11/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This form provides a number of additional coverages and enhancements to the Business Auto Coverage form including: increased supplementary payment limits for bailk bonds and insured expenses; automatic additional insured status for individuals or organizations required by written contract; automatic hired physical damage coverage up to \$50,000; \$1000 extra expense for stolen autos; rental reimbursement up to \$50 per day for maximum of 30 days; eliminates the physical damage airbag exclusion; and removes the deductible for glass repairs. This is an optional endorsement and

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has no rate impact.

Company and Contact

Filing Contact Information

Alsa Shih, State Filings Assistant Alsa_Shih@nasins.com
 650 Elm Street (800) 542-9200 [Phone]
 Manchester, NH 03101 (603) 644-6613[FAX]

Filing Company Information

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
650 Elm Street	Group Code: 181	Company Type:
Manchester, NH 03101	Group Name:	State ID Number:
(800) 542-9200 ext. [Phone]	FEIN Number: 13-3440360	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
650 Elm Street	Group Code: 181	Company Type:
Manchester, NH 03101-2524	Group Name:	State ID Number:
(800) 542-9200 ext. [Phone]	FEIN Number: 02-0311919	

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
650 Elm Street	Group Code: 181	Company Type:
Manchester, NH 03101-2524	Group Name:	State ID Number:
(800) 542-9200 ext. [Phone]	FEIN Number: 48-0921045	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 for all three companies
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Elite Insurance Company	\$0.00	11/19/2008	

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North American Specialty Insurance Company	\$0.00	11/19/2008	
Westport Insurance Corporation	\$50.00	11/19/2008	24038800

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/20/2008	11/20/2008

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Disposition

Disposition Date: 11/20/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Commercial Auto Expanded and Additional Coverage Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Auto Expanded and Additional Coverage Endorsement	SP 4 381	10/08	Endorsement/New/Amendment/Conditions		0.00	SP 4 381 1008.pdf

[INSERT COMPANY NAME HERE]

COMMERCIAL AUTO EXPANDED AND ADDITIONAL COVERAGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

1. ADDITIONAL INSURED – BY CONTRACT OR AGREEMENT

SECTION II, LIABILITY COVERAGE, Paragraph A.1., Who Is An Insured, is amended to add:

- d. Any person or organization with whom you have entered into a written contract or written agreement, to provide insurance such as is afforded under this policy. This coverage applies only with respect to that person or organization's liability arising out of your operation or use of a covered "auto."
- (1) This provision does not apply unless the written contract or written agreement has been executed prior to the "loss."
 - (2) The insurance provided by this section does not apply to a lessor for "loss" to a "leased auto." As used in this endorsement, "leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

2. COVERAGE EXTENSIONS – SUPPLEMENTARY PAYMENTS

SECTION II, LIABILITY COVERAGE, Paragraph A.2.a. Supplementary Payments, sub-paragraphs 2.a.(2) and 2.a.(4) are replaced as follows:

- (2) Up to \$3000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$400 per day because of time from work.

3. FELLOW EMPLOYEE EXCLUSION

SECTION II, LIABILITY COVERAGE, B. 4., Employee Indemnification and Employer's Liability, sub-paragraph a. is amended to add:

- (3) However, we will cover "bodily injury" caused by your "employee" to his or her fellow "employee" if the "bodily injury" results from the use of a covered "auto" you own.

4. TEMPORARY SUBSTITUTE AND HIRED AUTO PHYSICAL DAMAGE

If physical damage coverage is provided under this insurance for owned "autos," then any "auto" you lease, rent or hire without a driver for a period of less than thirty (30) days, or you borrow as a temporary substitute "auto" is a covered "auto" for each of your physical damage coverages. This additional coverage does not apply if you do not have physical damage coverage.

- a. The most we will pay for "loss" in any one "accident" is the smallest of:
- (1) \$50,000;
 - (2) The actual cash value of the damaged or stolen property as of the time of "loss," less the deductible shown on your Schedule of Physical Damage coverage or \$1000, whichever is greater; or

- (3) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality, less the deductible shown on your Schedule of Physical Damage coverage or \$1000, whichever is greater.

5. RENTAL REIMBURSEMENT COVERAGE

We will pay up to \$50 per day, to a maximum of thirty (30) days, for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto."

If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under SECTION III, PHYSICAL DAMAGE COVERAGE, Paragraph A.4.a., Transportation Expenses.

6. EXTRA EXPENSE

SECTION III, PHYSICAL DAMAGE COVERAGE, Paragraph A., Coverage, is amended to add:

5. Extra Expense

We will pay up to \$1000 for any expenses incurred by you for the return of a stolen "auto" to you.

7. GLASS COVERAGE

SECTION III, PHYSICAL DAMAGE COVERAGE, Paragraph D., Deductible, is amended to add:

No deductible applies to "loss" to glass used in the windshield, doors and windows if the glass is repaired rather than replaced.

8. AIRBAG COVERAGE

SECTION III, PHYSICAL DAMAGE COVERAGE, Paragraph B., Exclusions, sub-paragraph 3., is replaced by the following:

3. We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance.
 - a. Wear and tear, freezing or electrical breakdown.
 - b. Blowouts, punctures or other road damage to tires.
 - c. Mechanical breakdown, other than the accidental discharge of an airbag.

9. WAIVER OF TRANSFER OF RIGHTS OF RECOVERY

SECTION IV, BUSINESS AUTO CONDITIONS, Paragraph A., Loss Conditions, sub-paragraph 5., is replaced by the following:

5. Transfer of Rights of Recovery Against Others to Us

We waive any right of recovery we may have because of payments we make for "bodily injury" or "property damage" arising out of your ownership, maintenance or use of covered "autos," where such waiver has been included as part of a written agreement between you and the person or organization to whom we have made such payment.

10. EMPLOYEE HIRED AUTOS – LIABILITY

An "employee" or an elected or appointed official of yours is an "insured" while operating an "auto" hired or rented, with your permission, under a contract or agreement in the name of that "employee" or elected or appointed official, while performing duties related to the conduct of your business.

11. PHYSICAL DAMAGE – DEDUCTIBLE

SECTION III, Physical Damage Coverage, Paragraph D. Deductible, is further amended to add:

Regardless of the number of covered "autos" damaged or stolen, the maximum deductible that will be applied to Comprehensive Coverage or Collision Coverage for all "loss" from any one cause or accident is \$5000.

12. KNOWLEDGE OF ACCIDENT

SECTION IV, Business Auto Conditions, Paragraph A.2. Duties In The Event Of Accident, Claim, Suit or Loss, is amended to add:

The failure of any agent, servant or "employee" of the "insured," other than an "employee" authorized by you to give or receive notice of an "accident," claim, "suit" or "loss," to notify us of an "accident" of which he or she has knowledge, shall not invalidate insurance afforded by this policy.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	11/20/2008
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Comments:

Attachment:

AR-NAIC Transmittal.pdf

Satisfied -Name:	Filing Memorandum	Review Status: Approved	11/20/2008
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Comments:

Attachment:

Filing Memo - Generic.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 08-04057

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

This form provides a number of additional supplementary limits and coverages as well as broadening several exclusions in the Business Auto Coverage form. Please refer to our filing memorandum for the details of this filing.

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]

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.)

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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 #	08-04057			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	08-04057			
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	Commercial Auto Expanded and Additional Coverage Endorsement	SP 4 381 1008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A - new form	
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		

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
NORTH AMERICAN ELITE INSURANCE COMPANY
WESTPORT INSURANCE CORPORATION
COMMERCIAL AUTO
FILING NUMBER 08-04057

FILING MEMORANDUM

About This Filing

The above captioned companies present the enclosed filing to provide a number of additional supplementary limits and coverages as well as broadening several exclusions in the Business Auto Coverage form.

Proposed Effective Date

We request all new and renewal policies effective on or after 01/01/2009.

Form No. SP 4 381 ed. 10/08

This form provides a number of additional coverages and enhancements to the Business Auto Coverage form including: increased supplementary payment limits for bail bonds and insured expenses; automatic additional insured status for individuals or organizations required by written contract; automatic hired physical damage coverage up to \$50,000; \$1000 extra expense for stolen autos; rental reimbursement up to \$50 per day for maximum of 30 days; eliminates the physical damage airbag exclusion; and removes the deductible for glass repairs. This is an optional endorsement and has no premium charge.

Rules Information

Company Exception Page CA-CW-E15 (01/01/2009)

This is a form rule page to indicate that ISO Rule 115 – Additional Optional Endorsements is being amended.