

SERFF Tracking Number: QBCL-125825464 State: Arkansas
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: # \$0
Company Tracking Number: 010109 11180S
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: AK Policy Jacket
Project Name/Number: AK Policy Jacket/010109 11180S

Filing at a Glance

Companies: Southern Guaranty Insurance Company, Southern Pilot Insurance Company, General Casualty Company of Wisconsin, Regent Insurance Company

Product Name: AK Policy Jacket SERFF Tr Num: QBCL-125825464 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: # \$0
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 010109 11180S State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Authors: Andrea Krause, Ashley FryDisposition Date: 11/13/2008
Date Submitted: 09/23/2008 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: AK Policy Jacket Status of Filing in Domicile: Authorized
Project Number: 010109 11180S Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/13/2008 Deemer Date:
State Status Changed: 09/23/2008
Corresponding Filing Tracking Number:
Filing Description:
Re: General Casualty Company of Wisconsin
FEIN 39-0301590, NAIC 0796-24414
Regent Insurance Company
FEIN 39-6062860, NAIC 0796-24449
Southern Guaranty Insurance Company

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FEIN 63-0350861, NAIC 0796-19178

Southern Pilot Insurance Company

FEIN 56-0773056, NAIC 0796-22861

Commercial Lines Interline Policy Jacket Filing

Effective Date: 1/1/2009

Company Filing # 010109 11180S

Dear Director:

Due to a recent organizational change we have updated our Company Policy Jackets with new signatures and edition dates for all lines of business filed in your State. This is an editorial update only and no policy conditions or terms have changed.

The signature fields were left blank for filing purposes only.

Please approve this filing as submitted or advise if I may be of any assistance to you.

Sincerely,

Ashley Fry

Commercial Lines Operations Systems Technician

Home Office Commercial Lines

Telephone Number: (608) 825-5174

E-Mail: ashley.fry@generalcasualty.com

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Company and Contact

Filing Contact Information

Ashley Fry, C/L Operations System Technician Ashley.Fry@generalcasualty.com
 One General Drive (608) 837-4440 [Phone]
 Sun Prairie, WI 53596 (608) 825-5100[FAX]

Filing Company Information

Southern Guaranty Insurance Company	CoCode: 19178	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 63-0350861	

Southern Pilot Insurance Company	CoCode: 22861	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 56-0773056	

General Casualty Company of Wisconsin	CoCode: 24414	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 39-0301590	

Regent Insurance Company	CoCode: 24449	State of Domicile: Wisconsin
One General Drive	Group Code: 796	Company Type: Property and Casualty
Sun Prairie , WI 53596	Group Name:	State ID Number:
(608) 837-4440 ext. [Phone]	FEIN Number: 39-6062860	

Filing Fees

Fee Required? No

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Product Name: AK Policy Jacket
Project Name/Number: AK Policy Jacket/010109 11180S
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: *QBCL-125825464* *State:* *Arkansas*
First Filing Company: *Southern Guaranty Insurance Company, ...* *State Tracking Number:* *# \$0*
Company Tracking Number: *010109 11180S*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *AK Policy Jacket*
Project Name/Number: *AK Policy Jacket/010109 11180S*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southern Guaranty Insurance Company	\$0.00	09/23/2008	
Southern Pilot Insurance Company	\$0.00	09/23/2008	
General Casualty Company of Wisconsin	\$0.00	09/23/2008	
Regent Insurance Company	\$0.00	09/23/2008	
General Casualty Company of Wisconsin	\$50.00	09/23/2008	22667043

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/13/2008	11/13/2008
Accepted For Informational Purposes	Llyweyia Rawlins	09/23/2008	09/23/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Business Auto Policy	Form	Ashley Fry	11/12/2008	11/12/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Policy Jacket for SGIC and SPIC	Note To Reviewer	Ashley Fry	11/12/2008	11/12/2008

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Product Name: AK Policy Jacket
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Disposition

Disposition Date: 11/13/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
Status: Approved
Comment: Reopen to make minor correction to form.

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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 Product Name: AK Policy Jacket
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Commercial Automobile Policy	Approved	Yes
Form	Commercial Liability Policy	Approved	Yes
Form	Comprehensive Insurance Policy	Approved	Yes
Form	Commercial Inland Marine Policy	Approved	Yes
Form	Commercial Property Policy	Approved	Yes
Form	Commercial Crime Policy	Approved	Yes
Form	Commercial Marketplace Policy	Approved	Yes
Form	Commercial Umbrella Liability Policy	Approved	Yes
Form	Contractors Policy	Approved	Yes
Form	Garage Policy	Approved	Yes
Form	Truckers Policy	Approved	Yes
Form (revised)	Business Auto Policy	Approved	Yes
Form	Business Auto Policy	Approved	Yes
Form	Businessowners Policy	Approved	Yes
Form	Businessowners Policy	Approved	Yes
Form	Commercial Lines Policy	Approved	Yes
Form	Commercial Lines Policy	Approved	Yes
Form	Commercial Liability Umbrella Policy	Approved	Yes

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Disposition

Disposition Date: 09/23/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
Status: Accepted For Informational Purposes
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
Form	Commercial Automobile Policy	Approved	Yes
Form	Commercial Liability Policy	Approved	Yes
Form	Comprehensive Insurance Policy	Approved	Yes
Form	Commercial Inland Marine Policy	Approved	Yes
Form	Commercial Property Policy	Approved	Yes
Form	Commercial Crime Policy	Approved	Yes
Form	Commercial Marketplace Policy	Approved	Yes
Form	Commercial Umbrella Liability Policy	Approved	Yes
Form	Contractors Policy	Approved	Yes
Form	Garage Policy	Approved	Yes
Form	Truckers Policy	Approved	Yes
Form (revised)	Business Auto Policy	Approved	Yes
Form	Business Auto Policy	Approved	Yes
Form	Businessowners Policy	Approved	Yes
Form	Businessowners Policy	Approved	Yes
Form	Commercial Lines Policy	Approved	Yes
Form	Commercial Lines Policy	Approved	Yes
Form	Commercial Liability Umbrella Policy	Approved	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 11/12/2008

Comments:

Due to a recent change in our organization we filed new policy jackets. The policy Business Auto Policy Jacket has been amended to show the telephone number of the company.

If I can be of more assistance please let me know.

Thank you,
 Ashley Fry

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Business Auto Policy	BA 80 00	0808	Policy/C overage Form	Replaced			0	CL_QBE_Filing_BA80008r Jacket Sample SGIC2.pdf CL_QBE_Filing_BA80008r Jacket Sample SPIC2.pdf

SERFF Tracking Number: QBCL-125825464 *State:* Arkansas
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Project Name/Number: AK Policy Jacket/010109 11180S

Note To Reviewer

Created By:

Ashley Fry on 11/12/2008 10:18 AM

Subject:

Policy Jacket for SGIC and SPIC

Comments:

Due to a recent organization change we had to amend our policy jackets. At this time would it be possible reopen this filing due a jacket change to two jackets that were approved. The only item that changed was the company phone number was added to the policy jacket on the Business Auto Policy jacket for Southern Guaranty Insurance Company and Southern Pilot Insurance Company.

If I can be of more assistance please let me know.

Thank you,
Ashley Fry

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Automobile Policy	BA 79 00	0808	Policy/Coverage Form Replaced	Replaced Form #:0.00 Previous Filing #:		QBE_BA790 08r_GCW.pdf QBE_BA790 08r_RIC.pdf
Approved	Commercial Liability Policy	CG 79 06	0808	Policy/Coverage Form Replaced	Replaced Form #:0.00 Previous Filing #:		QBE_CG790 68r_GCW.pdf QBE_CG790 68r_RIC.pdf
Approved	Comprehensive Insurance Policy	CI 79 00	0808	Policy/Coverage Form Replaced	Replaced Form #:0.00 Previous Filing #:		QBE_CI790 08r_GCW.pdf QBE_CI790 08r_RIC.pdf
Approved	Commercial Inland Marine Policy	CM 79 20	0808	Policy/Coverage Form Replaced	Replaced Form #:0.00 Previous Filing #:		QBE_CM79 208r_GCW.pdf QBE_CM79 208r_RIC.pdf
Approved	Commercial Property Policy	CP 79 00	0808	Policy/Coverage Form Replaced	Replaced Form #:0.00 Previous Filing #:		QBE_CP790 08r_GCW.pdf QBE_CP790 08r_RIC.pdf
Approved	Commercial Crime Policy	CR 79 20	0808	Policy/Coverage Form Replaced	Replaced Form #:0.00 Previous Filing #:		QBE_CR792 08r_GCW.pdf QBE_CR792 08r_RIC.pdf
Approved	Commercial Marketplace	CS 14 06	0808	Policy/Coverage Form Replaced	Replaced Form #:0.00		QBE_CS140 68r_GCW.pdf

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Policy	Previous Filing #:	
Approved Commercial Umbrella Liability Policy	CU 79 50 0808	Policy/Coverage Form Replaced Form #:0.00 Previous Filing #: f QBE_CS14068r_RIC.pdf
Approved Contractors Policy	CX 00 02 0808	Policy/Coverage Form Replaced Form #:0.00 Previous Filing #: f QBE_CU79508r_GCW.pdf
Approved Garage Policy	GP 79 00 0808	Policy/Coverage Form Replaced Form #:0.00 Previous Filing #: f QBE_CX00028r_GCW.pdf
Approved Truckers Policy	TP 79 00 0808	Policy/Coverage Form Replaced Form #:0.00 Previous Filing #: f QBE_GP79008r_GCW.pdf
Approved Business Auto Policy	BA 80 00 0808	Policy/Coverage Form Replaced Form #:0.00 Previous Filing #: f QBE_TP79008r_GCW.pdf
Approved Businessowners Policy	BP 80 00 0808	Policy/Coverage Form Replaced Form #:0.00 Previous Filing #: f CL_QBE_Filing_BA80008r Jacket Sample SGIC2.pdf
Approved Businessowners Policy	BP 80 00 0808	Policy/Coverage Form Replaced Form #:0.00 Previous Filing #: f CL_QBE_Filing_BP80008r Jacket Sample SGIC.pdf

SERFF Tracking Number: QBCL-125825464 State: Arkansas
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 Project Name/Number: AK Policy Jacket/010109 11180S

							CL_QBE_Filing_BP80008r Jacket Sample SPIC.pdf
Approved	Businessowners Policy	BP 80 01 0808		Policy/Coverage Form Replaced	Replaced Form #:0.00	Previous Filing #:	CL_QBE_Filing_BP80018r Jacket Sample SGIC.pdf
Approved	Commercial Lines Policy	605200	8/01/08	Policy/Coverage Form Replaced	Replaced Form #:0.00	Previous Filing #:	CL_QBE_Filing_BP80018r Jacket Sample SPIC.pdf
Approved	Commercial Lines Policy	605200	8/01/08	Policy/Coverage Form Replaced	Replaced Form #:0.00	Previous Filing #:	Commercial Lines Policy no signature605200.pdf
Approved	Commercial Lines Policy	605200	8/01/08	Policy/Coverage Form Replaced	Replaced Form #:0.00	Previous Filing #:	package no signature 605200.pdf
Approved	Commercial Liability Umbrella Policy	605210	8/1/08	Policy/Coverage Form Replaced	Replaced Form #:0.00	Previous Filing #:	Umb No Signature 605210.pdf

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Automobile Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Automobile Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Automobile Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Automobile Policy and does not provide coverage. Please read the Commercial Automobile Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Automobile Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Automobile Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Automobile Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Automobile Policy and does not provide coverage. Please read the Commercial Automobile Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Liability Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Liability Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Liability Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
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Coverage Parts	Each Coverage Part is made up of a Coverage Form and Declaration(s), and is subject to the Common Policy Conditions. The Coverage Form describes the nature and extent of coverage provided. It also include any conditions that apply specifically to that Coverage Part.
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Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
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Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.
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This quick reference is not part of the Commercial Liability Policy and does not provide coverage. Please read the Commercial Liability Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Liability Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Liability Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Liability Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
--------------------------	--

Coverage Parts	Each Coverage Part is made up of a Coverage Form and Declaration(s), and is subject to the Common Policy Conditions. The Coverage Form describes the nature and extent of coverage provided. It also include any conditions that apply specifically to that Coverage Part.
-----------------------	--

Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
--	--

Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.
---------------------------------	--

This quick reference is not part of the Commercial Liability Policy and does not provide coverage. Please read the Commercial Liability Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Comprehensive Insurance Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Comprehensive Insurance Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.

This Comprehensive Insurance Policy consists of one or more Coverage Part(s). Each Coverage Part consists of several items as described below:

Declaration Pages The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.

Coverage Parts Each Coverage Part is made up of a Coverage Form and Declaration(s), and is subject to the Common Policy Conditions. The Coverage Form describes the nature and extent of coverage provided. It also includes any conditions that apply specifically to that Coverage Part.

Additional Provisions or Exclusions This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.

Common Policy Conditions and Conditions specific to Individual Coverage Parts This policy contains a Common Policy Conditions Form which lists those conditions which apply to all Coverage Parts written in the policy. Forms listing conditions which apply to individual coverage parts also appear on the Declarations.

This quick reference is not part of the Comprehensive Insurance Policy and does not provide coverage. Please read the Comprehensive Insurance Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Comprehensive Insurance Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Comprehensive Insurance Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.

This Comprehensive Insurance Policy consists of one or more Coverage Part(s). Each Coverage Part consists of several items as described below:

Declaration Pages The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.

Coverage Parts Each Coverage Part is made up of a Coverage Form and Declaration(s), and is subject to the Common Policy Conditions. The Coverage Form describes the nature and extent of coverage provided. It also includes any conditions that apply specifically to that Coverage Part.

Additional Provisions or Exclusions This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.

Common Policy Conditions and Conditions specific to Individual Coverage Parts This policy contains a Common Policy Conditions Form which lists those conditions which apply to all Coverage Parts written in the policy. Forms listing conditions which apply to individual coverage parts also appear on the Declarations.

This quick reference is not part of the Comprehensive Insurance Policy and does not provide coverage. Please read the Comprehensive Insurance Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Inland Marine Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Inland Marine Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Inland Marine Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Commercial Inland Marine Conditions and Common Policy Conditions	These forms list most of the conditions to which you and we are subject. These conditions apply to all Coverage Forms attached to this policy.

This quick reference is not part of the Commercial Inland Marine Policy and does not provide coverage. Please read the Commercial Inland Marine Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Inland Marine Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Inland Marine Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Inland Marine Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Commercial Inland Marine Conditions and Common Policy Conditions	These forms list most of the conditions to which you and we are subject. These conditions apply to all Coverage Forms attached to this policy.

This quick reference is not part of the Commercial Inland Marine Policy and does not provide coverage. Please read the Commercial Inland Marine Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Property Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Property Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Property Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Commercial Property Conditions and Common Policy Conditions	These two forms list most of the conditions to which you and we are subject. These conditions apply to all Coverage Forms attached to this policy.

This quick reference is not part of the Commercial Property Policy and does not provide coverage. Please read the Commercial Property Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Property Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Property Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Property Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Commercial Property Conditions and Common Policy Conditions	These two forms list most of the conditions to which you and we are subject. These conditions apply to all Coverage Forms attached to this policy.

This quick reference is not part of the Commercial Property Policy and does not provide coverage. Please read the Commercial Property Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Crime Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Crime Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Crime Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Crime Policy and does not provide coverage. Please read the Commercial Crime Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Crime Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Crime Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Crime Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Crime Policy and does not provide coverage. Please read the Commercial Crime Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Marketplace Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Marketplace Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Marketplace Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions and Respective Coverage Conditions	Any conditions which apply to a specific coverage are found in that coverage's section of the Coverage Form. In addition, the Common Policy Conditions, which apply to the entire policy, except where noted. You and we are subject to all these conditions.

This quick reference is not part of the Commercial Marketplace Policy and does not provide coverage. Please read the Commercial Marketplace Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Marketplace Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Marketplace Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Marketplace Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions and Respective Coverage Conditions	Any conditions which apply to a specific coverage are found in that coverage's section of the Coverage Form. In addition, the Common Policy Conditions, which apply to the entire policy, except where noted. You and we are subject to all these conditions.

This quick reference is not part of the Commercial Marketplace Policy and does not provide coverage. Please read the Commercial Marketplace Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Umbrella Liability Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Umbrella Liability Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Umbrella Liability Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Umbrella Liability Policy and does not provide coverage. Please read the Commercial Umbrella Liability Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Commercial Umbrella Liability Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Commercial Umbrella Liability Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Commercial Umbrella Liability Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Umbrella Liability Policy and does not provide coverage. Please read the Commercial Umbrella Liability Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Contractors Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Contractors Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Contractors Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
Common Policy Conditions and Respective Coverage Conditions	Any conditions which apply to a specific coverage and found in that coverage's section of the Coverage Form. In addition, the Common Policy Conditions, which apply to the entire policy, except where noted, appear at the end of the Coverage Form. You and we are subject to all these conditions.

This quick reference is not part of the Contractors Policy and does not provide coverage. Please read the Contractors Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Contractors Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Contractors Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Contractors Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
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Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
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Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
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Common Policy Conditions and Respective Coverage Conditions	Any conditions which apply to a specific coverage and found in that coverage's section of the Coverage Form. In addition, the Common Policy Conditions, which apply to the entire policy, except where noted, appear at the end of the Coverage Form. You and we are subject to all these conditions.
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This quick reference is not part of the Contractors Policy and does not provide coverage. Please read the Contractors Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Garage Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Garage Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Garage Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
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Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
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Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
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Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.
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This quick reference is not part of the Garage Policy and does not provide coverage. Please read the Garage Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Garage Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Garage Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.

This Garage Policy consists of several items as described below:

Declaration Pages The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.

Coverage Forms The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.

Additional Provisions or Exclusions This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.

Common Policy Conditions This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Garage Policy and does not provide coverage. Please read the Garage Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

General Casualty Company of Wisconsin

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Truckers Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Truckers Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Truckers Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
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Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
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Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
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Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.
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This quick reference is not part of the Truckers Policy and does not provide coverage. Please read the Truckers Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Regent Insurance Company

One General Drive
Sun Prairie, WI 53596
Telephone 608-837-4440

Truckers Policy

Insured Name
Address 1
Address 2
City State Zip Code

Your Independent Agent is:

Agent Name
Address1
City State Zip Code
Phone number: (XXX) XXX-XXX

Our Regional Office:

Address 1
City State Zip Code
Phone Number:
Fax Number:

Truckers Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Truckers Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
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Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
-----------------------	---

Additional Provisions or Exclusions	This policy may be modified by additional provisions or exclusions. When this happens, the forms which contain those provisions or exclusions will be found after the Coverage Forms. The form numbers will also appear on the Declarations.
--	--

Common Policy Conditions	This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.
---------------------------------	--

This quick reference is not part of the Truckers Policy and does not provide coverage. Please read the Truckers Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President, General Casualty Insurance Companies

Secretary, General Casualty Insurance Companies

Business Auto Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]
Phone Number: [(XXX) XXX-XXXX]

Our Regional Office:

[BRANCH OFFICE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE, ZIP]
Phone Number [(XXX) XXX-XXXX]

This cover sheet provides only a brief outline of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control.

The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. Your Policy is a legal contract between the "named insured" and the company.

It is important that you read your policy carefully.

Commercial Automobile Policy Quick Reference

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Policy Period This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.

This Commercial Automobile Policy consists of several items as described below:

Declaration Pages The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.

Coverage Forms The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.

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Common Policy Conditions This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Automobile Policy and does not provide coverage. Please read the Commercial Automobile Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary..

President

Secretary

Business Auto Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]
Phone Number: [(XXX) XXX-XXXX]

Our Regional Office:

[BRANCH OFFICE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE, ZIP]
Phone Number [(XXX) XXX-XXXX]

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Commercial Automobile Policy Quick Reference

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Common Policy Conditions This form lists some of the conditions to which you and we are subject. Further conditions can be found in the Coverage Forms.

This quick reference is not part of the Commercial Automobile Policy and does not provide coverage. Please read the Commercial Automobile Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary..

President

Secretary

Businessowners Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]
Phone Number: [(XXX) XXX-XXXX]

Our Regional Office:

[BRANCH OFFICE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE, ZIP]
Phone Number [(XXX) XXX-XXXX]

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It is important that you read your policy carefully.

Businessowners Policy Quick Reference

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Businessowners Policy consists of several items as described below:

Declaration Pages	The Declarations list the named insured, policy period, the coverages provided and the limits of insurance. They also show the forms and endorsements that apply to this policy.
Coverage Forms	The Coverage Forms describe the nature and extent of coverage provided. They also include any conditions that apply specifically to the Coverage Forms.
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Common Policy Conditions and Respective Coverage Conditions	Any conditions which apply to a specific coverage are found in that coverage's section of the Coverage Form. In addition, the Common Policy Conditions, which apply to the entire policy, except where noted, appear at the end of the Coverage Form. You and we are subject to all these conditions.

This quick reference is not part of the Businessowners Policy and does not provide coverage. Please read the Businessowners Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary, but this policy shall not be valid unless completed by the attachment hereto of a Declaration page and countersigned on the aforesaid Declaration page by a duly authorized representative of the company.

President

Secretary

Businessowners Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]
Phone Number: [(XXX) XXX-XXXX]

Our Regional Office:

[BRANCH OFFICE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE, ZIP]
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It is important that you read your policy carefully.

Businessowners Policy Quick Reference

Policy Period	This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.
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This Businessowners Policy consists of several items as described below:

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President

Secretary

Businessowners Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]
Phone Number: [(XXX) XXX-XXXX]

Our Regional Office:

[BRANCH OFFICE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE, ZIP]
Phone Number [(XXX) XXX-XXXX]

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This Businessowners Policy consists of several items as described below:

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In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary.

President

Secretary

Businessowners Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]
Phone Number: [(XXX) XXX-XXXX]

Our Regional Office:

[BRANCH OFFICE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE, ZIP]
Phone Number [(XXX) XXX-XXXX]

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This quick reference is not part of the Businessowners Policy and does not provide coverage. Please read the Businessowners Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary.

President

Secretary

Home Office
One General Drive
Sun Prairie, Wisconsin 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
Fax: 608.825.5053



Commercial Lines Policy

These Policy Provisions with the Declarations Pages and Endorsements, if any, issued to form a part thereof, complete this policy.

This policy is a legal contract between the Policy Owner and the Insurer. **READ YOUR POLICY CAREFULLY.**

Blue Ridge Insurance Company
Blue Ridge Indemnity Company
General Casualty Company of Wisconsin

General Casualty Insurance Company
Hoosier Insurance Company
Regent Insurance Company

Southern Guaranty Insurance Company
Southern Fire and Casualty Company
Southern Pilot Insurance Company

This policy jacket with the associated coverage forms, Declarations Pages and Endorsements, if any, issued to form a part thereof, completes this Commercial Lines Policy.

PAYMENT OF PREMIUMS

Premium payment is due in advance. If you elect to use any of our Payment Plan options, this policy affords coverage only for the portion of the policy period for which you have paid in advance. Installment payments must be paid as billed or this policy will be cancelled for non-payment of premium.

Coverage for this policy is provided by the Insurance Company indicated on the Declarations Pages attached to and made part of this policy.

Southern Guaranty Insurance Company, Southern Pilot Insurance Company and Southern Fire & Casualty Company.

President

Secretary

Home Office
One General Drive
Sun Prairie, Wisconsin 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
Fax: 608.825.5053



Commercial Lines Policy

These Policy Provisions with the Declarations Pages and Endorsements, if any, issued to form a part thereof, complete this policy.

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Blue Ridge Insurance Company
Blue Ridge Indemnity Company
General Casualty Company of Wisconsin

General Casualty Insurance Company
Hoosier Insurance Company
Regent Insurance Company

Southern Guaranty Insurance Company
Southern Fire and Casualty Company
Southern Pilot Insurance Company

This policy jacket with the associated coverage forms, Declarations Pages and Endorsements, if any, issued to form a part thereof, completes this Commercial Lines Policy.

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Coverage for this policy is provided by the Insurance Company indicated on the Declarations Pages attached to and made part of this policy.

Southern Guaranty Insurance Company, Southern Pilot Insurance Company and Southern Fire & Casualty Company.

President

Secretary

Home Office
One General Drive
Sun Prairie, Wisconsin 53596
generalcasualty.com

Phone: 608.837.4440
Toll Free: 800.362.5448
Fax: 608.825.5053



Commercial Liability Umbrella Policy

These Policy Provisions with the Declarations Pages and Endorsements, if any, issued to form a part thereof, complete this policy.

This policy is a legal contract between the Policy Owner and the Insurer. **READ YOUR POLICY CAREFULLY.**

Blue Ridge Insurance Company
Blue Ridge Indemnity Company
General Casualty Company of Wisconsin

General Casualty Insurance Company
Hoosier Insurance Company
Regent Insurance Company

Southern Guaranty Insurance Company
Southern Fire and Casualty Company
Southern Pilot Insurance Company

This policy jacket with the Commercial Liability Umbrella Coverage Form, Declarations Pages and Endorsements, if any, issued to form a part thereof, completes this Commercial Liability Umbrella Policy.

PAYMENT OF PREMIUMS

Premium payment is due in advance. If you elect to use any of our Payment Plan options, this policy affords coverage only for the portion of the policy period for which you have paid in advance. Installment payments must be paid as billed or this policy will be cancelled for non-payment of premium.

Coverage for this policy is provided by the Insurance Company indicated on the Declarations Pages attached to and made part of this policy.

Southern Guaranty Insurance Company, Southern Pilot Insurance Company and Southern Fire & Casualty Company

President

Secretary

SERFF Tracking Number: *QBCL-125825464* *State:* *Arkansas*
First Filing Company: *Southern Guaranty Insurance Company, ...* *State Tracking Number:* *# \$0*
Company Tracking Number: *010109 11180S*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *AK Policy Jacket*
Project Name/Number: *AK Policy Jacket/010109 11180S*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: QBCL-125825464 State: Arkansas
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: # \$0
Company Tracking Number: 010109 11180S
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: AK Policy Jacket
Project Name/Number: AK Policy Jacket/010109 11180S

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/13/2008

Comments:

Attachment:

Uniform Transmittal Document - P&C.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
QBE Regional Insurance Group	0796

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
General Casualty Company of Wisconsin	WI	24414	39-0301590	
Regent Insurance Company	WI	24449	39-6062860	
Southern Pilot Insurance Company	WI	22861	56-0773056	
Southern Guaranty Insurance Company	WI	19178	63-0350861	

5. Company Tracking Number	010109 11180S
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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
	Ashley Fry 1 General Drive Sun Prairie, WI 53596	C/L Operations Systems Technician	608-825-5174		ashley.fry@general casualty.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Ashley Fry		

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

9. Type of Insurance (TOI)	
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: 01/01/2009 Renewal:

15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	9/23/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	010109 11180S
--	---------------

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

General Casualty Company of Wisconsin
 FEIN 39-0301590, NAIC 0796-24414
 Regent Insurance Company
 FEIN 39-6062860, NAIC 0796-24449
 Southern Guaranty Insurance Company
 FEIN 63-0350861, NAIC 0796-19178
 Southern Pilot Insurance Company
 FEIN 56-0773056, NAIC 0796-22861
 Commercial Lines Interline Policy Jackets Filing
 Effective Date: 01/01/2009
 Company Filing # 010109 11180S

Due to a recent organizational change we have updated our Company Policy Jackets with new signatures and edition dates for all lines of business filed in your State. This is an editorial update only and no policy conditions or terms have changed.

The signature fields were left blank for filing purposes only.

Please approve this filing as submitted or advise if I may be of any assistance to you.

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 #:
Amount:

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.)**

SERFF Tracking Number: QBCL-125825464 State: Arkansas
 First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: # \$0
 Company Tracking Number: 010109 11180S
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: AK Policy Jacket
 Project Name/Number: AK Policy Jacket/010109 11180S

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Business Auto Policy	09/22/2008	CL_QBE_Filing_ BA80008r Jacket Sample SGIC.pdf CL_QBE_Filing_ BA80008r Jacket Sample SPIC.pdf

Business Auto Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]
Phone Number: [(XXX) XXX-XXXX]

Our Regional Office:

[BRANCH OFFICE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY, STATE, ZIP]
Phone Number [(XXX) XXX-XXXX]

This cover sheet provides only a brief outline of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control.

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It is important that you read your policy carefully.

Commercial Automobile Policy Quick Reference

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Policy Period This policy period begins at 12:01 a.m. standard time at the named insured's mailing address on the date shown in the Declarations.

This Commercial Automobile Policy consists of several items as described below:

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This quick reference is not part of the Commercial Automobile Policy and does not provide coverage. Please read the Commercial Automobile Policy itself for actual contractual provisions.

In witness whereof, the Company designated on the Declaration page has caused this policy to be signed by its president and secretary..

President

Secretary

Business Auto Policy

[NAMED INSURED]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Your Independent Agent is:

[AGENT NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
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