

SERFF Tracking Number: CAPC-125950960 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-INTER-FO-CW-150
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Non-Renewable Short Term Policy Endorsement
Project Name/Number: Non-Renewable Short Term Policy Endorsement/08-INTER-FO-CW-150

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Non-Renewable Short Term SERFF Tr Num: CAPC-125950960 State: Arkansas

Policy Endorsement

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 08-INTER-FO-CW-150 State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Amanda Mullen

Disposition Date: 12/19/2008

Date Submitted: 12/18/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2009

Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): 06/01/2009

Effective Date (Renewal):

06/01/2009

State Filing Description:

General Information

Project Name: Non-Renewable Short Term Policy Endorsement

Status of Filing in Domicile: Authorized

Project Number: 08-INTER-FO-CW-150

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/19/2008

Deemer Date:

State Status Changed: 12/19/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Non-Renewable Short Term Policy CGE 418 (11-08)

Company File Number: 08-INTER-FO-CW-150

Capitol Indemnity Corporation, NAIC # 10472

FEIN 39-0971527

SERFF Tracking Number: CAPC-125950960 State: Arkansas
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Capitol Indemnity Corporation (CIC) submits for your review and approval the final printed copy of Non-Renewable Short Term Policy CGE 418 (11-08).

Please replace the previously approved general liability form Non-Renewable Policy CICL 009 (10-92) with the attached interline form Non-Renewable Short Term Policy CGE 418 (11-08). We have added the words "Short Term" to the title and removed unnecessary wording on the endorsement. We are expanding the use of this to endorsement to additional lines. This remains an optional endorsement that is attached to short term policies only. CICL 009 was approved on 03/11/1993.

Thank you for your time and consideration of this filing.

Company and Contact

Filing Contact Information

Amanda Mullen, aknullen@capitolindemnity.com
 PO Box 5900 (608) 829-4839 [Phone]
 Madison, WI 53705 (608) 829-7402[FAX]

Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin
 PO Box 5900 Group Code: 501 Company Type:
 Madison, WI 53705 Group Name: State ID Number:
 (608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	12/18/2008	24616797

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/19/2008	12/19/2008

SERFF Tracking Number: CAPC-125950960 *State:* Arkansas
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Disposition

Disposition Date: 12/19/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal): 06/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125950960 State: Arkansas
 Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
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 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Side by Side Comparison to CICL 009 10-92	Approved	Yes
Form	Non-Renewable Short Term Policy	Approved	Yes

SERFF Tracking Number: CAPC-125950960 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Non-Renewable Short Term Policy	CGE 418	(11-08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CICL 009 (10-92) Previous Filing #:		CGE418 (11-08) Non-Renewable Short Term Policy.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-RENEWABLE SHORT TERM POLICY

This endorsement modifies insurance under the following:

**COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL CRIME COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
INLAND MARINE COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
UMBRELLA COVERAGE PART**

This policy is nonrenewable. Any condition stating WHEN WE DO NOT RENEW is deleted.

SERFF Tracking Number: *CAPC-125950960* *State:* *Arkansas*
Filing Company: *Capitol Indemnity Corporation* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-INTER-FO-CW-150*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Non-Renewable Short Term Policy Endorsement*
Project Name/Number: *Non-Renewable Short Term Policy Endorsement/08-INTER-FO-CW-150*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125950960 State: Arkansas
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Project Name/Number: Non-Renewable Short Term Policy Endorsement/08-INTER-FO-CW-150

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/19/2008

Comments:

Attachment:

AR Trans Doc.pdf

Satisfied -Name: Side by Side Comparison to CICL
009 10-92 **Review Status:** Approved 12/19/2008

Comments:

Attachment:

Side by Side w CICL 009 (10-92).pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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.)

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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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



Capitol INDEMNITY CORPORATION

P.O. BOX 5900 • MADISON, WISCONSIN 53705

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-RENEWABLE POLICY

This endorsement modifies insurance ~~provided~~ under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This policy is ~~expressly designated as~~ nonrenewable.
Accordingly, any condition stating WHEN WE DO NOT RENEW ~~in the~~
~~policy or any endorsement~~ is deleted.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-RENEWABLE SHORT TERM POLICY

This endorsement modifies insurance under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL CRIME COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
INLAND MARINE COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
UMBRELLA COVERAGE PART

This policy is nonrenewable. Any condition stating WHEN WE DO NOT RENEW is deleted.