

SERFF Tracking Number: HRLV-125962697 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: #? \$0
Company Tracking Number: EMAIL 091608
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: Email 091608/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CIM

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland
Marine

Filing Type: Form

SERFF Tr Num: HRLV-125962697

SERFF Status: Closed

Co Tr Num: EMAIL 091608

Co Status: Deferral/Non-adoption

Author: Janet Texter

Date Submitted: 12/23/2008

State: Arkansas

State Tr Num: #? \$0

State Status: Fees verified and
received

Reviewer(s): Llyweyia Rawlins,
Brittany Yielding

Disposition Date: 12/30/2008

Disposition Status: Filed

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

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

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

General Information

Project Name: Email 091608

Project Number:

Reference Organization: AAIS

Reference Title: New & Revised Rigger's Forms, Endts and Schedules

Filing Status Changed: 12/30/2008

State Status Changed: 12/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Deferring AAIS revision AAIS-2008-31

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: AAIS-2008-31

Advisory Org. Circular: AAIS-08-2012

Deemer Date:

Company and Contact

Filing Contact Information

Janet Texter, State Filing Specialist

jtexter@harleysvillegroup.com

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355 Maple Avenue (800) 523-6344 [Phone]
Harleysville, PA 18074 (215) 256-5678[FAX]

Filing Company Information

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

SERFF Tracking Number: HRLV-125962697 State: Arkansas
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	12/23/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	12/30/2008	12/30/2008

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Disposition

Disposition Date: 12/30/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Filed

Comment: Harleysville Mutual Insurance Company does not wish to implement these changes at this time and therefore requests approval to defer AAIS revision AAIS-2008-31.

Rate data does NOT apply to filing.

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

SERFF Tracking Number: HRLV-125962697

State: Arkansas

Filing Company: Harleysville Mutual Insurance Company

State Tracking Number: #? \$0

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Product Name: CIM

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125962697

State: Arkansas

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TOI: 09.0 Inland Marine

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Product Name: CIM

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 12/30/2008
Purposes

Comments:

Attachment:

NAIC 2007 AR AAIS.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125-962697
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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
	Janet L Texter 355 Maple Avenue Harleysville, PA 19438	State Filing Analyst	800-523-6344 ext. 5056	215-256-5678	jtexter@harleysvillegroup.com
7.	Signature of authorized filer		<i>Janet L. Texter</i>		
8.	Please print name of authorized filer		Janet L. Texter		

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

9.	Type of Insurance (TOI)	Commercial Inland marine
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 01/01/2009 Renewal: 01/01/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	AAIS
17.	Reference Organization # & Title	AAIS-2008-31
18.	Company's Date of Filing	12/23/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	125-962697
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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American Association of Insurance Services has announced the implementation of the New and Revised Riggers Forms, Endorsements and Schedules.

Harleysville Mutual Insurance Company does not wish to implement these changes at this time and therefore requests approval to defer AAIS revision AAIS-2008-31.

Your favorable consideration will be appreciated.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A Amount: N/A</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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