

SERFF Tracking Number: PENN-125874380 State: Arkansas  
Filing Company: Diamond State Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: DS-2008-CA-F-104  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: /DS-2008-CA-F-104

## Filing at a Glance

Company: Diamond State Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Effective Date Requested (New): 01/15/2009

Effective Date Requested (Renewal): 01/15/2009

SERFF Tr Num: PENN-125874380 State: Arkansas

SERFF Status: Closed

Co Tr Num: DS-2008-CA-F-104

Co Status:

Author: Lorna Geiger

Date Submitted: 12/02/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Disposition Date: 12/04/2008

Disposition Status: Approved

Effective Date (New): 01/15/2009

Effective Date (Renewal):

01/15/2009

State Filing Description:

## General Information

Project Name:

Project Number: DS-2008-CA-F-104

Reference Organization:

Reference Title:

Filing Status Changed: 12/04/2008

State Status Changed: 12/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

With the intent to re-enter the commercial automobile marketplace, Diamond State Insurance Company (DSIC) is submitting our commercial automobile forms filing. Diamond State's re-entry into the commercial automobile market is aimed at strengthening its ability to attract and support program business. Diamond State is an admitted company with an active certificate of authority. There is an active Arkansas filing which has not been utilized in approximately five years. As a result, this is a replacement filing. A company with certificates of authority in 50 states, Diamond State does not currently write commercial automobile business. The only exception is a very small amount of non-ownership liability

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in support of multi-peril package business.

Diamond State Insurance Company is affiliated with ISO. As such, DSIC will file to utilize the most current ISO forms which are filed on our behalf by ISO.

## Company and Contact

### Filing Contact Information

Lorna Geiger, State Filing Analyst lgeiger@unitednat.com  
 Three Bala Plaza East (610) 660-6876 [Phone]  
 Bala Cynwyd, PA 19004 (610) 668-3399[FAX]

### Filing Company Information

Diamond State Insurance Company CoCode: 42048 State of Domicile: Indiana  
 Three Bala Plaza, East Group Code: 920 Company Type:  
 Suite 300  
 Bala Cynwyd, PA 19004 Group Name: State ID Number:  
 (610) 660-6825 ext. [Phone] FEIN Number: 51-0257823  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Diamond State Insurance Company	\$50.00	12/02/2008	24264125

SERFF Tracking Number: PENN-125874380

State: Arkansas

Filing Company: Diamond State Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: DS-2008-CA-F-104

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile

Project Name/Number: /DS-2008-CA-F-104

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/04/2008	12/04/2008

*SERFF Tracking Number:*      *PENN-125874380*

*State:*      *Arkansas*

*Filing Company:*      *Diamond State Insurance Company*

*State Tracking Number:*      *EFT \$50*

*Company Tracking Number:*      *DS-2008-CA-F-104*

*TOI:*      *20.0 Commercial Auto*

*Sub-TOI:*      *20.0001 Business Auto*

*Product Name:*      *Commercial Automobile*

*Project Name/Number:*      */DS-2008-CA-F-104*

## **Disposition**

Disposition Date: 12/04/2008

Effective Date (New): 01/15/2009

Effective Date (Renewal): 01/15/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PENN-125874380 State: Arkansas  
 Filing Company: Diamond State Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: DS-2008-CA-F-104  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Automobile  
 Project Name/Number: /DS-2008-CA-F-104

Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Business Auto Coverage Form Declarations	Approved	Yes
<b>Form</b>	Garage Coverage Form Declarations	Approved	Yes
<b>Form</b>	Schedule Of Covered Auto You Own Extension Of Declarations	Approved	Yes
<b>Form</b>	Business Auto Coverage Extension	Approved	Yes
<b>Form</b>	Driver Exclusion	Approved	Yes
<b>Form</b>	Additional Insured	Approved	Yes
<b>Form</b>	Policy Jacket	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Business Auto Coverage Form Declarations	DAD-100	(08/2008)	Declaration	Replaced s/Schedule	Replaced Form #:0.00 DAD-100 8/98 Previous Filing #: 99-1CA-116		DAD100 08-2008.pdf
Approved	Garage Coverage Form Declarations	DAD-101	(08/2008)	Declaration	New s/Schedule		0.00	DAD101 8-2008.pdf
Approved	Schedule Of Covered Auto You Own Extension Of Declarations	CA 190	(08/2008)	Declaration	Replaced s/Schedule	Replaced Form #:0.00 CA 190 1/87 Previous Filing #: 99-1CA-116		CA 190 8-2008.pdf
Approved	Business Auto Coverage Extension	EAD-108	(06/2008)	Endorsement	New Amendment/Conditions		0.00	EAD-108 06-2008.pdf
Approved	Driver Exclusion	EAD-109	(07/2008)	Endorsement	New Amendment/Conditions		0.00	EAD-109 07-2008.pdf
Approved	Additional Insured	EAD-110	(07/2008)	Endorsement	New Amendment/Conditions		0.00	EAD-110 07-2008.pdf
Approved	Policy Jacket	JAA-101	(03/2008)	Other	Replaced	Replaced Form #:0.00 JPA-100 (7/98) Previous Filing #: 99-1CA-116		JAA-101 3-2008.pdf

**COMMERCIAL AUTO COVERAGE PART  
BUSINESS AUTO COVERAGE FORM DECLARATIONS**



Effective Date:\*

Policy No.

12:01 A.M. Standard Time

ITEM ONE: Named Insured and Mailing Address / Policy Period - shown in Policy Declarations.

Form of Business:  Individual  Partnership  Corporation  Limited Liability Company  Other \_\_\_\_\_

**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS** This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			\$	\$
PERSONAL INJURY PROTECTION (P.I.P.)††			SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)			SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS			\$	\$
UNINSURED MOTORISTS (UM)			\$	\$
UNDERINSURED MOTORISTS (when not included in UM Cov.)			\$	\$
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICH EVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. †††	\$
	SPECIFIED CAUSES OF LOSS COVERAGE		\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM †††	\$
	COLLISION COVERAGE		\$ Deductible FOR EACH COVERED AUTO †††	\$
	TOWING AND LABOR (Not applicable in California)		\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †. IL 00 21 - Broad Form Nuclear Exclusion (not applicable in New York) IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)				PREMIUM FOR ENDORSEMENTS \$ <input checked="" type="checkbox"/> ESTIMATED TOTAL PREMIUM \$
<input checked="" type="checkbox"/> This Policy may be subject to final audit.		Premium shown is Payable: \$ _____ at inception.		

†† (or equivalent No-fault cov.) ††† See ITEM FOUR for hired or borrowed "autos."

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY Town & State Where the Covered Auto Will Be Principally Garaged
	Year Model; Trade Name; Body Type	Serial Number (S); Vehicle Identification Number (VIN)	Original Cost New	Actual NEW (N) Cost & USED (U)	
1			\$	\$	
2			\$	\$	
3			\$	\$	
4			\$	\$	
5			\$	\$	

Covered Auto No.	Radius of Operation (In Miles)	Business use s = service r = retail c = commercial	Size GWV, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
					Liab.	Phy. Damage			
1									
2									
3									
4									
5									

\*Entry optional if shown in Common Policy Declarations.

†Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

POLICY NUMBER:

**BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)**

**ITEM THREE (Cont'd)**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding <b>ITEM TWO</b> column applies instead)																
Covered Auto No.	LIABILITY		P.I.P.		ADDED P.I.P.	P.P.I. (Mich. only)		AUTO. MED. PAY.		COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit (In Thousands)	Premium	Limit* minus deductible shown below	Premium	Limit* Premium	Limit* minus deductible shown below	Premium	Limit (In Thousands)	Premium	Limit** minus deductible shown below	Premium	Limit** Premium	Limit** minus deductible shown below	Premium	Limit per disablement	Premium
1																
2																
3																
4																
5																
Total Premium			XXX			XXX		XXX		XXX			XXX		XXX	
Add'l Coverage(s) - Premium, Limit, Deductible: *Limit stated in each applicable P.I.P. or P.P.I. Endorsement. **Limit stated in <b>ITEM TWO</b> .																

**ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS. LIABILITY COVERAGE - RATING BASIS, COST OF HIRE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIAB. COV. IS PRIMARY)	PREMIUM
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
<b>TOTAL PREMIUM</b>				\$

**Cost of hire** means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**PHYSICAL DAMAGE COVERAGE**

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIRS MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$
SPECIFIED CAUSES OF LOSS	MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$	\$	\$
COLLISION	IS LESS MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO	\$	\$	\$
<b>TOTAL PREMIUM</b>				\$

**ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		\$
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
<b>TOTAL PREMIUM</b>			\$

**ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS**

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUM	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>TOTAL PREMIUMS</b>			\$	\$
<b>MINIMUM PREMIUMS</b>			\$	\$

When used as a premium basis:

**FOR PUBLIC AUTOS**

**Gross Receipts** means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

**Mileage** means the total live and dead mileage of all revenue producing units operated during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

**Gross Receipts** means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

**Mileage** means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.



**GARAGE COVERAGE FORM - AUTO DEALERS'  
SUPPLEMENTARY SCHEDULE**

**POLICY NUMBER:**

**ITEM THREE - LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS**

Loc. No.	Address - state your main business location as Location No. 1
1	
2	

**ITEM FOUR - LIABILITY COVERAGE - PREMIUMS**

Loc. No.	Classes of Operators	Rating Factor	Number of Persons	Rating Units	Total Rating Units	Liability Premium	Personal Injury Protection Premium	Property Protection Premium
1	Class I - Employees	Regular Operators						
		All Others						
	Class II - Non-Employees	Under Age 25						
		Age 25 or over						
2	Class I - Employees	Regular Operators						
		All Others						
	Class II - Non-Employees	Under Age 25						
		Age 25 or over						
					<b>TOTAL PREMIUMS</b>			

**Definitions:**

**Class I - Employees Regular Operator -** Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers; any employee whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

**All Others - Note:** All other employees.  
 1. Part-time employees working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.  
 2. Part-time employees working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

**Class II - Non-Employees** Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

**ITEM FIVE - LIABILITY COVERAGE FOR YOUR CUSTOMERS**

In accordance with paragraph a.(2)(d) of WHO IS AN INSURED under SECTION II - LIABILITY COVERAGE, Liability coverage for your customers is limited unless indicated below by .

If this box is checked, paragraph a.(2)(d) of WHO IS AN INSURED under SECTION II - LIABILITY COVERAGE does not apply.

**ITEM SIX - GARAGEKEEPERS COVERAGES AND PREMIUMS**

Location No.	Coverages	Limit of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies)	Premium for all locations
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR	Comprehensive: \$
	Specified Causes of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS. SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.	
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR	Specified Causes of Loss: \$
	Specified Causes of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS. SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.	
	Collision	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO.	

**DIRECT COVERAGE OPTIONS**

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

**EXCESS INSURANCE.** If this box is checked, GARAGEKEEPERS COVERAGE remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

**PRIMARY INSURANCE.** If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

**ITEM SEVEN - PHYSICAL DAMAGE COVERAGE - TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS - PREMIUMS - REPORTING OR NONREPORTING BASIS**

Each of the following PHYSICAL DAMAGE coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by .

Coverages	Types of "Autos"		Interests Covered			
	New "autos"	Used "autos", demonstrators and service vehicles	Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a loss payee	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location No.	Coverages	Limit of Insurance for Each Location	Rates	Premium
1	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR		\$
	Specified Causes of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS. SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		\$
2	Comprehensive	\$ MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR		\$
	Specified Causes of Loss	\$ MINUS \$ DEDUCTIBLE FOR ALL PERILS. SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.		\$

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**POLICY NUMBER:**  
**ITEM SEVEN (Continued)**

**GARAGE COVERAGE FORM - AUTO DEALERS'**  
**SUPPLEMENTARY SCHEDULE - (Continued)**

Location No.	Coverages	Limit of Insurance For Each Location			Adjustment Factor	Premium
		Minus \$ DEDUCTIBLE FOR EACH COVERED AUTO				
All	Collision	BLANKET ANNUAL COLLISION RATES				
		First \$50,000	\$50,001 to \$100,000	Over \$100,000		
					TOTAL PREMIUM	\$

Our limit of insurance for "loss" at locations other than those stated in **ITEM THREE**.

\$ Additional locations where you store covered "autos" In transit

**PREMIUM BASIS - Reporting (Quarterly or Monthly) or Nonreporting** (Indicate Basis Agreed Upon by "X").

**REPORTING BASIS** (Quarterly or Monthly as indicated below by "X").

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your employees or family members and other Class II - Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in **ITEM THREE** above. For your main sales location you must include the total value of all service vehicles.

**YOUR REPORTING BASIS IS:**  **Quarterly** - You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.

**Monthly** - You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

**NONREPORTING BASIS.** Stated limit of insurance shown above applies.

**Loss Payee - Any loss is payable as interest may appear to you and:**

**ITEM EIGHT - MEDICAL PAYMENTS COVERAGE - REFER TO ITEM TEN FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium Equals % of the Liability	\$
Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)	Premises and Operations Medical Payments Premium Equals % Premium	\$
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium Equals %	\$

**ITEM NINE - SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATORS OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS**

Covered Auto No.	DESCRIPTION				PURCHASED		Town & State Where the Covered Auto will be principally garaged		
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Original Cost New	Actual NEW (N) Cost & USED (U)			
1									
2									
3									
Covered Auto No.	CLASSIFICATION							Code	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius of Operation (In Miles)	Business use s= service r= retail c= comm'l	Size GWW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		
1					Liab.	Phy. Damage			
2									
3									

**COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES** (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding **ITEM TWO** column applies instead)

Covered Auto No.	LIABILITY		P.I.P.		ADDED P.I.P.	P.P.I. (Mich. only)		AUTO MED. PAY.		COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit (In Thousands)	Premium	Limit* minus deductible shown below	Premium	Limit* Premium	Limit* minus deductible shown below	Premium	Limit (in Thousands)	Premium	Limit** minus deductible shown below	Premium	Limit** Premium	Limit** minus deductible shown below	Premium	Limit per dis-ablement	Premium
1																
2																
3																
Total Premium			XXX			XXX		XXX		XXX			XXX		XXX	

Add'l Coverage(s) - Premium, Limit, Deductible:

\*Limit stated in each applicable P.I.P. or P.P.I. Endorsement.

\*\*Limit stated in **ITEM TWO**.

Covered Auto	Person or organization to which the Covered "Auto" has been furnished. (Do not include Covered "Autos" which has been furnished to Class I or Class II operators)
1	
2	
3	

**ITEM TEN - LIABILITY PREMIUM FOR PICKUP AND DELIVERY OF AUTOS - NON-FRANCHISED DEALERS ONLY**

No. of Driver Trips	51-200 mi.:	Rate:	Premium:	Over 200 mi.:	Rate:	Premium:	Tot. Prem.:





(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

**This endorsement, effective on            at 12:01 A.M. standard time, forms a part of**

**Policy No.:**

**Issued To:**

**By:**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BUSINESS AUTO COVERAGE EXTENSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

I. Section II – Liability Coverage is amended as follows:

A. A. Coverage is amended as follows:

1. The following is added to Subparagraph 1. Who Is An Insured:

d. Your “employee” while using a nonowned “auto”, other than an “auto” owned by the “employee” or a member of his or her household, while acting within the scope of their duties.

2. Subparagraph (2) and (4) or 2.a.Supplementary Payments are deleted and replaced by the following:

(2) Up to \$2,500 for cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.

(4) All reasonable expense incurred by the “insured” at our request, including actual loss of earnings up to \$300 a day because of time off work.

II. Section III – Physical Damage Coverage is amended as follows:

A. Paragraph 4. Coverage Extensions is amended as follows:

1. The first sentence of Subparagraph a. Transportation Expenses is deleted and replaced by the following:

We will pay up to \$34 per day to a maximum of \$1,000 for temporary transportation expense incurred by you because of the total theft of a covered “auto” of the private passenger type.

2. The last sentence of Subparagraph b. is deleted and replaced by the following:

However, the most we will pay for any expenses for loss of use is \$50 per day, to a maximum of \$750.

3. The following provisions are added:

- c. Airbag Discharge

We will pay to reset or replace an airbag that accidentally discharges in a covered "auto" if the airbag:

- (a) is not covered by a manufacturer's warranty; and
- (b) is not intentionally discharged by an insured

No deductible applies to this coverage extension.

- d. Auto Theft Reward

We will pay up to a \$1,000 reward for information leading to the arrest and conviction of anyone involved in the theft of a covered "auto". We will not pay a reward to any insured, family member or "employee" of any insured, or any public servant while acting within the scope of their duties.

- e. Return of Stolen Auto

We will pay expenses of returning a stolen covered "auto" to you.

- B. The following is added to D. Deductible.

No deductible applies to Glass Breakage Coverage, if the glass is repaired rather than replaced.

- III. Paragraph A.2. Duties In The Event Of Accident, Claim, Suit or Loss of B. SECTION IV – BUSINESS AUTO CONDITION is amended as follows:

Your obligations under this Condition apply once an "accident", claim, "suit" or "loss" is known to:

- a. You, if you are an individual;
  - b. A partner, if you are a partnership;
  - c. A member, if you are a limited liability company; or
  - d. An executive officer or insurance manager, if you are a corporation.

- IV. The following is added to the Definition of "bodily injury" in Section V – Definitions: "Bodily Injury" includes mental anguish resulting from bodily injury, sickness or disease.

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

**This endorsement, effective at 12:01 a.m. standard time, forms a part of**

**Policy #:**

**Issued to:**

**By:**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **DRIVER EXCLUSION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

We will not be liable for any "accidents" or "losses" while a covered "auto" is driven by:

Driver: \_\_\_\_\_

Signature of Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

(The attaching clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

**This endorsement, effective at 12:01 a.m. standard time, forms a part of**

**Policy #:**

**Issued to:**

**By:**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

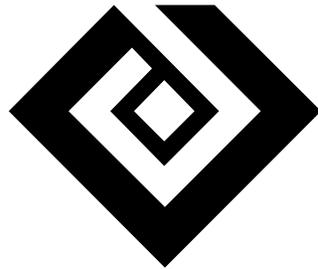
Who Is An Insured, under SECTION II – LIABILITY COVERAGE, is amended to include the person or organization named in the Schedule below, but only for “bodily injury” or “property damage” resulting from the acts or omissions of:

1. You, while using a covered “auto”.
2. Any other person, while using a covered “auto” with your permission.

### **SCHEDULE**

**Additional Insured**

# COMMERCIAL INSURANCE POLICY



**Diamond State**

GROUP

## **ADMINISTRATIVE OFFICES**

THREE BALA PLAZA EAST, BALA CYNWYD, PA 19004  
610-664-1500

*SERFF Tracking Number:*      *PENN-125874380*                      *State:*                      *Arkansas*  
*Filing Company:*              *Diamond State Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *DS-2008-CA-F-104*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0001 Business Auto*  
*Product Name:*              *Commercial Automobile*  
*Project Name/Number:*      */DS-2008-CA-F-104*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PENN-125874380

State: Arkansas

Filing Company: Diamond State Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: DS-2008-CA-F-104

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile

Project Name/Number: /DS-2008-CA-F-104

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

12/04/2008

**Comments:**

**Attachment:**

Uniform Transmittal Document.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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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 type="text"/> Renewal: <input 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.)

PC TD-1 pg 2 of 2

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	