

SERFF Tracking Number: ZURC-125931931 State: Arkansas  
First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW ML 28025  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Unicover VI - RV Dealers Endorsement CW ML 28025  
Project Name/Number: Unicover VI - RV Dealers Endorsement CW ML 28025/CW ML 28025

## Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company  
Product Name: Unicover VI - RV Dealers SERFF Tr Num: ZURC-125931931 State: Arkansas  
Endorsement CW ML 28025  
TOI: 05.0 Commercial Multi-Peril - Liability & SERFF Status: Closed State Tr Num: EFT \$50  
Non-Liability  
Sub-TOI: 05.0003 Commercial Package Co Tr Num: CW ML 28025 State Status: Fees verified and received  
Filing Type: Form Co Status: Not Applicable Reviewer(s): Llyweyia Rawlins, Brittany Yielding  
Author: Carole Amato Disposition Date: 12/04/2008  
Date Submitted: 12/04/2008 Disposition Status: Approved  
Effective Date Requested (New): 04/01/2009 Effective Date (New): 04/01/2009  
Effective Date Requested (Renewal): 04/01/2009 Effective Date (Renewal): 04/01/2009

State Filing Description:

## General Information

Project Name: Unicover VI - RV Dealers Endorsement CW ML 28025 Status of Filing in Domicile: Not Filed  
Project Number: CW ML 28025 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 12/04/2008  
State Status Changed: 12/04/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Unicover VI

Explanatory Memo

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Endorsement 812 is a new endorsement intended for use with our Unicover VI Commercial Multi-Peril program. It will be added to all policies for RV dealers at policy inception. Coverage for truck campers and toppers is excluded in Property and added to the definition of "auto" in Auto Inventory.

Consigned autos will be covered as "customer's autos" in order to provide coverage for natural disasters on a legal liability basis. The definitions of "new auto" and "used auto" are modified to accommodate this change. This endorsement has no rate impact.

## Company and Contact

### Filing Contact Information

Carole Amato, Supervisor carol.amato@zurichna.com  
 1400 American Lane (847) 413-5235 [Phone]  
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

### Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

## Filing Fees

Fee Required? No

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Retaliatory? No  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	12/04/2008	24324652
Universal Underwriters of Texas Insurance Company	\$0.00	12/04/2008	

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## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 12/04/2008  
Effective Date (New): 04/01/2009  
Effective Date (Renewal): 04/01/2009  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	RV Dealers Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	RV Dealers Endorsement	812	01 09	Endorsement/New/Amendment/Conditions		0.00	812U6 01-09.pdf

ENDORSEMENT NO. 812  
RV DEALERS ENDORSEMENT  
COVERAGE PARTS 300 AND 330  
UNICOVER VI

PAGE 1 OF 2

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE PART 300

DEFINITIONS

THE DEFINITION OF \*AUTO IS REPLACED BY THE FOLLOWING:

“\*AUTO” MEANS ANY TYPE OF LAND MOTOR VEHICLE, (WHETHER CRATED OR NOT), TRAILER OR SEMITRAILER, FARM TRACTOR OR IMPLEMENT, AND EQUIPMENT PERMANENTLY ATTACHED TO IT. \*AUTO INCLUDES TRUCK CAMPERS AND TOPPERS.

THE DEFINITION OF \*CUSTOMER'S \*AUTO IS REPLACED BY THE FOLLOWING:

“\*CUSTOMER'S \*AUTO” MEANS A \*COVERED \*AUTO NOT OWNED OR ACQUIRED BY \*YOU, BUT IN \*YOUR CARE, CUSTODY OR CONTROL FOR SAFEKEEPING, STORAGE, SERVICE OR REPAIR. “\*CUSTOMER'S \*AUTO” INCLUDES A CONSIGNED \*AUTO.

THE DEFINITION OF \*NEW \*AUTO IS REPLACED BY THE FOLLOWING:

“\*NEW \*AUTO” MEANS A \*COVERED \*AUTO OWNED OR ACQUIRED BY \*YOU AND HELD FOR SALE, NOT PREVIOUSLY OWNED, TITLED OR REGISTERED, AND NOT USED FOR ANY PURPOSE OTHER THAN ROAD TESTING. \*NEW \*AUTO ALSO MEANS A \*COVERED \*AUTO THAT IS SUBJECT TO A \*SPOT \*DELIVERY.

THE DEFINITION OF \*USED \*AUTO IS REPLACED BY THE FOLLOWING:

“\*USED \*AUTO” MEANS A \*COVERED \*AUTO OWNED OR ACQUIRED BY \*YOU THAT IS HELD FOR SALE BY \*YOU AND NOT OTHERWISE DEFINED IN THIS COVERAGE PART. \*USED \*AUTO ALSO MEANS A \*COVERED \*AUTO THAT IS SUBJECT TO A \*SPOT \*DELIVERY.

THE FIRST SENTENCE OF THE DEFINITIONS CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY: A WORD IDENTIFIED WITH AN ASTERISK \* INDICATES IT HAS A SPECIFIC MEANING AS DEFINED IN EACH COVERAGE PART.

EDITION 1-2009

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ENDORSEMENT NO. 812  
RV DEALERS ENDORSEMENT  
COVERAGE PARTS 300 AND 330  
UNICOVER VI

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COVERAGE PART 330

DEFINITIONS

THE DEFINITION OF \*AUTO IS REPLACED BY THE FOLLOWING:

“\*AUTO” MEANS ANY TYPE OF LAND MOTOR VEHICLE, (WHETHER CRATED OR NOT), TRAILER OR SEMITRAILER, FARM TRACTOR, OR IMPLEMENT, AND EQUIPMENT PERMANENTLY ATTACHED TO IT. \*AUTO INCLUDES TRUCK CAMPERS AND TOPPERS. \*AUTO DOES NOT MEAN \*MOBILE \*EQUIPMENT.

ALL OTHER TERMS, CONDITIONS, PROVISIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.

THE FIRST SENTENCE OF THE DEFINITIONS CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY: A WORD IDENTIFIED WITH AN ASTERISK \* INDICATES IT HAS A SPECIFIC MEANING AS DEFINED IN EACH COVERAGE PART.

EDITION 1-2009

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

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

**Review Status:** Approved 12/04/2008

**Comments:**  
**Attachment:**  
NAIC Transmittal.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: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">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					

<b>3. Group Name Zurich North America</b>	<b>Group NAIC #</b>			
	212			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Universal Underwriters Insurance Co.	KS	41181	43-1249228	
Universal Underwriters of TX Ins. Co.	TX	40843	36-3139101	

<b>5. Company Tracking Number</b>	CW ML 28025
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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
	Carole Amato 1400 American Lane	Analyst	847-413-5235	847-605-7768	carole.amato@zurichna.com
	Schaumburg, IL 60196				
<b>7.</b>	Signature of authorized filer		<i>Carole Amato</i>		
<b>8.</b>	Please print name of authorized filer		Carole Amato		

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

<b>9. Type of Insurance (TOI)</b>	5
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Commercial Package
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	RV Dealers Endorsement
<b>13. Filing Type</b>	Form
<b>14. Effective Date(s) Requested</b>	New: 04-01-2009      Renewal: 04-01-2009
<b>15. Reference Filing?</b>	[ ] Yes   [ ] No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	[ ] Not Filed   [ ] Pending   [ ] Authorized   [ ] Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b> This filing transmittal is part of Company Tracking #	CW ML 28025
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)
--

[If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #: EFT**  
**Amount: 50.00**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

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## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW ML 28025
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	RV Dealers Endorsement	812 ed 01 09	<input checked="" 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