

SERFF Tracking Number: PERR-125524384 State: Arkansas
Filing Company: QBE Insurance Corporation State Tracking Number: \$102079 \$50
Company Tracking Number: QBE-07-302-CA-AR-FORMS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: QBE-07-302-CA-AR-Forms
Project Name/Number: QBE-07-302-CA-AR-Forms/QBE-07-302-CA-AR-Forms

Filing at a Glance

Company: QBE Insurance Corporation

Product Name: QBE-07-302-CA-AR-Forms

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: PERR-125524384 State: Arkansas

SERFF Status: Closed

Co Tr Num: QBE-07-302-CA-AR-FORMS

Co Status:

Author: Thomas Yoo

Date Submitted: 03/07/2008

State Tr Num: \$102079 \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 03/17/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

12/01/2008

State Filing Description:

General Information

Project Name: QBE-07-302-CA-AR-Forms

Project Number: QBE-07-302-CA-AR-Forms

Reference Organization:

Reference Title:

Filing Status Changed: 03/17/2008

State Status Changed: 03/13/2008

Corresponding Filing Tracking Number:

Filing Description:

On behalf of QBE Insurance Corporation ("Company"), we are submitting for your review and approval, the initial filing of the Company's Commercial Auto Program that will be used in conjunction with the Company's Agripolicy (Farm) Program

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Although this is a new program for the Company, this program is currently under file for both the OneBeacon Insurance Company and Pennsylvania General Insurance Company. As such, the Company would like to "me too" the forms

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currently in use for the OneBeacon Insurance Company – NAIC #21970 and Pennsylvania General Insurance Company – NAIC # 21962.

(Note: On September 29, 2006, OneBeacon Insurance Group signed a definitive agreement to transfer its Agri renewal rights and certain OneBeacon Agri assets to QBE the Americas. OneBeacon was a division of the OneBeacon Insurance Group that provided farm and ranch and commercial agri products in Midwestern and Western states. QBE is now filing forms, rates and rules to parallel those on file for OneBeacon to complete this transaction.)

The movement of the business to the QBE Insurance Corporation will not adversely affect the Company's policyholders, as the transition should be “seamless”. The policyholders will continue to receive the same rates, rules and forms and the business will continue to be serviced by the same AGRI Underwriters.

The Company respectfully requests that the proposed forms become effective on or after October 1, 2008 for new business and December 1, 2008 for renewal business.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Thomas Yoo, State Filings Project Coordinator

881 Alma Real Drive, Suite 205

(888) 201-5123 [Phone]

Pacific Palisades, CA 90272

Filing Company Information

QBE Insurance Corporation

CoCode: 39217

State of Domicile: Pennsylvania

88 Pine St. 16th Floor

Group Code: 796

Company Type: Insurance

SERFF Tracking Number: PERR-125524384

State: Arkansas

Filing Company: QBE Insurance Corporation

State Tracking Number: \$102079 \$50

Company Tracking Number: QBE-07-302-CA-AR-FORMS

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: QBE-07-302-CA-AR-Forms

Project Name/Number: QBE-07-302-CA-AR-Forms/QBE-07-302-CA-AR-Forms

New York, NY 10005

Group Name:

State ID Number:

(212) 422-1212 ext. [Phone]

FEIN Number: 22-2311816

SERFF Tracking Number: PERR-125524384 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR requires \$50.00 fee for form filings.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QBE Insurance Corporation	\$0.00	03/07/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102079	\$50.00	03/07/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/17/2008	03/17/2008

SERFF Tracking Number: *PERR-125524384* *State:* *Arkansas*
Filing Company: *QBE Insurance Corporation* *State Tracking Number:* *\$102079 \$50*
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TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *QBE-07-302-CA-AR-Forms*
Project Name/Number: *QBE-07-302-CA-AR-Forms/QBE-07-302-CA-AR-Forms*

Disposition

Disposition Date: 03/17/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Memorandum/Letter of Authorization	Approved	Yes
Form	Towing & Labor Including Emergency Roadside Assistance Coverage	Approved	Yes
Form	Security for Auto	Approved	Yes
Form	Policy Change Endorsement	Approved	Yes
Form	Privacy Notice	Approved	Yes
Form	Business Auto Declarations Page	Approved	Yes
Form	Business Auto Policy Jacket	Approved	Yes
Form	Conditional Notice of Cancellation For Non-Payment of Premium	Approved	Yes
Form	Lapse Notice	Approved	Yes
Form	Conditional Notice of Cancellation For Returned Check	Approved	Yes
Form	Reinstatement Notice	Approved	Yes
Form	Exclusion of Named Driver Endorsement	Approved	Yes
Form	Arkansas Notice	Approved	Yes
Form	Arkansas Auto Supplement UM/UIM ad PIP Selection	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Towing & Labor Including Emergency Roadside Assistance Coverage	QBCA-0123	04-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 A8139 06 95 Previous Filing #:		QBCA-0123 - Towing and Labor.pdf
Approved	Security for Auto	QBCA-0124	04-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G12683 07 99 Previous Filing #:		QBCA-0124 - Security For Auto.pdf
Approved	Policy Change Endorsement	G15333	06 04	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G15333 06 04 Previous Filing #:		G15333 - Change Endorsement.pdf
Approved	Privacy Notice	PRV-4	01/06	Disclosure/ Notice	Replaced Form #:0.00 G98165 06 01 Previous Filing #:		PRV4- Privacy Notice.pdf
Approved	Business Auto Declarations Page	QBCA DS 15	04 08	Declaration s/Schedule	Replaced Form #:0.00 CA DS 03 02 03 Previous Filing #:		QBCA DS 15 - Business Auto Dec Page.pdf
Approved	Business Auto Policy Jacket	QBCA JK 15	04 08	Declaration New s/Schedule		0.00	QBCA JK 15 - Commercial Auto Jacket.pdf
Approved	Conditional Notice of Cancellation For Non-Payment of Premium	QBE-CNP1	04-08	Canc/NonRenewal Notice		0.00	QBE CNP1 Conditional Notice of Cancellation for Non-Payment.pdf

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Approved	Lapse Notice	QBE-CNP2	04-08	Canc/NonRen Notice		0.00	QBE CNP2 Lapse Notice.pdf
Approved	Conditional Notice of Cancellation For Returned Check	QBE-CNP3	04-08	Canc/NonRen Notice		0.00	QBE CNP 3 Conditional Notice of Cancellation for Returned.pdf
Approved	Reinstatement Notice	QBE-REIN1	04-08	Canc/NonRen Notice		0.00	QBE REIN 1 Reinstatement Notice.pdf
Approved	Exclusion of Named Driver Endorsement	QBCA-0125	04-08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 G6675 01 05 Previous Filing #:	QBCA-0125 - Named Excluded Driver Endorsement.pdf
Approved	Arkansas Notice	QBGS-214	07 08	Disclosure/ Notice	Replaced	Replaced Form #:0.00 G1158 02 99 Previous Filing #:	QBGS-214 - AR Policyholder Notice.pdf
Approved	Arkansas Auto Supplement UM/UIM ad PIP Selection	QBCA-0142	07 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 G16671 04 05 Previous Filing #:	QBCA-0142 - AR Auto UM Supplement.pdf

POLICY NUMBER:

COMMERCIAL AUTOMOBILE
QBCA-0123 (04-08)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TOWING AND LABOR INCLUDING EMERGENCY ROADSIDE ASSISTANCE COVERAGE

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM**

SCHEDULE

AUTO TYPE	LIMIT PER DISABLEMENT	RATE PER AUTO	TOTAL PREMIUM
Private Passenger	\$100	\$13	
"Light Truck"	\$250	\$20	

A. This endorsement provides coverage for only those autos for which a premium charge is shown in the Schedule or in the Declarations.

B. Paragraph A.2. Towing under **Physical Damage Coverage** is replaced by the following:

2. Towing and Labor including Emergency Roadside Assistance.

We will pay up to the limit shown in the Schedule for towing and labor costs for emergency roadside

assistance incurred each time a covered private passenger "auto" or "light truck" is disabled. However, the labor must be performed at the place of disablement.

C. Definition

"Light Truck" means an "auto" other than a private passenger "auto" that has a Gross Vehicle Weight of 10,000 pounds or less.

All other terms and conditions of this policy remain unchanged.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SECURITY FOR AUTO

This endorsement modifies insurance provided under the BUSINESS AUTO COVERAGE FORM

To the extent that the provisions of this endorsement provide broader benefits to the insured than other provisions of the policy, the provisions of this endorsement control.

A. Broad Form Insured

The Named Insured shown in the Declarations is amended to include:

1. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an "insured" under any other automobile policy or would be an "insured" under such a policy but for its termination or the exhaustion of its Limit of Insurance.
2. Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
 - a. That is a joint venture or partnership,
 - b. That is an "insured" under any other policy,
 - c. That has exhausted its Limit of Insurance under any other policy, or
 - d. 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an accident that occurred before you formed or acquired the organization.

B. Employees As Insureds

Paragraph **A.1—WHO IS AN INSURED** — of SECTION II LIABILITY COVERAGE is amended to add:

- d. Any employee of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs. Coverage is excess over any other collectible insurance.

C. Coverage Extensions — Supplementary Payments

SUPPLEMENTARY PAYMENTS **a.(2)** and **a.(4)** in COVERAGE EXTENSIONS (SECTION II) are revised as follows:

1. In **a.(2)**, the limit for the cost of bail bonds is changed from \$2000 to \$2,500; and
2. In **a.(4)**, the limit for the loss of earnings is changed from \$250 a day to \$300 a day.

D. Hired Car Physical Damage—Loss of Use

SECTION II — Liability Coverage, **B. Exclusions 2 and 6** are changed as follows:

Notwithstanding SECTION II, Liability Coverage **B. Exclusions 2 and 6**, we will pay sums which you legally must pay to the lessor of a covered auto which you have leased without a driver for 30 days or less for the lessor's loss of use of the covered auto, provided:

1. This insurance provides comprehensive, specified causes of loss or collision coverage on the covered auto and,
2. The loss of use results from the covered auto being damaged in an accident while you are leasing it.

We will pay up to \$65 per day subject to a maximum of \$750.

E. Duties in the Event of Accident, Claim, Suit or Loss

1. Your obligation in Loss Condition **2.a.** (SECTION IV) relative to notification requirements applies only when the "accident" or "loss" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.
2. Your obligation in Loss Condition **2.b.** (SECTION IV) relative to providing us with documents concerning a claim or "suit" will not be considered breached unless the breach occurs after such claim or "suit" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.

F. Bodily Injury—Mental Anguish

The following is added to the definition of "bodily injury" in SECTION V Definitions:

"Bodily injury" also includes mental anguish but only when the mental anguish arises from other bodily injury, sickness, or disease.

G. Hired Car—Worldwide Coverage Territory

SECTION IV — Business Auto Conditions **B.7.** General Conditions, Policy Period, Coverage Territory

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is amended by added the following:

- e. Coverage Territory — Outside the United States of America, its territories and possessions, Puerto Rico, and Canada.

We will pay all sums an “insured” legally must pay as damages because of “bodily injury” or “property damage” to which this insurance applies, caused by an “accident” which occurs outside the United States of America, the territories and possessions of the United States of America, Puerto Rico, and Canada resulting from the operation, maintenance, or use of any covered “auto” of the private passenger type you lease, hire, rent, or borrow without a driver for 30 days or less.

With respect to any claim made or suit instituted outside the United States of America, the territories and possessions of the United States of America, Puerto Rico, and Canada:

- a. You shall undertake the investigation, settlement, and defense of such claims and suits and keep us advised of all proceedings and actions.

We will have the right and shall be given the opportunity either to assume complete control of, or to associate with the insured in the investigation, defense or settlement of such claim, suit or proceeding.

- b. You will not make any settlement without our consent.
- c. We will reimburse you
 - (1) for the amount of damages because of liability imposed upon you by law on account of “bodily injury” or “property damage” to which this policy applies, and
 - (2) for all reasonable expenses with our consent incurred in connection with the investigation, settlement or defense of such claims or suits.
- d. our reimbursement obligation for the sum of all damages imposed on and expense incurred by you shall be limited to the amount stated in the policy as the applicable limit of our liability for damages.

Limit of Insurance

With respect to this endorsement, the LIMIT OF INSURANCE provision of LIABILITY COVERAGE is amended by adding the following:

- 1. The insurance provided by this policy is excess over any other insurance covering the “loss” whether collectible or not, except other insurance purchased specifically to apply in excess of this insurance.

This policy is not a substitute for any insurance coverage required by any country included within the coverage territory as defined above or by us, and you agree to maintain such insurance at limits equal to the requirements of the law. Your failure to comply with this condition shall not invalidate the coverage afforded by this policy, but in the event of such failure, we will be obligated under this policy only to the extent we would have been obligated had you complied.

Coverage is not applicable if Foreign Auto Coverage is specifically provided under the Business Auto or Commercial General Liability Coverage forms.

- 2. You must maintain primary auto insurance for any such auto at minimum limits of \$300,000 Combined Single Limit or \$100,000 per person/\$300,000 per accident Bodily Injury, \$100,000 Property Damage. If you fail to comply with the above, this insurance is not invalidated. However, in the event of a loss, we will pay only to the extent that we would have paid had you so complied.

H. Extended Cancellation Condition

Paragraph 2 of the COMMON POLICY CONDITIONS — CANCELLATION — applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the first Named Insured written notice of cancellation at least 60 days before the effective date of cancellation.

Provided this insurance provides comprehensive or Specified Causes of Loss Coverage, the following coverage extensions apply:

I. Glass Repair — Waiver of Deductible

Under Paragraph D. — DEDUCTIBLE — of SECTION III PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

J. Extra Expense—Broadened Coverage

Under Paragraph A. — COVERAGE — of SECTION III — PHYSICAL DAMAGE COVERAGE, we will pay for the expense of returning a stolen covered “auto” to you subject to Paragraph C. Limit of Insurance.

K. Physical Damage — Transportation Expense

Paragraph A.4., Coverage Extension (Section III) is revised with respect to transportation expense incurred by you, to provide:

- 1. \$50 per day, in lieu of \$20; subject to
- 2. \$1,000 maximum, in lieu of \$600.

All other terms and conditions of this policy remain unchanged.

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POLICY CHANGE ENDORSEMENT

Company:				Office:	
Transaction Type	Issue Date	Effective Date	Rex Number	Policy Number	File Number

Named Insured and Mailing Address

Agent Name and Code:

Policy Period: From To at 12:01 AM Standard Time at your mailing address stated above.
EFFECTIVE DATE OF POLICY CHANGE: at 12:01 AM Standard Time at your mailing address stated above.

PREMIUM CHANGES:

The changes stated in this endorsement result in the following premium adjustment for the remainder of the policy period.

POLICY LEVEL ADDITIONS

POLICY LEVEL CHANGES

POLICY LEVEL DELETIONS

VEHICLE LEVEL ADDITIONS

VEHICLES ADDED

Vehicle No.	Model Year	Make	Model	VIN
-------------	------------	------	-------	-----

VEHICLE LEVEL CHANGES

VEHICLES CHANGED

Vehicle No.	Model Year	Make	Model	VIN
-------------	------------	------	-------	-----

VEHICLE LEVEL DELETIONS

VEHICLES DELETED

Vehicle No.	Model Year	Make	Model	VIN
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Any premium, tax, or surcharge adjustments shown above will appear on your next billing statement.

The Named Insured and/or the Named Insured's Mailing Address is changed to read as indicated below:

INSURED INFORMATION:

Doing Business As/Trading As is Added:

Doing Business As/Trading As is changes to read as follows:

Doing Business As/Trading As is Deleted:

Residential Address is Added:

Residential Address is changed to read as indicated below:

Residential Address is Deleted:

ADDITIONAL NAMED INSUREDS ADDED:

ADDITIONAL NAMED INSUREDS CHANGED;

ADDITIONAL NAMED INSUREDS DELETED:

ADDITIONAL INSUREDS ADDED:

ADDED ADDITIONAL INSURED	
Vehicle No.	Name and Mailing Address

ADDITIONAL INSUREDS CHNAGED:

CHANGED ADDITIONAL INSURED	
Vehicle No.	Name and Mailing Address

ADDITIONAL INSUREDS DELETED:

DELETED ADDITIONAL INSURED	
Vehicle No.	Name and Mailing Address

ADDED LIENHOLDER	
Vehicle No.	Name and Mailing Address

CHANGED LIENHOLDER	
Vehicle No.	Name and Mailing Address

DELETED LIENHOLDER	
Vehicle No.	Name and Mailing Address

ADDED LESSOR	
Vehicle No.	Name and Mailing Address

CHANGED LESSOR	
Vehicle No.	Name and Mailing Address

DELETED LESSOR	
Vehicle No.	Name and Mailing Address

DRIVERS ADDED:

Name	D.O.B.	License State	License Number
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DRIVERS CHANGED:

Name	D.O.B.	License State	License Number
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DRIVERS DELETED:

Name	D.O.B.	License State	License Number
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EXCLUDED DRIVERS ADDED:

Name	D.O.B.	License State	License Number
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EXCLUDED DRIVERS CHANGED:

Name	D.O.B.	License State	License Number
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EXCLUDED DRIVERS DELETED:

Name	D.O.B.	License State	License Number
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ADDED POLICY FORMS

Form No.	Title
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CHANGED POLICY FORMS

Form No. Title

DELETED POLICY FORMS

Form No. Title

TAXES AND OTHER SURCHARGES

The changes stated in this endorsement result in the following tax and other surcharge adjustments for the remainder of the policy period.

DESCRIPTION OF CHANGES:

Manuscript Information:



QBE INSURANCE CORPORATION QBE SPECIALTY INSURANCE COMPANY

Wall Street Plaza
88 Pine Street, 16th Floor
New York, NY 10005
Telephone (212) 422-1212
Facsimile (212) 422-2424

PRIVACY NOTICE

Our mission is to provide you with superior products and services. While the nature of insurance requires that insurance companies periodically gather personal information about you, QBE recognizes your concerns about the security and protection of this information. This notice describes QBE's overall commitment to privacy with respect to nonpublic personal financial or health information that we maintain about you.

WHY WE COLLECT INFORMATION

We collect information about you that is necessary to review, process or service your requests for products, benefits or other services. For example, we may collect nonpublic personal financial and health information to determine eligibility for coverage or benefits.

THE TYPES OF INFORMATION WE COLLECT

Most of the information we collect is obtained from the application completed by you. Depending on the nature of your insurance transaction, we may need additional information. For auto insurance, we may need information from your motor vehicle records. For property coverages, we may send someone to inspect your property and verify information about its value and condition. A photo of any property to be insured might be taken. We may receive consumer credit information from a consumer-reporting agency regarding your credit standing. We may review insurance claims information and other loss information reports. And, we may also obtain medical or financial information to adjust claims.

HOW WE DISCLOSE YOUR INFORMATION

The information that we collect as described above is used to provide coverage, service, benefit and other insurance-related decisions. This information is sometimes shared as permitted by law, with QBE affiliates and nonaffiliated third parties to carry out daily business functions; review, process or service your products or services; or in connection with product offerings. Examples of nonaffiliated third parties with whom we can and do share your information are:

Insurance Agents, Brokers;

Insurance regulatory authorities;

Claim Service and Administrators engaged by us to adjust, administer, research, service or process claims; and

Reinsurance companies.

Other than as described above, we do not share your personal information with nonaffiliated third parties, without giving you an opportunity to tell us that you do not want us to share the information.

HOW WE PROTECT YOUR INFORMATION

QBE restricts access to information to those employees or service providers who need to know the information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with state and federal regulations to protect your personal information. Our support service vendors are selected on a number of factors, one of which is their security and handling of the personal information we share with them. Our employees are instructed on their responsibilities and importance of the confidentiality of personal information.

WHOM TO CONTACT REGARDING PRIVACY MATTERS

If you have questions regarding privacy matters, you may contact QBE Privacy Services by phone at 419-747-9922 or by email at palt@qbeusa.com or by mail at QBE Privacy Services, 2230 Village Mall Drive, Suite 1, Mansfield, Ohio 44906.

Please note: It is the intent for QBE to provide you with outstanding customer service. However, the contact person listed above pertains to matters involving privacy only. For all other questions or concerns, please contact the agent shown on your policy.

Business Auto Policy

Item one	Policy number [POLICY #]	Policy term 07/01/2007 TO 07/01/2008	12:01 AM STANDARD TIME At your mailing address shown below.
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Named insured [NAMED INSURED] [ADDRESS LINE 1] [ADDRESS LINE 2] [CITY, STATE ZIP]	Agent [AGENT NAME] [ADDRESS LINE 1] [ADDRESS LINE 2] [CITY, STATE ZIP] Agent number 0480399
--	--

New business declaration

Form of business INDIVIDUAL

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 vehicles 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 auto section of the business auto coverage form next to the name of the coverage.

Coverages	Covered autos	Limit — The most we will pay for any one accident or loss	Premium
COMPULSORY BODILY INJURY	07	\$1,000,000 EACH PERSON \$1,000,000 EACH ACCIDENT	\$ 9,999.00
PERSONAL INJURY PROTECTION	05	\$1,000,000 EACH PERSON	\$ 9,999.00
OPTIONAL BODILY INJURY	07, 08, 09	\$1,000,000 EACH PERSON \$1,000,000 EACH ACCIDENT	\$ 9,999.00
PROPERTY DAMAGE (COMPULSORY LIMIT \$5000)	07	\$1,000,000 EACH ACCIDENT	\$ 9,999.00
UNINSURED MOTORIST (COMPULSORY LIMITS \$20,000/40,000)	06	\$1,000,000 EACH PERSON \$1,000,000 EACH ACCIDENT	\$ 999.00
UNDERINSURED MOTORIST	06	\$1,000,000 EACH PERSON \$1,000,000 EACH ACCIDENT	\$ 999.00
COLLISION	07, 08	SEE ITEM 3 FOR DEDUCTIBLE FOR EACH COVERED AUTO	\$ 9,999.00
Premium for forms and endorsements — total			\$ 99.00

Estimated total policy premium \$ 9,999.00

Countersigned

_____ **By** _____
 Date Authorized representative

**Item
three****Schedule of covered autos**

Vehicle 010	Description	2000 ISUZU RODEO	State	SC	Territory	091
	VIN #	9X9XX99XX9999999	Vehicle age	04	Class	007391
	Original cost new	\$28,000.00				

Coverage	Limit of liability	Deductible	Premium
COMPULSORY BODILY INJURY	SEE ITEM 2 FOR LIMIT		\$ 999.00
PERSONAL INJURY PROTECTION	SEE ITEM 2 FOR LIMIT		\$ 999.00
OPTIONAL BODILY INJURY	SEE ITEM 2 FOR LIMIT		\$ 999.00
PROPERTY DAMAGE	SEE ITEM 2 FOR LIMIT		\$ 999.00
UNINSURED MOTORIST	SEE ITEM 2 FOR LIMIT		\$ 99.00
UNDERINSURED MOTORIST	SEE ITEM 2 FOR LIMIT		\$ 999.00
COMPREHENSIVE		\$250	\$ 999.00
COLLISION		\$250	\$ 999.00

Estimated vehicle premium	\$ 9,999.00
----------------------------------	--------------------

Additional interest	Loss payee	Additional insured — lessor
	[LOSS PAYEE NAME]	[ADDITIONAL INSURED]
	[ADDRESS LINE]	[ADDRESS LINE]
	[CITY, STATE, ZIP]	[CITY, STATE, ZIP]

Forms and endorsements for vehicle 010

Endorsement	Description
*CA 20010299	ADDITIONAL INSURED — LESSOR
*CA 99231293	RENTAL REIMBURSEMENT

* Denotes forms printed with this declaration.

Vehicle 011	Description	2001 CADILLAC ELDORADO	State	SC	Territory	091
	Vin #	9X9XX99XX9999999	Vehicle age	03	Class	007391
	Original cost new	\$45,800.00				

Coverage	Limit of liability	Deductible	Premium
COMPULSORY BODILY INJURY	SEE ITEM 2 FOR LIMIT		\$ 999.00
PERSONAL INJURY PROTECTION	SEE ITEM 2 FOR LIMIT		\$ 999.00
OPTIONAL BODILY INJURY	SEE ITEM 2 FOR LIMIT		\$ 999.00
PROPERTY DAMAGE	SEE ITEM 2 FOR LIMIT		\$ 999.00
UNINSURED MOTORIST	SEE ITEM 2 FOR LIMIT		\$ 99.00
UNDERINSURED MOTORIST	SEE ITEM 2 FOR LIMIT		\$ 999.00
COMPREHENSIVE		\$250	\$ 999.00
COLLISION		\$250	\$ 999.00
TOWING AND LABOR	SEE ITEM 2 FOR LIMIT		\$ 99.00
RENTAL REIMBURSEMENT	\$30 PER DAY 30 DAY MAXIMUM		\$ 99.00

Estimated vehicle premium	\$ 9,999.00
----------------------------------	--------------------

Additional interest	Loss payee	Additional insured — lessor
	[LOSS PAYEE NAME]	[ADDITIONAL INSURED]
	[ADDRESS LINE]	[ADDRESS LINE]
	[CITY, STATE, ZIP]	[CITY, STATE, ZIP]

Forms and endorsements for vehicle 011

Endorsement	Description
*CA 20010299	ADDITIONAL INSURED — LESSOR
*CA 99231293	RENTAL REIMBURSEMENT

* Denotes forms printed with this declaration.

Item three schedule of covered autos section continued on next page.

Vehicle 012	Description	2003 LINCOLN TOWN CAR	State	SC	Territory	091
	Vin #	9X9XX99XX9999999	Vehicle Age	01	Class	007391
	Original cost new	\$46,200.00				

Coverage	Limit of liability	Deductible	Premium
COMPULSORY BODILY INJURY	SEE ITEM 2 FOR LIMIT		\$ 999.00
PERSONAL INJURY PROTECTION	SEE ITEM 2 FOR LIMIT		\$ 999.00
OPTIONAL BODILY INJURY	SEE ITEM 2 FOR LIMIT		\$ 999.00
PROPERTY DAMAGE	SEE ITEM 2 FOR LIMIT		\$ 999.00
UNDERINSURED MOTORIST	SEE ITEM 2 FOR LIMIT		\$ 999.00
COMPREHENSIVE		\$250	\$ 999.00
COLLISION		\$250	\$ 999.00
TOWING AND LABOR	SEE ITEM 2 FOR LIMIT		\$ 99.00
RENTAL REIMBURSEMENT	\$30 PER DAY 30 DAY MAXIMUM		\$ 99.00

Estimated vehicle premium	\$ 9,999.00
----------------------------------	--------------------

Additional interest	Loss payee	Additional insured — lessor
	[LOSS PAYEE NAME]	[ADDITIONAL INSURED]
	[ADDRESS LINE]	[ADDRESS LINE]
	[CITY, STATE, ZIP]	[CITY, STATE, ZIP]

Forms and endorsements for vehicle 012

Endorsement	Description
*CA 20010299	ADDITIONAL INSURED — LESSOR

* Denotes forms printed with this declaration.

Item four Schedule of hired or borrowed covered auto coverage and premiums liability coverage — rating basis, cost of hire

State	Estimated cost of hire	Rate per \$100 cost of hire	Total estimated premium
MA	IF ANY	1.1300	\$ 99.00
Total premium			\$ 99.00

Cost of hire means the total cost you incur for the hire of "autos" you do not 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 — rating basis, cost of hire

State	Limit	Rate per \$100 cost of hire	Coverage	Deductible	Total estimated premium
MA	\$25,000		COMPREHENSIVE	\$250	\$ 9.00
MA	\$25,000		COLLISION	\$250	\$ 9.00
Total premium					\$ 99.00

Item four schedule of hired or borrowed covered auto section continued on next page.

Physical damage coverage of covered autos you hire or borrow is excess unless indicated below by "X".

[] If this box is checked physical damage coverage applies on direct primary basis and for purposes of this condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

Item five	Schedule for employers non-ownership liability		
	Rating basis	Estimated number	Liability premium
	Number of employees	05	\$ 99.00
Total premium			\$ 99.00

Policy level forms and endorsements

Endorsement	Description
*CA00010797	AUTOMOBILE COVERAGE
*CA00220299	CHANGES IN COMMERCIAL AUTO COVERAGE
*CA01500502	SOUTH CAROLINA CHANGES
*CA02300699	SOUTH CAROLINA CHANGES – CANCELLATION AND NONRENEWAL
*CA21190699	SOUTH CAROLINA UNINSURED MOTORIST COVERAGE
*CA21881097	SOUTH CAROLINA UNDERINSURED MOTORIST COVERAGE
*CA99441293	LOSS PAYABLE
*IL00030498	CALCULATION OF PREMIUM
*IL00171198	COMMON POLICY CONDITIONS
*IL00210498	NUCLEAR ENERGY LIABILITY EXCLUSION END/BROAD

* Denotes forms printed with this declaration.

Reason for change

THIS SECTION WILL CONTAIN THE REASON FOR CHANGE AND WILL CONTINUE FOR AS MANY LINES AS NEEDED. THIS SECTION WILL CONTAIN THE REASON FOR CHANGE AND WILL CONTINUE FOR AS MANY LINES AS NEEDED. THIS SECTION WILL CONTAIN THE REASON FOR CHANGE AND WILL CONTINUE FOR AS MANY LINES AS NEEDED. THIS SECTION WILL CONTAIN THE REASON FOR CHANGE AND WILL CONTINUE FOR AS MANY LINES AS NEEDED.

Print date 03/15/2007

Statement of account

Total policy premium	\$999.00
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Policy information

Policy number	Mod	Company	Type of billing
[POLICY #]	00	11	AGENCY BILL

Your independent agent is working for you

Premiums are payable to your agent.

[AGENT NAME]
 [ADDRESS LINE1]
 [ADDRESS LINE2]
 [CITY, XX] 99999

Payment schedule

Date	Balance due
04/2007	\$ 99.99
05/2007	9.99
06/2007	9.99
07/2007	9.99
08/2007	9.99
09/2007	9.99
10/2007	9.99
11/2007	9.99
12/2007	9.99

Agent's commission schedule

Type	Percent	Gross premium this transaction
PREMIUM	15.0	\$9,999.00

Issue date 03/22/2007

QBE Insurance Corporation
"A Stock Company"

88 PINE STREET, 16TH FLOOR
NEW YORK, NY 10005



Business Auto Policy

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

Your Independent Agent is:

[AGENCY NAME]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[ADDRESS LINE 3]
[CITY, STATE, ZIP]

Our Regional Office:

QBE INSURANCE CORPORATION
AGRI INSURANCE DIVISION
8735 ROSEHILL ROAD, SUITE 400
LENEXA, KS 66215

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.
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 Declarations 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.

Susan Rivera
President



Peter T. Maloney
Secretary





QBE INSURANCE CORPORATION

Policy No: Issued: Agent: Policy Period: Agent Phone No: Agent No: AGENT & MAILING ADDRESS:

CONDITIONAL NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

We have not received your minimum payment, which was due . If the past due amount of \$ is not postmarked by please regard this as final notice of cancellation of your policy as of 12:01 A.M. STANDARD TIME on , and your policy is cancelled at that time without further notice. Your current monthly installment of \$ is also due on in addition to the past due amount above.

MONTHLY BILL PLAN BILLING SUMMARY

DUE DATE:

Table with 6 columns: PRIOR BALANCE, SERVICE CHARGE, PAYMENTS RECEIVED, PREMIUM CHANGES, CURRENT BALANCE, MINIMUM PAYMENT. Includes dollar signs and mathematical symbols (+, -, =).

Policyholder: Agent:

POLICY NUMBER PREMIUM DUE BY

Mailing Address:

You may pay the Current Balance of \$ or Minimum Due of \$ (Includes \$ Service Charge)

If you have any questions about this statement, please contact your agent. Thank you! Direct Bill Department

Please do not write below this line.



QBE INSURANCE CORPORATION

Policy No: Issued: Policy Period:
Agent: Agent Phone No:
Agent No:

AGENT & MAILING ADDRESS:

LAPSE NOTICE

This policy has lapsed for nonpayment of premium. The unpaid balance of \$ was due on at 12:01 A.M.

Cancellation Effective Date:

Return Premium: \$

Remaining Balance: \$

Paid by: INSURED

Policyholder:

Mailing Address:



INSURED COPY

QBE INSURANCE CORPORATION

Policy No:

Issued:

Agent:

Policy Period:

Agent Phone No:

Agent No:

AGENT & MAILING ADDRESS:

CONDITIONAL NOTICE OF CANCELLATION FOR RETURNED CHECK

The check we received for your premium payment was returned unpaid by your bank.

We therefore regret we cannot continue to provide monthly billing of your _____ policy in this policy term. The remaining balance of \$ _____ must be paid to QBE Insurance Corporation to continue your coverage.

If your payment is not postmarked by _____, please regard this as final notice of cancellation of your policy as of 12:01 A.M. STANDARD TIME on _____, and your policy is cancelled at that time without further notice.

PLEASE SEE IMPORTANT MESSAGE ATTACHED.

.. Policyholder:	POLICY NUMBER	PREMIUM DUE BY
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..
A Check or Money-Order will be deemed payment when honored by the bank.
If you have any questions about this statement, please contact your agent.
Thank you! Direct Bill Department.

To avoid Cancellation you must pay the Minimum Payment due of

\$

(Includes \$
(Includes \$

Service Charge)
Return Chk Fee)

Please do not write below this line.



QBE INSURANCE CORPORATION

Policy No:

Issued:

Agent:

Policy Period:

Agent Phone No:

Agent No:

AGENT & MAILING ADDRESS:

REINSTATEMENT NOTICE

QBE INSURANCE CORPORATION thanks you for insuring with us.

Your payment of \$ has been received. As a result, your policy will continue without interruption.

We appreciate your business.

Policyholder:

Mailing Address:

POLICY NUMBER:

COMMERCIAL AUTOMOBILE
QBCA-0125 (04-08)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM**
- GARAGE COVERAGE FORM**
- TRUCKERS COVERAGE FORM**
- MOTOR CARRIER COVERAGE FORM**

Schedule

Name of "Named Excluded Driver":

A. Definitions

The following definition is added:

"Named excluded driver" means a person who is shown in the Schedule or in the Declarations as a named excluded driver who is excluded from coverage under the policy.

B. Named Driver Exclusion

We will not pay damages, expenses or "loss" arising out of the maintenance or use of any "auto" or "trailer" by the "named excluded driver" whether or not such maintenance or use was with the express or implied permission of an "insured".

NOTICE TO POLICYHOLDER

IF THE PERSON EXCLUDED FROM COVERAGE BY THIS ENDORSEMENT IS UNDER THE AGE OF 18 YEARS, YOU CAN BE HELD LIABLE UNDER STATE LAW FOR HIS OR HER NEGLIGENCE WHEN HE OR SHE OPERATES YOUR VEHICLE WITH YOUR PERMISSION. YOUR POLICY DOES NOT INSURE YOU AGAINST THIS LIABILITY.

Accepted _____
(Signature of Named Insured)

Accepted _____
(If individual or sole proprietor and married, signature of spouse)

Date _____

(Signature of Agent)

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

POLICY NUMBER:



COMMERCIAL AUTOMOBILE
QBGS-214 07 08

ARKANSAS NOTICE

In accordance with Act 197 of 1987, if you have any questions about your policy, you may contact the offices listed below:

Agent:

If we at QBE Insurance Corporation fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
120 West Third Street
Little Rock, AR 72201-1904
Tele. #: (501) 371-2640
Toll Free Tele. #: (800) 852-5494
Email: insurance.consumers@arkansas.gov

QBE Insurance Corporation
Agri Insurance Division
8735 Rosehill Road, Suite 400
Lenexa, KS 66215-4624
Toll Free Tele. #: (800) 806-3277



ARKANSAS AUTO SUPPLEMENT UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

I acknowledge that I have been offered Uninsured and Underinsured Motorists coverage limits equal to the minimum limits required by law. Minimum limits are \$25,000 per person, \$50,000 per accident for Bodily Injury, \$25,000 per accident for Property Damage. I have also been offered limits equal to the liability limits of my policy. I have rejected higher limits, my signature is provided here:

Signature of Applicant

The Arkansas Insurance Laws (Section 23-89-403 and 23-89-404), amended, permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage portion of the Uninsured Motorists Coverage. Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200).

In accordance with the Arkansas Insurance Laws (Section 23-89-403, 23-89-404 and 23-89-209), amended, the undersigned insured (and each of them):

- Agrees that both Uninsured and Underinsured Motorists Coverages afforded in the policy are hereby deleted.
- Agrees that the property damage only portion of the Uninsured Motorists Coverage afforded in the policy is hereby deleted.
- Agrees that only Underinsured Motorists Coverage afforded in the policy is hereby deleted.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Insured

Signature of Insured

ARKANSAS PERSONAL INJURY PROTECTION SELECTION

I understand and acknowledge that Personal Injury Protection Insurance has been offered to me. The coverages and limits I have selected are indicated in the Application. If I have rejected any of these coverages, I have so indicated below.

I reject the following coverages indicated by my initials:

_____ Medical Payments Insurance
(initials)

_____ Work Loss Coverage
(initials)

_____ Accidental Death Benefits
(initials)

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless /I notify you otherwise in writing.

Signature of Insured

Signature of Insured

SERFF Tracking Number: *PERR-125524384* *State:* *Arkansas*
Filing Company: *QBE Insurance Corporation* *State Tracking Number:* *\$102079 \$50*
Company Tracking Number: *QBE-07-302-CA-AR-FORMS*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *QBE-07-302-CA-AR-Forms*
Project Name/Number: *QBE-07-302-CA-AR-Forms/QBE-07-302-CA-AR-Forms*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125524384 State: Arkansas
Filing Company: QBE Insurance Corporation State Tracking Number: \$102079 \$50
Company Tracking Number: QBE-07-302-CA-AR-FORMS
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: QBE-07-302-CA-AR-Forms
Project Name/Number: QBE-07-302-CA-AR-Forms/QBE-07-302-CA-AR-Forms

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/17/2008

Comments:

Attachments:

PCTD.pdf

FFS.pdf

Satisfied -Name: Memorandum/Letter of
Authorization **Review Status:** Approved 03/17/2008

Comments:

Attachments:

memorandum.pdf

P&K Fiing Authorization-QBEIC-AGRI CAuto.pdf

Property & Casualty Transmittal Document

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

3. Group Name	Group NAIC #
QBE Americas Group	796

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
QBE Insurance Corporation	PA	39217	22-2311816	

5. Company Tracking Number	QBE-07-302-CA-AR-Forms
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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
	Thomas Yoo 881 Alma Real Drive Suite 205 Pacific Palisades, CA 90272	Filing Analyst	888-201-5123 x151	310-230-8529	doi@perrknight.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Thomas Yoo		

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Agri Commercial Auto
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: 10/01/2008 Renewal: 12/01/2008
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	March 7, 2008
19. Status of filing in domicile	<input checked="" 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 #	QBE-07-302-CA-AR-Forms
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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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On behalf of QBE Insurance Corporation ("Company"), we are submitting for your review and approval, the initial filing of the Company's Commercial Auto Program that will be used in conjunction with the Company's Agripolicy (Farm) Program

Although this is a new program for the Company, this program is currently under file for both the OneBeacon Insurance Company and Pennsylvania General Insurance Company. As such, the Company would like to "me too" the forms currently in use for the OneBeacon Insurance Company – NAIC #21970 and Pennsylvania General Insurance Company – NAIC # 21962.

(Note: On September 29, 2006, OneBeacon Insurance Group signed a definitive agreement to transfer its Agri renewal rights and certain OneBeacon Agri assets to QBE the Americas. OneBeacon was a division of the OneBeacon Insurance Group that provided farm and ranch and commercial agri products in Midwestern and Western states. QBE is now filing forms, rates and rules to parallel those on file for OneBeacon to complete this transaction.)

The movement of the business to the QBE Insurance Corporation will not adversely affect the Company's policyholders, as the transition should be "seamless". The policyholders will continue to receive the same rates, rules and forms and the business will continue to be serviced by the same AGRI Underwriters.

The Company respectfully requests that the proposed forms become effective on or after October 1, 2008 for new business and December 1, 2008 for renewal business.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

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 #: 102079

Amount: \$50.00

AR requires \$50.00 fee for form filings.

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.)**

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 #	QBE-07-302-CA-AR-Forms			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Towing & Labor Including Emergency Roadside Assistance Coverage	QBCA-0123 04-08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	A8139 06 95	
02	Security for Auto	QBCA-0124 04-08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G12683 07 99	
03	Policy Change Endorsement	G15333 06 04	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G15333 06 04	
04	Privacy Notice	PRV-4 01/06	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G98165 06 01	
05	Business Auto Declarations Page	QBCA DS 15 04 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CA DS 03 02 03	
06	Business Auto Policy Jacket	QBCA JK 15 04 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07	Conditional Notice of Cancellation For Non-Payment of Premium	QBE-CNP1 04-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08	Lapse Notice	QBE-CNP2 04-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09	Conditional Notice of Cancellation For Returned Check	QBE-CNP3 04-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10	Reinstatement Notice	QBE-REIN1 04-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11	Exclusion of Named Driver Endorsement	QBCA-0125 04-08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G6675 01 05	
12	Arkansas Notice	QBGS-214 07 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G1158 02 99	
13	Arkansas Auto Supplement UM/UIM ad PIP Selection	QBCA-0142 07 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G16671 04 05	



March 6, 2008

Arkansas Insurance Department
Property & Casualty Division
1200 W 3rd St
Little Rock, AR 72201-1904

RE: QBE INSURANCE CORPORATION – NAIC # 0796-39217
DIVISION ONE – COMMERCIAL AUTO
AGRI (FARM) PROGRAM
NEW PROGRAM - FORMS
Company File # QBE-07-302-CA-AR-Forms

We respectfully submit for your review and approval, the initial filing of our Commercial Auto Program that will be used in conjunction with our Agripolicy (Farm) Program, beginning with new business policies effective on or after October 1, 2008 and with all renewals effective on or after December 1, 2008.

Although this is a new program for the QBE Insurance Corporation, this program is currently under file for both the OneBeacon Insurance Company and Pennsylvania General Insurance Company. As such, we would like to “me too” forms currently in use for the OneBeacon Insurance Company – NAIC #21970 and Pennsylvania General Insurance Company – NAIC # 21962.

(Note: On September 29, 2006, OneBeacon Insurance Group signed a definitive agreement to transfer its Agri renewal rights and certain OneBeacon Agri assets to QBE the Americas. OneBeacon was a division of the OneBeacon Insurance Group that provided farm and ranch and commercial agri products in Midwestern and Western states. QBE is now filing forms, rates and rules to parallel those on file for OneBeacon to complete this transaction.)

The movement of the business to the QBE Insurance Corporation will not adversely affect our policyholders, as the transition should be “seamless”. The policyholders will continue to receive the same rates, rules and forms and the business will continue to be serviced by the same AGRI Underwriters.

As a subscriber of Insurance Services Office, Inc. (ISO) for forms, we will utilize, for this program, a combination of ISO and independent (QBE) forms and endorsements as shown below:

ISO – Division One – Commercial Auto

- Multi-State form revision *CA-2005-OFR01* and *Arkansas notice revision CA-AR-2007-FO-001*.

Independent (QBE) – Commercial Auto

The following countrywide independent forms have, for the most part, been previously filed and approved for the One Beacon and Pennsylvania General Insurance Companies with these revisions:

- QBCA-0123 (04-08) – Towing and Labor Including Emergency Roadside Assistance Coverage – replaces current form A8139 06 95 and has been reformatted and assigned a QBE form number.

- QBCA-0124 (04-08) – Security For Auto replaces current form G12683 06 94 and has been revised to increase the coverage under Part K. – Physical Damage – Transportation Expense. This will make the form uniform among all of our QBE Agri states.
- QBCA-0125 04 08 – Exclusion of Named Driver Endorsement replaces form 6675 01 05 and has been revised to match the QBE format.
- G15333 06 04 – Policy Change Endorsement – No Change
- PRV-4 01/06 – Privacy Notice – Replaces form G98165 06 01 - We are using the QBE Privacy Notice

The following Arkansas only forms have been reformatted and assigned a new number and logo only:

- QBGS-214 07 08 –Arkansas Notice – Replaces G11558 02 99
- QBCA-0142 07 08 – Arkansas Auto Supplement Uninsured/Underinsured Coverage Selection – Personal Injury Protection Selection

Declaration – Policy Jacket

- QBCA DS 15 04 08 – replaces CA DS 03 02 03 – Business Auto Declaration Page. We are using an independent dec page as a result of system requirements.
- QBCA JK15 04 08 – Business Auto Policy Jacket is newly developed and contains the company officer's signatures.

Cancellation Notices

We will be utilizing the cancellation/nonrenewal notices currently in use by CCH. For nonpayment situations, the following notices will be used. These notices will be automatically generated based on the payment conditions.

- QBE-CNP1 04 08 – Conditional Notice of Cancellation for Non-Payment of Premium
- QBE-CNP2 04 08 – Lapse Notice
- QBE-CNP3 04 08 – Conditional Notice of Cancellation for Returned Check
- QBE-REIN1 04 08 – Reinstatement Notice

Attached are final printed copies of the attached forms that are to be used with this product.

If you have any questions, please do not hesitate to give us a call. Your acknowledgement of this submission would be greatly appreciated.

Thank you for your time and consideration.

Sincerely,

Barbara A. Harper

Barbara A. Harper
 Senior Product Compliance/Development Analyst
 (419-747-9933 Ext. 19)
 FAX: 419-747-9944
 Email: barbara.harper@qbeamericas.com

Enc: Independent Forms



February 21, 2008

**Re: QBE Insurance Corporation
NAIC Company Number: 39217
Agri Commercial Auto Program**

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, and form filings on behalf of **QBE Insurance Corporation** for their **Agri Commercial Auto Program**. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department
Perr&Knight
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in cursive script that reads "Pamela S. Alt".

Pamela S. Alt
Vice President, Compliance
Phone: 419-747-9922
Fax: 419-747-9944
Email: pamela.alt@qbeamericas.com