

SERFF Tracking Number: CNLC-125589489 State: Arkansas
Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$50
Company Tracking Number: CNLC-125589489
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Follow Up Filing - April 2008
Project Name/Number: /

Filing at a Glance

Company: CANAL INSURANCE COMPANY

Product Name: Follow Up Filing - April 2008

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

SERFF Tr Num: CNLC-125589489 State: Arkansas

SERFF Status: Closed

Co Tr Num: CNLC-125589489

Co Status:

Authors: Marcella Pennington, Lisa Flynn, Bud Sodbinow, Chris Devine, Allison Diaz

Date Submitted: 04/04/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 04/17/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New): 04/17/2008

Effective Date (Renewal): 04/17/2008

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

As a follow-up to our 2006 forms filing, we are filing these forms for your review and approval. Since our new forms implementation in 2006, we have discovered the need for new forms as well as revisions of existing forms. The attached Filing Memorandum will provide you with the description of changes and any other information you may need. Rates and rules currently on file will continue to apply and are not affected by these forms.

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Company and Contact

Filing Contact Information

Lisa Flynn, COMPLIANCE ANALYST LISA.FLYNN@CANAL-INS.COM
 400 EAST STONE AVENUE (800) 868-7538 [Phone]
 GREENVILLE, SC 29601 (864) 679-2527[FAX]

Filing Company Information

CANAL INSURANCE COMPANY CoCode: 10464 State of Domicile: South Carolina
 400 EAST STONE AVENUE Group Code: 262 Company Type: PROPERTY & CASUALTY

PO BOX 7
 GREENVILLE, SC 29690 Group Name: CANAL GROUP State ID Number:
 (864) 242-5365 ext. [Phone] FEIN Number: 57-0133332

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CANAL INSURANCE COMPANY	\$50.00	04/04/2008	19291729

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/17/2008	04/17/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Important Insurance Notice	Form	Lisa Flynn	04/16/2008	04/16/2008
Auto Physical Form Damage 80% Coinsurance Clause	Form	Lisa Flynn	04/16/2008	04/16/2008
Auto Physical Form Damage Catastrophe Limit	Form	Lisa Flynn	04/16/2008	04/16/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Missing Forms	Note To Filer	Llyweyia Rawlins	04/16/2008	04/16/2008

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Disposition

Disposition Date: 04/17/2008
Effective Date (New): 04/17/2008
Effective Date (Renewal): 04/17/2008
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	Form Filing Memorandum	Approved	Yes
Form	Certificate of Insurance (Website)	Approved	Yes
Form	Motor Carrier Endorsement	Approved	Yes
Form	Temporary Substitute Auto Endorsement	Approved	Yes
Form (revised)	Important Insurance Notice	Approved	Yes
Form	Important Insurance Notice	Approved	Yes
Form	Additional Insured for Hired and Non-Owned Autos	Approved	Yes
Form	Additional Insured w/ Waiver of Rights of Recovery	Approved	Yes
Form (revised)	Auto Physical Damage 80% Coinsurance Clause	Approved	Yes
Form	Auto Physical Damage 80% Coinsurance Clause	Approved	Yes
Form (revised)	Auto Physical Damage Catastrophe Limit	Approved	Yes
Form	Auto Physical Damage Catastrophe Limit	Approved	Yes
Form	Policy Changes – Transfer Deposit Premium for Re-Rate	Approved	Yes
Form	Anniversary Re-Rate Endorsement	Approved	Yes
Form	Renewal Certificate	Approved	Yes
Form	Combined Deductible	Approved	Yes
Form	Certificate of Insurance	Approved	Yes
Form	Policy Changes - Audit Adjustment Endorsement	Approved	Yes
Form	Policy Changes - Return Deposit Premium for Fleet	Approved	Yes
Form	Policy Changes	Approved	Yes
Form	Schedule of Location Changes	Approved	Yes
Form	GL Premium Audit Endorsement	Approved	Yes
Form	Schedule of Classification and Premium Changes	Approved	Yes
Form	Commercial General Liability Cancellation	Approved	Yes

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Endorsement

Form	Notice of Cancellation	Approved	Yes
Form	Notice of Nonrenewal	Approved	Yes
Form	Notice of Reinstatement	Approved	Yes
Form	Notice of Reinstatement	Approved	Yes
Form	Final Cancellation Endorsement	Approved	Yes
Form	Policy Changes	Approved	Yes
Form	Cancellation Endorsement	Approved	Yes
Form	Premium Basis Gross Receipts or Mileage Basis	Approved	Yes
Form	Extension of Limit for Towing Expense	Approved	Yes
Form	Loss Payable Clause	Approved	Yes
Form	Vehicle Changes	Approved	Yes
Form	Policy Changes 4-5-6-7	Approved	Yes
Form	Cancellation Endorsement	Approved	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 04/16/2008

Comments:

I apologize for the oversight; thank you for bringing this matter to my attention.

Sincerely,

Lisa G Flynn

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Important Insurance Notice	IA 87 CW	12-2007	Disclosu re/Notice	New			0	IA 87 CW 1207 -- Important Insurance Notice.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Auto Physical Damage 80% Coinsurance Clause	IA 110 CW	2-2008	Endorse ment/Am endment /Conditio ns	New			0	IA 110 CW 0208 -- Auto Phys Dam 80% Coinsurance Clause.pdf

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Auto Physical Damage Catastrophe Limit	IA 111 CW	2-2008	Endorse ment/Am endment /Conditio ns	New			0	IA 111 CW 0208 -- Auto Phys Dam Catastrophe Limit.pdf

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Note To Filer

Created By:

Llyweyia Rawlins on 04/16/2008 11:42 AM

Subject:

Missing Forms

Comments:

Hello Lisa

I'm reviewing your filing and have noticed that you are missing three forms. Please attach the following forms so I can finish reviewing your filing.

IA 87 CW

IA 110 CW

IA 111 CW

Thanks

Llyweyia Rawlins

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Certificate of Insurance (Website)	EIL 84 CW	1-2007	Certificate New		0.00	EIL 84 CW 0107 -- Certificate of Insurance.pdf
Approved	Motor Carrier Endorsement	IA 11 CW	9-2007	Endorsement/Amendment/Conditions Replaced	Replaced Form #: 0.00 IA 11 CW 0906 Previous Filing #:		IA 11 CW 0907 -- Motor Carrier Endorsement.pdf
Approved	Temporary Substitute Auto Endorsement	IA 16ts CW	3-2008	Endorsement/Amendment/Conditions New		0.00	IA 16ts CW 0308 -- Temporary Substitute Auto Endorsement.pdf
Approved	Important Insurance Notice	IA 87 CW	12-2007	Disclosure/ New Notice		0.00	IA 87 CW 1207 -- Important Insurance Notice.pdf
Approved	Additional Insured for Hired and Non-Owned Autos	IA 100 CW	9-2006	Endorsement/Amendment/Conditions New		0.00	IA 100 CW 0906 -- Additional Insured for Hired and Non-Owned Autos.pdf
Approved	Additional Insured w/ Waiver of Rights	IA 101 CW	9-2006	Endorsement/Amendment/Conditions New		0.00	IA 101 CW 0906 -- Additional

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of Recovery		ons	Insured with Waiver of Rights of Recovery.pdf		
Approved	Auto Physical Damage 80% Coinsurance Clause	IA 110 CW 2-2008	Endorsement/Conditions New	0.00	IA 110 CW 0208 -- Auto Phys Dam 80% Coinsurance Clause.pdf
Approved	Auto Physical Damage Catastrophe Limit	IA 111 CW 2-2008	Endorsement/Conditions New	0.00	IA 111 CW 0208 -- Auto Phys Dam Catastrophe Limit.pdf
Approved	Policy Changes – IL 45td Transfer Deposit Premium for Re-Rate	IL 45td CW 1-2007	Policy/Coverage Form New	0.00	IL 45td CW 0107 -- Transfer Deposit Premium For Re-Rate.pdf
Approved	Anniversary Re-Rate Endorsement	IL 107 CW 9-2007	Endorsement/Conditions New	0.00	IL 107 CW 0907 -- Anniversary Re-Rate Endorsement.pdf
Approved	Renewal Certificate	IL 108 CW 9-2007	Certificate New	0.00	IL 108 CW 0907 -- Renewal Certificate.pdf
Approved	Combined Deductible	IL 49 CW 1-2007	Endorsement/Conditions Replaced	Replaced Form #: 0.00 IL 49 CW 0906 Previous Filing #:	IL 49 CW 0107 -- Combined Deductible.pdf

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Approved	Certificate of Insurance	IL 84 CW	1-2007	Certificate Replaced	Replaced Form #:0.00 IL 84 CW 1006 Previous Filing #:	IL 84 CW 0107 -- Certificate of Insurance.pdf
Approved	Policy Changes - Audit Adjustment Endorsement	IL 45aud CW	1-2007	Endorsement/Amendment/Conditions	0.00	IL 45aud CW 0107 -- Audit Adjustment Endorsement.pdf
Approved	Policy Changes - Return Deposit Premium for Fleet	IL 45rd CW	1-2007	Endorsement/Amendment/Conditions	0.00	IL 45rd CW 0107 -- Return Deposit Premium For Fleet.pdf
Approved	Policy Changes	IG 16 CW	7-2007	Policy/Coverage Form Replaced	Replaced Form #:0.00 IG 16 CW 0107 Previous Filing #:	IG 16 CW 0707 -- Commercial General Liability Coverage Changes.pdf
Approved	Schedule of Location Changes	IG 31a CW	7-2007	Declaration News/Schedule	0.00	IG 31a CW 0707 -- Schedule of Location Changes.pdf
Approved	GL Premium Audit Endorsement	IG 45a CW	1-2007	Endorsement/Amendment/Conditions	0.00	IG 45a CW 0107 -- GL Premium Audit Endorsement.pdf
Approved	Schedule of Classification and Premium Changes	IG30a CW	7-2007	Declaration News/Schedule Replaced	Replaced Form #:0.00 IG 30a CW 0906 Previous Filing #:	IG 30a CW 0707 -- Schedule of Classification

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					n & Premium Changes.pdf
Approved	Commercial General Liability Cancellation Endorsement	IG 46 CW 1-2007	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #: IG 46 CW 0906 Previous Filing #:	IG 46 CW 0107 -- Commercial General Liability Cancellation Endorsement.pdf
Approved	Notice of Cancellation	IL 81a CW9-2006	Disclosure/ New Notice		IL 81a CW 0906 -- Notice of Cancellation -- 11-7- 06.pdf
Approved	Notice of Nonrenewal	IL 82a CW9-2006	Disclosure/ New Notice		IL 82a CW 0906 -- Notice of Non- Renewal -- 11-7-06.pdf
Approved	Notice of Reinstatement	IL 83 CW 6-2007	Disclosure/ New Notice		IL 83 CW 0607 -- Notice of Reinstatement.pdf
Approved	Notice of Reinstatement	IL 83a CW6-2007	Disclosure/ New Notice		IL 83a CW 0607 -- Notice of Reinstatement.pdf
Approved	Final Cancellation Endorsement	IL 103 CW9-2007	Endorsement/Amendment/Conditions	Replaced Replaced Form #: IL 103 CW 1006 Previous Filing #:	IL 103 CW 0907 -- Final Cancellation .pdf
Approved	Policy Changes	IM 16 CW 9-2006	Policy/Coverage Form	Replaced Replaced Form #: IM 16 CW 0107	IM 16 CW 0906 - Motor

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<i>TOI:</i>	35.0 Interline Filings	<i>Sub-TOI:</i>	35.0002 Commercial Interline Filings
<i>Product Name:</i>	Follow Up Filing - April 2008		
<i>Project Name/Number:</i>	/		

				Previous Filing #:	Truck Cargo Changes Endorsement.pdf
Approved	Cancellation Endorsement	IM 46 CW 9-2006	Policy/Coverage Form Replaced	Replaced Form #: IM 46 CW 0107 Previous Filing #:	IM 46 CW 0906 - Motor Truck Cargo Cancellation Endorsement.pdf
Approved	Premium Basis Gross Receipts or Mileage Basis	IM 65 CW 9-2007	Endorsement/Amendment/Conditions Replaced	Replaced Form #: IM 65 CW 0906 Previous Filing #:	IM 65 CW 0907 - Premium Basis Gross Receipts or Mileage Basis.pdf
Approved	Extension of Limit for Towing Expense	IA 115 CW 4-2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #: IA 18a CW 0906 & IA 18b CW 0906 Previous Filing #:	IA 115 CW 0408 -- Ext of Limit for Towing Expense.pdf
Approved	Loss Payable Clause	IA 113 CW 4-2008	Endorsement/Amendment/Conditions New		IA 113 CW 0408 -- Loss Payable Clause.pdf
Approved	Vehicle Changes	IA 16 CW 9-2006	Endorsement/Amendment/Conditions Replaced	Replaced Form #: IA 16 CW 0107 Previous Filing #:	IA 16 CW 0906 -- Change of Vehicle Endorsement.pdf
Approved	Policy Changes 4-5-6-7	IA 45 CW 9-2006	Endorsement/Amendment/Conditions Replaced	Replaced Form #: IA 45 CW 0107 Previous Filing #:	IA 45 CW 0906 -- Policy Changes 4-5-6-7.pdf
Approved	Cancellation	IA 46 CW 9-2006	Endorsement/Amendment/Conditions Replaced	Replaced Form #:	IA 46 CW

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Endorsement

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IA 46 CW 0107
Previous Filing #:

0906 --
Cancellation
Endorsemen
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CANAL INSURANCE COMPANY

Greenville, SC

ISSUE DATE (MM/DD/YYYY)

CERTIFICATE OF INSURANCE

AGENT OF INSURED _____ PHONE: _____

INSURED _____

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT.

RADIUS OF OPERATIONS: _____ MILES

POLICY NUMBER: _____

EFF DATE: _____

EXP DATE: _____

THE POLICY LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE TYPE

LIMITS

AUTO LIABILITY

- ANY AUTO OVER 10,000 GVW
- SCHEDULED AUTOS
- HIRED AUTOS
- NON-OWNERSHIP
- NON-TRUCKING

COMBINED SINGLE LIMIT (Each accident)	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE	\$

PHYSICAL DAMAGE

- COLLISION LOSS
- SPECIFIED CAUSES OF LOSS
- COMPREHENSIVE

PER POLICY SCHEDULE SUBJECT TO APPLICABLE DEDUCTIBLE

CARGO

- BROAD FORM
- NAMED PERILS
- OWNERS FORM
- CARRIERS FORM
- REFRIGERATION BREAKDOWN

PER POLICY SCHEDULE SUBJECT TO APPLICABLE DEDUCTIBLE
NO ADDITIONAL INSUREDS APPLY TO CARGO

EACH LOCATION	\$
EACH OCCURRENCE	\$ "See Schedule"
CATASTROPHE LIMIT	\$
DEDUCTIBLE	\$ "See Schedule"

GENERAL LIABILITY

- COMMERCIAL GENERAL LIABILITY - OCCUR
-
-

EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (Each Occurrence)	\$
MEDICAL EXPENSES (Any one person)	\$
PERSONAL & ADVERTISING INJURY	\$
PRODUCTS / COMPLETED OPERATIONS AGG.	\$
GENERAL AGGREGATE	\$

REMARKS/SPECIAL CONDITIONS

For Auto Liability policies in the state of Florida only, as provided for in the Florida Statutes, Section 320.02(5)(e), the listed insurance policy may not be canceled on less than 30 days written notice by the insurer to the Department of Highway Safety and Motor Vehicles, such 30 days notice to commence from the date notice is received by the Department.

CERTIFICATE HOLDER

General Certificate Holder

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER WILL ENDEAVOR TO MAIL WRITTEN NOTICE TO CERTIFICATE HOLDERS, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES, NOR WILL IT DELAY CANCELLATION.

GENERAL AGENT _____ **X**
PRINT NAME

POLICY NUMBER:		ISSUE DATE (MM/DD/YYYY)
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SCHEDULE OF VEHICLES

VEHICLE DESCRIPTION	PHYSICAL DAMAGE		CARGO	
	LIMIT	DEDUCTIBLE	LIMIT	DEDUCTIBLE

4. When used as a premium basis:

GROSS RECEIPTS

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor carrier". 15% shall be applied to the total amount received from renting any equipment to any "motor carrier" with whom you have a written agreement that holds you harmless, and provides proof of primary insurance. Gross Receipts does not include:

a. Amounts you pay to railroads, steamship lines, airlines.

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

e. Warehouse storage fees

GROSS MILEAGE

Gross mileage as used here is understood to include all mileage for all covered "autos" while laden or unladen as reflected on your records or any other records accounting for total mileage of covered "autos" during the policy period including but not limited to the International Fuel Tax Agreement (IFTA) pro rata mileage worksheet or International Registration Plan (IRP) application.

For any operations you engage in as a "motor carrier" the policy is changed as follows:

A. Who Is An Insured under Liability Coverage is replaced by the following:

1. Who Is An Insured

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) The owner, or any "employee", agent or driver of the owner, or anyone else from whom you hire or borrow a covered "auto".
 - (2) Your "employee" or agent if the covered "auto" is owned by that "employee" or agent or a member of his or her household.
 - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
 - (4) Anyone other than your "employees", partners (if you are a partnership), or members (if you are a limited liability company), a lessee or borrower of a covered "auto" or any of their "employees", while moving property to or from a covered "auto".
 - (5) A partner (if you are a partnership), or member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. The owner or anyone else from whom you hire or borrow a covered "auto" that is a "trailer" while the "trailer" is connected to another covered "auto" that is a power unit, or, if not connected is being used exclusively in your business

d. The lessor of a covered "auto" that is not a "trailer" or any "employee", agent or driver of the lessor while the "auto" is leased to you under a written agreement if the written agreement between the lessor and you does not require the lessor to hold you harmless and then only when the leased "auto" is used in your business as a "motor carrier" for hire.

e. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

However, none of the following is an "insured":

a. Any "motor carrier" for hire or his or her agents or "employees", other than you and your "employees":

(1) If the "motor carrier" is subject to motor carrier insurance requirements and meets them by a means other than "auto" liability insurance.

(2) If the "motor carrier" is not insured for hired "autos" under an "auto" liability insurance form that insures on a primary basis the owners of the "autos" and their agents and "employees" while the "autos" are leased to that "motor carrier" and used in his or her business.

However, Paragraph a. above does not apply if you have leased an "auto" to the for-hire "motor carrier" under a written lease agreement in which you have held that "motor carrier" harmless.

b. Any rail, water or air carrier or its "employees" or agents, other than you and your "employees", for a "trailer" if "bodily injury" or "property damage" or a "covered pollution cost or expense" occurs while the "trailer" is detached from a covered "auto" you are using and:

(1) Is being transported by the carrier; or

(2) Is being loaded on or unloaded from any unit of transportation by the carrier.

B. The **Other Insurance** Condition is replaced by the following:

5. Other Insurance – Primary And Excess Insurance Provisions

a. While any covered “auto” is hired or borrowed from you by another “motor carrier”, this Coverage Form’s liability coverage is:

(1) Primary if a written agreement between you as the lessor and the other “motor carrier” as the lessee requires you to hold the lessee harmless.

(2) Excess over any other collectible insurance if a written agreement between you as the lessor and the other “motor carrier” as the lessee does not require you to hold the lessee harmless.

b. While any covered “auto” is hired or borrowed by you from another “motor carrier” this Coverage Form’s liability coverage is:

(1) Primary if a written agreement between the other “motor carrier” as the lessor and you as the lessee does not require the lessor to hold you harmless, and then only while the covered “auto” is used exclusively in your business as a “motor carrier” for hire.

(2) Excess over any other collectible insurance if a written agreement between the other “motor carrier” as the lessor and you as the lessee requires the lessor to hold you harmless.

c. While a covered “auto” which is a “trailer” is connected to a power unit, this Coverage Form’s Liability Coverage is:

(1) Provided on the same basis, either primary or excess, as the liability coverage provided for the power unit if the power unit is a covered “auto”.

(2) Excess if the power unit is not a covered “auto”.

d. Any Trailer Interchange Coverage provided by this Coverage Form is primary for any covered “auto”.

e. Except as provided in Paragraphs **a.**, **b.**, **c.**, and **d.** above, this Coverage Form provides primary insurance for any covered “auto” you own and excess insurance for any covered “auto” you don’t own.

f. For Hired Auto Physical Damage Coverage, any covered “auto” you lease, hire, rent or borrow is deemed to be a covered “auto” you own.

However, any “auto” that is leased, hired, rented or borrowed with a driver is not a covered “auto”.

g. Regardless of the provisions of Paragraphs **a.**, **b.**, **c.**, **d.** and **e.** above, this Coverage Form’s Liability Coverage is primary for any liability assumed under an “insured contract”.

h. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

C. The Definitions Section is Amended as Follows:

As used in this endorsement:

1. "Trailer" includes a semitrailer or a dolly used to convert a semitrailer into a trailer. But for Trailer Interchange Coverage only, "trailer" also includes a container.

2. "Private passenger type" means a private passenger or station wagon type "auto" and includes an "auto" of the pick-up or van type if not used for business purposes.

3. "Motor carrier" means a person or organization providing transportation by “auto” in the furtherance of a commercial enterprise.

4. The definition of “insured contract” is replaced by the following:

“Insured contract” means:

a. A lease of premises;

b. A sidetrack agreement;

c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;

d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

e. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for “bodily injury” or “property damage” to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement;

f. That part of any other contract or agreement, entered into, as part of your business, pertaining to the rental or lease, by you or any of your “employees”, of any “auto”. However, such contract or agreement shall not be considered an “insured contract” to the extent that it obligates you or any of your “employees” to pay for “property damage” to any “auto” rented or leased by you or any of your “employees”.

An "insured contract" does not include that part of any contract or agreement:

a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing; or

b. That pertains to the loan, lease or rental of an "auto" to you or any of your employees, if the "auto" is loaned, leased or rented with a driver; or

c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" unless the covered "auto" is used in your business as a "motor carrier" for hire as in Section II, Paragraph **A.1.d.** of the Who Is An Insured provision.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEMPORARY SUBSTITUTE AUTO ENDORSEMENT

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: COMMERCIAL AUTOMOBILE COVERAGE PART		

Endorsement Types	A = ADD	C = CHANGE	D = DELETE	
	DESCRIPTION			
End't Type	Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN)			Substitute for Scheduled Auto No.
	CLASSIFICATION			
End't Type	Radius Of Operation	Business Class	Vehicle Type	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.
	SAME AS SCHEDULED AUTO			

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.)							
End't Type	<input type="checkbox"/> OCN <input type="checkbox"/> Stated Value	<input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COMPREHENSIVE			COLLISION		
		Deductible	ANNUAL PREMIUM	END'T PREMIUM	Deductible	ANNUAL PREMIUM	END'T PREMIUM
			INCLUDED	INCLUDED			
Total Premium				\$ Included			\$

Authorized Representative Signature

IMPORTANT INSURANCE NOTICE

Insurance Company PO BOX 7
GREENVILLE, SC 29602

Name and Address
of Insured

Kind of Policy:	
Policy No.	Effective:
Termination will take effect at:	
12:01 AM	(Standard Time at Insured's Address)
Date of Mailing:	
Issued through Agency or Office at:	
Agent of Insured:	

TO THE NOTICE HOLDER:

INSURANCE AFFORDED THE NOTICE HOLDER UNDER THIS POLICY WILL TERMINATE AT 12:01 A.M. ON THE DATE SHOWN FOR VEHICLES DESCRIBED BELOW:

NOTICE HOLDER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

POLICY NUMBER		COMPANY	
NAMED INSURED		AUTHORIZED REPRESENTATIVE	
COVERAGE PARTS AFFECTED:			
POLICY PERIOD	EFFECTIVE DATE	EXPIRATION DATE Until Canceled	TRANSFER EFFECTIVE DATE

The following is amended:

TRANSFER DEPOSIT PREMIUM FOR RE-RATE

In accordance with the terms of your policy, due to anniversary re-rate of the policy the deposit premium is returned as shown below.

	Annual Premium	End't Premium
TOTAL PREMIUM FOR CHANGE(S)	\$	\$
	\$	\$
	\$	\$
	\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ANNIVERSARY RE-RATE ENDORSEMENT

POLICY NUMBER			COMPANY		
NAMED INSURED			AUTHORIZED REPRESENTATIVE		
POLICY PERIOD	EFFECTIVE DATE	EXPIRATION DATE Until Canceled	RE-RATE PERIOD	EFFECTIVE DATE	EXPIRATION DATE

IN ACCORDANCE WITH THE TERMS OF THIS POLICY THE ANNIVERSARY PREMIUM SHOWN BELOW IS BASED ON RATES CURRENTLY IN EFFECT. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS POLICY MAY BE SUBJECT TO AUDIT. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGES PARTS

PREMIUM

COMMERCIAL AUTOMOBILE COVERAGE PART	\$
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$
COMMERCIAL INLAND MARINE COVERAGE PART	\$
	\$
TOTAL PREMIUM:	\$
DEPOSIT:	\$
INSTALLMENTS:	\$
	\$

SEE ATTACHED FORM **IL 03 CW 0906** FOR A LIST OF FORMS APPLICABLE TO ALL COVERAGE PARTS.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RENEWAL CERTIFICATE

POLICY NUMBER		COMPANY	
NAMED INSURED		AUTHORIZED REPRESENTATIVE	
POLICY PERIOD	EFFECTIVE DATE	EXPIRATION DATE	

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS POLICY MAY BE SUBJECT TO AUDIT. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGES PARTS

PREMIUM

COMMERCIAL AUTOMOBILE COVERAGE PART	\$
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$
COMMERCIAL INLAND MARINE COVERAGE PART	\$
	\$
TOTAL PREMIUM:	\$
DEPOSIT:	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

SEE ATTACHED FORM **IL 03 CW 0906** FOR A LIST OF FORMS APPLICABLE TO ALL COVERAGE PARTS.

This certificate together with the Conditions, Coverage Part Declarations, Coverage Part Coverage Form(s) and any forms and endorsements complete the above numbered policy.

Countersigned Date: _____ By: _____



CANAL INSURANCE COMPANY

Greenville, SC

ISSUE DATE (MM/DD/YYYY)

CERTIFICATE OF INSURANCE

AGENT OF INSURED _____ PHONE: _____

INSURED _____

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY MUST BE ENDORSED. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT.

RADIUS OF OPERATIONS: _____ MILES

POLICY NUMBER: _____

EFF DATE: _____

EXP DATE: _____

THE POLICY LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE TYPE

LIMITS

AUTO LIABILITY

- ANY AUTO OVER 10,000 GVW
- SCHEDULED AUTOS
- HIRED AUTOS
- NON-OWNERSHIP
- NON-TRUCKING

COMBINED SINGLE LIMIT (Each accident)	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE	\$

PHYSICAL DAMAGE

- COLLISION LOSS
- SPECIFIED CAUSES OF LOSS
- COMPREHENSIVE

PER POLICY SCHEDULE SUBJECT TO APPLICABLE DEDUCTIBLE

CARGO

- BROAD FORM
- NAMED PERILS
- OWNERS FORM
- CARRIERS FORM
- REFRIGERATION BREAKDOWN

PER POLICY SCHEDULE SUBJECT TO APPLICABLE DEDUCTIBLE
NO ADDITIONAL INSUREDS APPLY TO CARGO

EACH LOCATION	\$
EACH OCCURRENCE	\$ "See Schedule"
CATASTROPHE LIMIT	\$
DEDUCTIBLE	\$ "See Schedule"

GENERAL LIABILITY

- COMMERCIAL GENERAL LIABILITY - OCCUR
- _____
- _____

EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (Each Occurrence)	\$
MEDICAL EXPENSES (Any one person)	\$
PERSONAL & ADVERTISING INJURY	\$
PRODUCTS / COMPLETED OPERATIONS AGG.	\$
GENERAL AGGREGATE	\$

REMARKS/SPECIAL CONDITIONS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING PARTY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. INDICATED DAYS WILL BE GIVEN ONLY AS GIVEN TO THE INSURED.

GENERAL AGENT _____ **X**
PRINT NAME

POLICY NUMBER:		ISSUE DATE (MM/DD/YYYY)
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SCHEDULE OF VEHICLES

VEHICLE DESCRIPTION	PHYSICAL DAMAGE		CARGO	
	LIMIT	DEDUCTIBLE	LIMIT	DEDUCTIBLE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED:		

The following is amended:

AUDIT ADJUSTMENT ENDORSEMENT

In accordance with the terms of your policy, as a result of the final audit of your records the premium is adjusted as shown below. Premium determined at audit is subject to the policy minimum premium.

Audited Premium	\$
Minimum Annual Premium	\$
Billed Premium	\$
Total Additional/Return Premium	\$

	Annual Premium	End't Premium
TOTAL PREMIUM FOR CHANGE(S)	\$	\$
	\$	\$
	\$	\$
	\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED:		

The following is amended:

RETURN DEPOSIT PREMIUM FOR FLEET

In accordance with the terms of your reporting form policy, due to expiration of the policy the deposit premium is returned as shown below.

The policy premium is **SUBJECT TO FINAL AUDIT.**

	Annual Premium	End't Premium
TOTAL PREMIUM FOR CHANGE(S)	\$	\$
		\$
		\$
		\$

COMMERCIAL GENERAL LIABILITY COVERAGE CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED COMMERCIAL GENERAL LIABILITY COVERAGE PART		

Endorsement Types	A = ADD	C = CHANGE	D = DELETE
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ITEM TWO - LIMITS OF INSURANCE

End't Type	LIMITS
	Each Occurrence Limit \$ _____
	Damage to Premises Rented to You Limit \$ _____ Any one premises
	Medical Expense Limit \$ _____ Any one person
	Personal and Advertising Injury Limit \$ _____ Any one person or organization
	General Aggregate Limit \$ _____
	Products-Completed Operations Aggregate Limit \$ _____

ITEM THREE - LOCATION INFORMATION See attached Schedule IG 31a CW 0707 for other locations

End't Type	Location No.	Address of All Premises You Own, Rent or Occupy

ITEM FOUR - CLASSIFICATION AND PREMIUM See attached Schedule IG 30a CW 0707 for additional classifications

End't Type	CODE NO.	CLASSIFICATION DESCRIPTION							
End't Type	CODE NO.	PREMIUM BASIS	HOW RATE APPLIES	RATE		ANNUAL PREMIUM		END'T PREMIUM	
				All Other	Pr/Co	All Other	Pr/Co	All Other	Pr/Co
TOTAL PREMIUM FOR CHANGE(S)									

See attached form, **IL 03 CW 0906**, for a list of forms applicable to the Commercial General Liability coverage part.
 This policy may be subject to final audit.

SCHEDULE OF LOCATION CHANGES COMMERCIAL GENERAL LIABILITY

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED COMMERCIAL GENERAL LIABILITY COVERAGE FORM		

Endorsement Types	A = ADD	C = CHANGE	D = DELETE
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End't Type	Location No.	Address of Premises You Own, Rent or Occupy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED COMMERCIAL GENERAL LIABILITY COVERAGE PART		

The following is amended:

PREMIUM AUDIT ENDORSEMENT

In accordance with the terms of your policy the premium is adjusted as shown below.

AUDIT PERIOD	FROM	TO
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FINAL AUDITED PREMIUM (only for classifications subject to audit)

CODE NO.	PREMIUM BASIS*	HOW RATE APPLIES	RATE		PREMIUM	
			All Other	Pr/Co	All Other	Pr/Co
Total Audited						

*Premium Basis is annualized.

POLICY PERIOD	FROM	TO
---------------	------	----

ORIGINAL ESTIMATED PREMIUM (only for classifications subject to audit)

CODE NO.	PREMIUM BASIS*	HOW RATE APPLIES	RATE		PREMIUM	
			All Other	Pr/Co	All Other	Pr/Co
Total Original						

TOTAL ADDITIONAL/RETURN PREMIUM	

PREMIUM AUDITS ARE DUE UPON RECEIPT – PLEASE REMIT PAYMENT TO YOUR AGENT

SCHEDULE OF CLASSIFICATION AND PREMIUM CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: COMMERCIAL GENERAL LIABILITY COVERAGE FORM		

Endorsement Types	A = ADD	C = CHANGE	D = DELETE
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ITEM FOUR – CLASSIFICATION AND PREMIUM

End't Type	CODE NO.	CLASSIFICATION DESCRIPTION

End't Type	CODE NO.	PREMIUM BASIS	HOW RATE APPLIES	RATE		ADVANCE PREMIUM		END'T PREMIUM	
				All Other	Pr/Co	All Other	Pr/Co	All Other	Pr/Co
TOTAL PREMIUM									

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY CANCELLATION ENDORSEMENT

POLICY NUMBER	POLICY CANCELLATION EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: COMMERCIAL GENERAL LIABILITY COVERAGE FORM		
Endorsement type	D = DELETE	

ITEM TWO - LIMITS OF INSURANCE

End't Type	
Each Occurrence Limit	\$ _____
Damage to Premises Rented to You Limit	\$ _____ Any one premises
Medical Expense Limit	\$ _____ Any one person
Personal and Advertising Injury Limit	\$ _____ Any one person or organization
General Aggregate Limit	\$ _____
Products-Completed Operations Aggregate Limit	\$ _____

ITEM THREE - LOCATION INFORMATION See attached Schedule **IG 31 CW 0906** for other locations

End't Type	Location No.	Address of All Premises You Own, Rent or Occupy

ITEM FOUR - CLASSIFICATION AND PREMIUM See attached Schedule **IG 30a CW 0906** for additional classifications

End't Type	CODE NO.	PREMIUM BASIS	HOW RATE APPLIES	RATE		ANNUAL PREMIUM		RETURN PREMIUM	
				All Other	Pr/Co	All Other	Pr/Co	All Other	Pr/Co
TOTAL ANNUAL PREMIUM									
TOTAL ADDITIONAL OR RETURN PREMIUM									

This policy may be subject to final audit

CANAL

Greenville, SC

NOTICE OF CANCELLATION

Insurance
Company

PO BOX 7
GREENVILLE, SC 29602

Name and
Address
of Insured

Kind of Policy:	
Policy No.	Effective:
Cancellation will take effect at:	
12:01 AM	(Standard Time at Insured's Address)
Date of Mailing:	
Issued through Agency or Office at:	
Agent of Insured:	

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above. The return premium, if any, will be refunded as soon as practicable by the agent from whom the policy was purchased. This cancellation can be rescinded only by written notice to you signed by a company representative.

REASON FOR CANCELLATION:

IMPORTANT NOTICES:

Agent
of
Insured

TO LIENHOLDER, MORTGAGEE, CITY LICENSE AUTHORITY OR ASSIGNED RISK PLAN, OR OTHER THIRD PARTY: You are hereby notified that the agreement under the Loss Payable Clause payable to you as Lienholder or the agreement to provide notice, which is a part of the above policy, issued to the above insured, is hereby cancelled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

Signature of Authorized Representative

CANAL

Greenville, SC

NOTICE OF NON-RENEWAL

Insurance Company
PO BOX 7
GREENVILLE, SC 29602

Name and Address
of Insured

Kind of Policy:	
Policy No.	Effective:
Non-renewal will take effect at:	
12:01 AM	(Standard Time at Insured's Address)
Date of Mailing:	
Issued through Agency or Office at:	
Agent of Insured:	

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will expire at and from the hour and date mentioned above and the policy will not be renewed.

REASON:

IMPORTANT NOTICES:

Agent
of
Insured

TO LIENHOLDER, MORTGAGEE, CITY LICENSE AUTHORITY OR ASSIGNED RISK PLAN, OR OTHER THIRD PARTY: You are hereby notified that the agreement under the Loss Payable Clause payable to you as Lienholder or the agreement to provide notice, which is a part of the above policy, issued to the above insured, is hereby cancelled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

Signature of Authorized Representative

CANAL

Greenville, SC

Policy Number	Effective Date of Cancellation	Effective Date of Reinstatement	Date of Notice

NOTICE OF REINSTATEMENT

THE CANCELLATION NOTICE TERMINATING THIS POLICY ON THE DATE SHOWN IS HEREBY RESCINDED AND THE POLICY IS REINSTATED ON THE DATE OF REINSTATEMENT INDICATED.

INSURED:

Agent
of
Insured

General
Agent

Signature of Authorized Representative

CANAL

Greenville, SC

Policy Number	Effective Date of Cancellation	Effective Date of Reinstatement	Date of Notice

NOTICE OF REINSTATEMENT

THE CANCELLATION NOTICE TERMINATING THIS POLICY ON THE DATE SHOWN IS HEREBY RESCINDED AND THE POLICY IS REINSTATED ON THE DATE OF REINSTATEMENT INDICATED.

INSURED:

Signature of Authorized Representative

**GENERAL
AGENT:**

Agent
of
Insured

**City License Authority
or Loss Payee:**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FINAL CANCELLATION

POLICY NUMBER	CANCELLATION EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED:		

The following is amended:

THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED IS CANCELLED.

Reason for cancellation			
Cancellation method		Earned %	Return %

COVERAGES:	POLICY WRITTEN (includes Fully Earned Premiums)	ANNUAL	EARNED	RETURN
Commercial Automobile Coverage Part		\$		\$
Commercial General Liability Coverage Part		\$		\$
Commercial Inland Marine Coverage Part		\$		\$
		\$		\$
TOTAL PREMIUM:	\$	\$	\$	\$
DEPOSIT:				\$
				\$
				\$
				\$
				\$
				\$
				\$

The return percentage will apply to the annual premium at the vehicle and coverage level.

MOTOR TRUCK CARGO COVERAGE DECLARATIONS CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: MOTOR TRUCK CARGO COVERAGE		

Endorsement types	A = ADD	C = CHANGE	D = DELETE
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ITEM TWO

DESCRIPTION OF SCHEDULED VEHICLES:

End't Type	Cov'd Auto No.	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)	Limit of Liability	Deductible		Annual Premium	End't Premium
				Other	Refrig.		

ITEM THREE

DESCRIPTION OF SCHEDULED LOCATIONS:

End't Type	Location No.	Street Address	Limit of Liability	Annual Premium	End't Premium

ITEM FOUR

End't Type	Limit of Liability	Deductible	
		Other	Refrigerated
	UNSCHEDULED VEHICLES:	\$	\$

ITEM FIVE

End't Type	CATASTROPHE LIMIT:	\$

	Annual Premium	End't Premium
TOTAL PREMIUM FOR CHANGE(S)	\$	\$
	\$	\$
	\$	\$
	\$	\$

See attached form, **IL 03 CW 0906**, for a list of forms applicable to Motor Truck Cargo coverage.
This policy may be subject to final audit.

MOTOR TRUCK CARGO COVERAGE CANCELLATION ENDORSEMENT

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: MOTOR TRUCK CARGO COVERAGE		

Endorsement types	D = DELETE
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ITEM TWO

DESCRIPTION OF SCHEDULED VEHICLES:

End't Type	Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)	Limit of Liability	Deductible		Annual Premium	End't Premium
				Other	Refrig.		

ITEM THREE

DESCRIPTION OF SCHEDULED LOCATIONS:

End't Type	Location No.	Street Address	Limit of Liability	Annual Premium	End't Premium

ITEM FOUR

End't Type	UNSCHEDULED VEHICLES:	Deductible	
		Other	Refrigerated
	Limit of Liability: \$	\$	\$

ITEM FIVE

End't Type	CATASTROPHE LIMIT:
	\$

	Annual Premium	End't Premium
TOTAL PREMIUM FOR CHANGE(S)	\$	\$
	\$	\$
	\$	\$
	\$	\$

This policy may be subject to final audit.

4. All references to "scheduled vehicle" in the coverage form are amended to unscheduled vehicles.

5. When used as a premium basis:

GROSS RECEIPTS

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a motor carrier. 15% shall be applied to the total amount received from renting any equipment to any motor carrier with whom you have a written agreement that holds you harmless, and provides proof of primary insurance. Gross Receipts does not include:

- a. Amounts you pay to railroads, steamship lines, airlines.
- 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
- e. Warehouse storage fees

GROSS MILEAGE

Gross mileage as used here is understood to include all mileage for all covered autos while laden or unladen as reflected on your records or any other records accounting for total mileage of "scheduled vehicles" during the policy period including but not limited to the International Fuel Tax Agreement (IFTA) pro rata mileage worksheet or International Registration Plan (IRP) application.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO COVERAGE FORM DECLARATIONS CHANGES

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: COMMERCIAL AUTOMOBILE COVERAGE PART		

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos 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	ANNUAL PREMIUM	END'T PREMIUM
LIABILITY		\$	\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$	\$
AUTO MEDICAL PAYMENTS		\$	\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$	\$
UNINSURED MOTORISTS		\$	\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
TRAILER INTERCHANGE FOR <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COLLISION		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$	\$
		TOTAL PREMIUM FOR CHANGE(S)	\$	\$
			\$	\$
			\$	\$
			\$	\$

See attached form **IL 03 CW 0906** for a list of forms applicable to the Commercial Automobile Coverage Part.

*This policy may be subject to final audit.

POLICY NUMBER: _____

Endorsement Types		A = ADD	C = CHANGE	D = DELETE			
		DESCRIPTION				TERRITORY	
End't Type	Covered Auto No.	Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged	
		CLASSIFICATION					
End't Type	Covered Auto No.	Radius Of Operation	Business Class	Vehicle Type	Description of Cargo	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.	

		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.)					
		LIABILITY			PERSONAL INJURY PROTECTION		
End't Type	Covered Auto No.	Limit	ANNUAL PREMIUM	ENDORSEMENT PREMIUM	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	ANNUAL PREMIUM	ENDORSEMENT PREMIUM
	Total Premium			\$			\$

POLICY NUMBER: _____

Endorsement Types		A = ADD	C = CHANGE	D = DELETE		
		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.)				
		ADDED P.I.P.		PROPERTY PROTECTION (Michigan Only)		
End't Type	Covered Auto No.	Limit Stated In Each Added P.I.P. End. ANNUAL PREMIUM	ENDORSEMENT PREMIUM	Limit Stated In P.P.I. End. Minus Deductible Shown Below	ANNUAL PREMIUM	ENDORSEMENT PREMIUM
	Total Premium		\$			\$

		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.)					
		AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		
End't Type	Covered Auto No.	Limit	ANNUAL PREMIUM	END'T PREMIUM	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	ANNUAL PREMIUM	END'T PREMIUM
	Total Premium			\$			\$

POLICY NUMBER: _____

Endorsement Types		A = ADD	C = CHANGE	D = DELETE				
		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.)						
		<input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COMPREHENSIVE			COLLISION			
End't Type	Covered Auto No.	<input type="checkbox"/> OCN <input type="checkbox"/> Stated Value	Deductible	ANNUAL PREMIUM	END'T PREMIUM	Deductible	ANNUAL PREMIUM	END'T PREMIUM
	Total Premium				\$			\$

_____ **Authorized Representative Signature**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS AUTO POLICY CHANGES - ITEMS FOUR, FIVE, SIX, SEVEN

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: COMMERCIAL AUTOMOBILE COVERAGE PART		

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos 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	ANNUAL PREMIUM	END'T PREMIUM
LIABILITY		\$	\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$	\$
AUTO MEDICAL PAYMENTS		\$	\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$	\$
UNINSURED MOTORISTS		\$	\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
TRAILER INTERCHANGE FOR <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COLLISION		ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$	\$
		TOTAL PREMIUM FOR CHANGE(S)	\$	\$
			\$	\$
			\$	\$
			\$	\$

See attached form **IL 03 CW 0906** for a list of forms applicable to the Commercial Automobile Coverage Part.

*This policy may be subject to final audit.

POLICY NUMBER: _____

ADD CHANGE DELETE

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE			
ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	TOTAL ESTIMATED ANNUAL PREMIUM	ENDORSEMENT PREMIUM
\$	\$	\$	\$

ADD CHANGE DELETE

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	ANNUAL PREMIUM	END'T PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$	\$
TOTAL PREMIUM					\$

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.

ADD CHANGE DELETE

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	ANNUAL PREMIUM	END'T PREMIUM
Number Of Employees		\$	\$
Number Of Partners		\$	\$
TOTAL PREMIUM			\$

POLICY NUMBER: _____

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
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ITEM SIX

TRAILER INTERCHANGE COVERAGE (see endorsement IA 19 CW)

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED EXPOSED VALUE*	RATE - % OF EXPOSED VALUE	ANNUAL PREMIUM	END'T PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$		\$	\$
SPECIFIED CAUSES OF LOSS		\$		\$	\$
COLLISION		\$		\$	\$
TOTAL PREMIUM					\$

*Estimated exposed value is the stated limit times the number of tractors insured for liability coverage on the policy.

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
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ITEM SEVEN

TRAILERS YOU DO NOT OWN WHILE ATTACHED TO A COVERED AUTO

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED EXPOSED VALUE*	RATE - % OF EXPOSED VALUE	ANNUAL PREMIUM	END'T PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DEDUCTIBLE FOR EACH COVERED "TRAILER".	\$		\$	\$
SPECIFIED CAUSES OF LOSS		\$		\$	\$
COLLISION		\$		\$	\$
TOTAL PREMIUM					\$

*Estimated exposed value is the stated limit times the number of tractors insured for liability coverage on the policy.

Authorized Representative Signature

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANCELLATION ENDORSEMENT

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED: COMMERCIAL AUTOMOBILE COVERAGE PART		

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos 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	ANNUAL PREMIUM	END'T PREMIUM
LIABILITY		\$	\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$	\$
AUTO MEDICAL PAYMENTS		\$	\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$	\$
UNINSURED MOTORISTS		\$	\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR STATED VALUE WHICHEVER IS LESS, MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos". See ITEM SEVEN for "trailers" you do not own while attached to a covered "auto".	\$	\$
TRAILER INTERCHANGE FOR <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COLLISION		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$	\$
		PREMIUM FOR ENDORSEMENTS	\$	\$
		TOTAL ADDITIONAL OR RETURN PREMIUM	\$	\$
			\$	\$
			\$	\$
			\$	\$

POLICY NUMBER: _____

AUTO-VEHICLE DESCRIPTION/LIMITS <input type="checkbox"/> DELETE						
Covered Auto No.	DESCRIPTION				TERRITORY	
	Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN)				Town & State Where The Covered Auto Will Be Principally Garaged	
Covered Auto No.	CLASSIFICATION				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	Business Class	Vehicle Type	Description of Cargo		

Covered Auto No.	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.)					
	LIABILITY			PERSONAL INJURY PROTECTION		
	Limit	ANNUAL PREMIUM	ENDORSEMENT PREMIUM	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	ANNUAL PREMIUM	ENDORSEMENT PREMIUM

Total Premium			\$			\$
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POLICY NUMBER: _____

AUTO-VEHICLE DESCRIPTION/LIMITS <input type="checkbox"/> DELETE					
Covered Auto No.	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.)				
	ADDED P.I.P.		PROPERTY PROTECTION (Michigan Only)		
	Limit Stated In Each Added P.I.P. End. ANNUAL PREMIUM	ENDORSEMENT PREMIUM	Limit Stated In P.P.I. End. Minus Deductible Shown Below	ANNUAL PREMIUM	ENDORSEMENT PREMIUM
Total Premium		\$			\$

Covered Auto No.	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.)					
	AUTO MEDICAL PAYMENTS			MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		
	Limit	ANNUAL PREMIUM	END'T PREMIUM	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	ANNUAL PREMIUM	END'T PREMIUM
Total Premium			\$			\$

POLICY NUMBER: _____

AUTO-VEHICLE DESCRIPTION/LIMITS DELETE

Covered Auto No.	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.)						
	<input type="checkbox"/> OCN <input type="checkbox"/> Stated Value	<input type="checkbox"/> SPECIFIED CAUSES OF LOSS <input type="checkbox"/> COMPREHENSIVE			COLLISION		
		Deductible	ANNUAL PREMIUM	END'T PREMIUM	Deductible	ANNUAL PREMIUM	END'T PREMIUM
Total Premium				\$			\$

DELETE

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE			
ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	TOTAL ESTIMATED ANNUAL PREMIUM	ENDORSEMENT PREMIUM
\$	\$	\$	\$

DELETE

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	ANNUAL PREMIUM	END'T PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$	\$
TOTAL PREMIUM					\$

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.

POLICY NUMBER: _____

DELETE

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

RATING BASIS	NUMBER	ANNUAL PREMIUM	END'T PREMIUM
Number Of Employees		\$	\$
Number Of Partners		\$	\$
	TOTAL		\$

DELETE

**ITEM SIX
TRAILER INTERCHANGE COVERAGE (see endorsement IA 19 CW)**

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED EXPOSED VALUE*	RATE - % OF EXPOSED VALUE	ANNUAL PREMIUM	END'T PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DED. FOR EACH COVERED "TRAILER".	\$		\$	\$
SPECIFIED CAUSES OF LOSS		\$		\$	\$
COLLISION		\$		\$	\$
TOTAL PREMIUM					\$

*Estimated exposed value is the stated limit times the number of tractors insured for liability coverage on the policy.

DELETE

**ITEM SEVEN
TRAILERS YOU DO NOT OWN WHILE ATTACHED TO A COVERED AUTO**

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED EXPOSED VALUE*	RATE - % OF EXPOSED VALUE	ANNUAL PREMIUM	END'T PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ _____ WHICHEVER IS LESS, MINUS \$1,000 DEDUCTIBLE FOR EACH COVERED "TRAILER".	\$		\$	\$
SPECIFIED CAUSES OF LOSS		\$		\$	\$
COLLISION		\$		\$	\$
TOTAL PREMIUM					\$

*Estimated exposed value is the stated limit times the number of tractors insured for liability coverage on the policy.

Authorized Representative Signature

SERFF Tracking Number: CNLC-125589489 *State:* Arkansas
Filing Company: CANAL INSURANCE COMPANY *State Tracking Number:* EFT \$50
Company Tracking Number: CNLC-125589489
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Follow Up Filing - April 2008
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNLC-125589489 State: Arkansas
Filing Company: CANAL INSURANCE COMPANY State Tracking Number: EFT \$50
Company Tracking Number: CNLC-125589489
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Follow Up Filing - April 2008
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/17/2008

Comments:

Attachment:

PCTD - April 2008 Follow Up Filing - Arkansas.pdf

Satisfied -Name: Form Filing Memorandum **Review Status:** Approved 04/17/2008

Comments:

Attachment:

Forms Filing Memorandum - Follow Up Filing April 2008 - Arkansas.pdf

Property & Casualty Transmittal Document

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

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Canal Insurance Company	SC	10464	57-033332	

5. Company Tracking Number	CNLC-125589489
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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
	Lisa G Flynn PO Box 7, Greenville SC 29602	Associate Compliance Analyst	800-868-7538 x5464	864-679-2527	lisa.flynn@canal-ins.com

7. Signature of authorized filer	<i>Lisa G. Flynn</i>
8. Please print name of authorized filer	Lisa G. Flynn

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

9. Type of Insurance (TOI)	35.0 Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: On approval Renewal: On approval
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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CNLC-125589489
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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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As a follow-up to our 2006 forms filing, we are filing these forms for your review and approval. Since our new forms implementation in 2006, we have discovered the need for new forms as well as revisions of existing forms. The attached Filing Memorandum will provide you with the description of changes and any other information you may need. Rates and rules currently on file will continue to apply and are not affected by these forms.

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]
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Check #: EFT transmission via SERFF
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.)**

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 #		CNLC-125589489	
2.		This filing corresponds to rate/rule filing number			
		(Company tracking number of rate/rule filing, if applicable)			
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
1	Certificate of Insurance (Website)	EIL 84 CW 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2	Motor Carrier Endorsement	IA 11 CW 0907	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 11 CW 0906	
3	Vehicle Changes	IA 16 CW 0107	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 16 CW 0906	
4	Temporary Substitute Auto Endorsement	IA 16ts CW 0308	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5	Policy Changes 4-5-6-7	IA 45 CW 0107	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 45 CW 0906	
6	Cancellation Endorsement	IA 46 CW 0107	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 46 CW 0906	
7	Important Insurance Notice	IA 87 CW 1207	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8	Additional Insured for Hired and Non-Owned Autos	IA 100 CW 0906	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9	Additional Insured w/ Waiver of Rights of Recovery	IA 101 CW 0906	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Auto Phys Dam 80% Coinsurance Clause	IA 110 CW 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Auto Phys Dam Catastrophe Limit	IA 111 CW 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Loss Payable Clause	IA 113 CW 0408	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ISO Form CA 99 44 12 93	
13	Extension of Limit for Towing Expense	IA 115 CW 0408	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA 18a CW 0906 & IA 18b CW 0906	
14	Policy Changes	IG 16 CW 0707	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IG 16 CW 0107	
15	Schedule of Classification and Premium Changes	IG 30a CW 0707	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IG 30a CW 0906	

16	Schedule of Location Changes	IG 31a CW 0707	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	GL Premium Audit Endorsement	IG 45a CW 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	Commercial General Liability Cancellation Endorsement	IG 46 CW 0906	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IG 46 CW 0107	
19	Policy Changes - Audit Adjustment Endorsement	IL 45aud CW 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Policy Changes – Return Deposit Premium for Fleet	IL 45rd CW 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
21	Policy Changes – Transfer Deposit Premium for Re-Rate	IL 45td CW 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Combined Deductible	IL 49 CW 0107	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 49 CW 0107	
23	Notice of Cancellation	IL 81a CW 0906	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
24	Notice of Nonrenewal	IL 82a CW 0906	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25	Notice of Reinstatement	IL 83 CW 0607	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26	Notice of Reinstatement	IL 83a CW 0607	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27	Certificate of Insurance	IL 84 CW 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
28	Final Cancellation Endorsement	IL 103 CW 0907	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 103 CW 1006	
29	Anniversary Re-Rate Endorsement	IL 107 CW 0907	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30	Renewal Certificate	IL 108 CW 0907	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
31	Policy Changes	IM 16 CW 0107	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Withdraw and replace with IM 16 CW 0906	
32	Cancellation Endorsement	IM 46 CW 0107	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Withdraw and replace with IM 46 CW 0906	
33	Premium Basis Gross Receipts or Mileage Basis	IM 65 CW 0907	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IM 65 CW 0906	

FILING MEMORANDUM - ARKANSAS

The following is a list of forms and endorsements that are being submitted as part of the April 2008 Follow-Up Filing. This list includes the action we are taking in regard to these forms and a synopsis of the changes made. This list also includes any new and/or independent forms that we are also submitting for approval.

Currently Filed or New Form #	Title of Form	Status – New Withdrawn, or Replaced By #	Form Synopsis
EIL 84 CW 0107	Certificate of Insurance (website)	New	Created to provide a uniform certificate for availability on Canal's website. The differences between this version and the IL 84 CW 0107 are as follows: Revised wording in Cancellation section to be generic for all states. Hard coded the wording "General Certificate Holder" under the Certificate Holder section.
IA 11 CW 0907	Motor Carrier Endorsement	IA 11 CW 0906	Added Estimated Annual Premium. Added field to indicate % of estimated annual premium for Annual Minimum Premium.
IA 16 CW 0107	Vehicle Changes	Withdraw and replace with IA 16 CW 0906	We would like to withdraw this form and continue to use IA 16 CW 0906, which was previously approved by your department on March 23, 2006. Lines were added to breakdown taxes & fees, but these are now broken down on premium summary statement and no longer necessary on the change endorsement.
IA 16ts CW 0308	Temporary Substitute Auto Endorsement	New	This endorsement was created to provide information when a substitute vehicle is put on the policy.
IA 45 CW 0107	Policy Changes 4-5-6-7	Withdraw and replace with IA 45 CW 0906	We would like to withdraw this form and continue to use IA 45 CW 0906, which was previously approved by your department on July 21, 2006. Lines were added to breakdown taxes & fees, but these are now broken down on premium summary statement and no longer necessary on change endorsement.
IA 46 CW 0107	Cancellation Endorsement	Withdraw and replace with IA 46 CW 0906	We would like to withdraw this form and continue to use IA 46 CW 0906, which was previously approved by your department on July 21, 2006. Lines were added to breakdown taxes & fees, but these are now broken down on premium summary statement and no longer necessary on change endorsement.
IA 87 CW 1207	Important Insurance Notice	New	Created to provide notice to a 3 rd party notice holder (i.e. loss payee or additional insured) when either the vehicle is deleted or the notice holder is deleted.

IA 100 CW 0906	Additional Insured for Hired and Non-Owned Autos	New	New additional insured endorsement.
IA 101 CW 0906	Additional Insured w/ Waiver of Rights of Recovery	New	New additional insured endorsement.
IA 110 CW 0208	Auto Physical Damage 80% Coinsurance Clause	New	We are introducing a new mandatory endorsement which purpose is to amend Section III of our currently filed Business Auto Coverage Form. The purpose of this endorsement is to limit our Physical Damage catastrophe exposure to \$1,000,000.
IA 111 CW 0208	Auto Physical Damage Catastrophe Limit	New	We are introducing a new mandatory endorsement which purpose is to amend Section IV of our currently filed Business Auto Coverage Form. Currently, Canal Insurance Company only writes physical damage coverage on a stated amount basis. In order to encourage our insureds to provide us with accurate values, we are introducing the coinsurance concept for determining the amount we will pay in the event of loss.
IA 113 CW 0408	Loss Payable Clause	Replaces ISO Form CA 99 44 12 93	We are currently using the ISO version of this form; however, we have added fields that pertain to automobile and loss payee information.
IA 115 CW 0408	Extension of Limit for Towing Expense	IA 18a CW 0906 & IA 18b CW 0906	Created to eliminate the awkwardness of using two forms. Extends the stated amount of Physical Damage limit for Towing Expense.
IG 16 CW 0707	Policy Changes	IG 16 CW 0107	Title of form has been changed and reference to schedule forms in Item Three and Four has been updated.
IG 30a CW 0707	Schedule of Classification and Premium Changes	IG 30a CW 0906	Created to provide for a schedule of classifications in excess of 5.
IG 31a CW 0707	Schedule of Location Changes	New	Created to provide for a schedule of locations in excess of 3.
IG 45a CW 0107	GL Premium Audit Endorsement	New	Created to provide a breakdown of premium changes due to a final audit.
IG 46 CW 0906	Commercial General Liability Cancellation Endorsement	IG 46 CW 0107	We would like to withdraw the IG 46 CW 0107, which was approved by your Department on February 27, 2007. Created to provide a breakdown of the premium adjustment due to cancellation.
IL 45aud CW 0107	Policy Changes - Audit Adjustment Endorsement	New	Created to provide premium changes due to a final audit.
IL 45rd CW 0107	Policy Changes – Return Deposit Premium for Fleet	New	Created to return the deposit premium when a gross receipts reporting form policy is canceled or nonrenewed.
IL 45td CW 0107	Policy Changes – Transfer Deposit Premium for Re-Rate	New	Created for use with until canceled policies which are re-rated each year.
IL 49 CW 0107	Combined Deductible	IL 49 CW 0906	Reworded to clarify that the lowest of either the combined or separate deductibles will apply.

IL 81a CW 0906	Notice of Cancellation	New	Created to notify 3 rd party notice holders of cancellation of the policy.
IL 82a CW 0906	Notice of Nonrenewal	New	Created to notify 3 rd party notice holders of nonrenewal of the policy.
IL 83 CW 0607	Notice of Reinstatement	New	Created to notify insured of reinstatement of a canceled policy.
IL 83a CW 0607	Notice of Reinstatement	New	Created to notify 3 rd party notice holders of reinstatement of the policy.
IL 84 CW 0107	Certificate of Insurance	IL 84 CW 1006	Added field to enter GL General Aggregate limit.
IL 103 CW 0907	Final Cancellation Endorsement	IL 103 CW 1006	Created to provide breakdown of premium adjustment when a policy is canceled.
IL 107 CW 0907	Anniversary Re-Rate Endorsement	New	Used with until canceled policies to provide advise of premium adjustment on anniversary re-rate.
IL 108 CW 0907	Renewal Certificate	New	Created for use with renewal policies. Replaces common policy declarations.
IM 16 CW 0107	Policy Changes	Withdraw and replace with IM 16 CW 0906	We would like to withdraw this form and continue to use IM 16 CW 0906, which was approved by the Department on November 9, 2006. Lines were added to breakdown taxes & fees but these are now broken down on premium summary statement and no longer necessary on change endorsement.
IM 46 CW 0107	Cancellation Endorsement	Withdraw and replace with IM 46 CW 0906	We would like to withdraw this form and continue to use IM 46 CW 0906, which was approved by your department on November 9, 2006. Lines were added to breakdown taxes & fees but these are now broken down on premium summary statement and no longer necessary on change endorsement.
IM 65 CW 0907	Premium Basis Gross Receipts or Mileage Basis	IM 65 CW 0906	Added field to indicate percent of estimated annual premium for Annual Minimum Premium.