

SERFF Tracking Number: EVST-125594839 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-CL-20023621
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline Filing
Project Name/Number: Risk Managed Towing and Recovery Program/AR-CL-200236

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Interline Filing

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

SERFF Tr Num: EVST-125594839

SERFF Status: Closed

Co Tr Num: AR-CL-20023621

Co Status:

Author: Vanessa King

Date Submitted: 04/04/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 04/14/2008

Disposition Status: Approved

Effective Date (New): 06/01/2008

Effective Date (Renewal):

06/01/2008

State Filing Description:

General Information

Project Name: Risk Managed Towing and Recovery Program

Project Number: AR-CL-200236

Reference Organization:

Reference Title:

Filing Status Changed: 04/14/2008

State Status Changed: 04/14/2008

Corresponding Filing Tracking Number:

Filing Description:

We wish to file on behalf of Everest National Insurance Company two new proprietary endorsements and associated rule to be available for use with composite-rated policies.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Project Name/Number: Risk Managed Towing and Recovery Program/AR-CL-200236

Vanessa King, Manager, Filing and Regulation vanessa.king@everestre.com

P.O. Box 830 (908) 604-3267 [Phone]

Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware

477 Martinsville Road Group Code: 1120 Company Type:

P.O. Box 830

Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:

Ltd.

(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

SERFF Tracking Number: EVST-125594839 State: Arkansas
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Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|---------|----------------|---------------|
| Everest National Insurance Company | \$50.00 | 04/04/2008 | 19282180 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 04/14/2008 | 04/14/2008 |

SERFF Tracking Number: EVST-125594839 *State:* Arkansas
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Disposition

Disposition Date: 04/14/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal): 06/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125594839 State: Arkansas
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 Product Name: Interline Filing
 Project Name/Number: Risk Managed Towing and Recovery Program/AR-CL-200236

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Form | COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (GROSS RECEIPTS) | Approved | Yes |
| Form | COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (MILES DRIVEN) | Approved | Yes |

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 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Interline Filing
 Project Name/Number: Risk Managed Towing and Recovery Program/AR-CL-200236

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|------------------|--------------|--------------------------------------|----------------------|-------------|----------------------|
| Approved | COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (GROSS RECEIPTS) | EIL 09 509 02 08 | 02 08 | Endorsement/Amendment/Conditions New | | 0.00 | EIL 09 509 02 08.pdf |
| Approved | COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (MILES DRIVEN) | EIL 09 510 02 08 | 02 08 | Endorsement/Amendment/Conditions New | | 0.00 | EIL 09 510 02 08.pdf |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (GROSS RECEIPTS)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 COMMERCIAL GENERAL LIABILITY COVERAGE FORM
 MOTOR TRUCK CARGO CARRIERS COVERAGE FORM

SCHEDULE

| | | |
|--|--|--------------------------|
| Premium Basis: | Composite Rate Per \$100 of Gross Receipts | |
| Description of Premium Basis: | _____ | Estimated Gross Receipts |
| Composite Rate: | _____ | |
| Estimated and Advance Premium: | \$ _____ | |
| Policy Minimum Premium Percentage: | _____ | % |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | | |

A. Paragraph **6.a.** of the **Premium Audit** Condition in the BUSINESS AUTO COVERAGE FORM is replaced by the following:

6. Premium Audit

a. The Estimated and Advance Premium shown in the schedule of this endorsement for this policy is based on the “gross receipts” you told us you would have when this policy began. We will compute the final premium due when we determine your actual “gross receipts”. The final premium due will not be less than the product of:

- 1) The composite rate; multiplied by
- 2) The estimated “gross receipts”; multiplied by
- 3) The Policy Minimum Premium Percentage shown in the schedule of this endorsement.

The Estimated and Advance Premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the Estimated and Advance Premium exceeds the final premium due, the first Named Insured will get a refund. The due date for audit and retrospective premium is the date shown as the due date on the bill.

B. Paragraph **5.b.** of the **Premium Audit** Condition in the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is replaced by the following:

5. Premium Audit

b. The Estimated and Advance Premium shown in the schedule of this endorsement for this policy is based on the “gross receipts” you told us you would have when this policy began. We will compute the final premium due when we determine your actual “gross receipts”. The final premium due will not be less than the product of:

- 1) The composite rate; multiplied by
- 2) The estimated “gross receipts”; multiplied by
- 3) The Policy Minimum Premium Percentage shown in the schedule of this endorsement.

The Estimated and Advance Premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the Estimated and Advance Premium exceeds the final premium due, the first Named Insured will get a refund. The due date for audit and retrospective premium is the date shown as the due date on the bill.

C. The following is added under **E. Additional Conditions** in the MOTOR TRUCK CARGO CARRIERS COVERAGE FORM:

3. The following condition applies in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

PREMIUM AUDIT

The Estimated and Advance Premium shown in the schedule of this endorsement for this policy is based on the "gross receipts" you told us you would have when this policy began. We will compute the final premium due when we determine your actual gross receipts. The final premium due will not be less than the product of:

- a. The composite rate; multiplied by
- b. The estimated "gross receipts"; multiplied by
- c. The Policy Minimum Premium Percentage shown in the schedule of this endorsement.

The Estimated and Advance Premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the Estimated and Advance Premium exceeds the final premium due, the first Named Insured will get a refund. The due date for audit and retrospective premium is the date shown as the due date on the bill.

D. Additional Definition

As used in this endorsement, "gross receipts" means the total amount of receipts that you are entitled to for the packing, loading, unloading and transporting of Covered Property, regardless of whether you or another carrier originated the transportation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (MILES DRIVEN)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 COMMERCIAL GENERAL LIABILITY COVERAGE FORM
 MOTOR TRUCK CARGO CARRIERS COVERAGE FORM

SCHEDULE

| | | |
|------------------------------------|----------|-------------------------------|
| Premium Basis: | Mileage | |
| Description of Premium Basis: | _____ | Estimated Annual Miles Driven |
| Composite Rate: | _____ | Per 100 Miles |
| Estimated and Advance Premium: | \$ _____ | |
| Policy Minimum Premium Percentage: | _____ | % |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Paragraph **6.a.** of the **Premium Audit** Condition in the BUSINESS AUTO COVERAGE FORM is replaced by the following:

6. Premium Audit

a. The Estimated and Advance Premium shown in the schedule of this endorsement for this policy is based on the estimated annual “miles driven” you told us you would have when this policy began. We will compute the final premium due when we determine your actual annual mileage. The final premium due will not be less than the product of:

- 1) The composite rate; multiplied by
- 2) The estimated annual “miles driven”; multiplied by
- 3) The Policy Minimum Premium Percentage shown in the schedule of this endorsement.

The Estimated and Advance Premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the Estimated and Advance Premium exceeds the final premium due, the first Named Insured will get a refund. The due date for audit and retrospective premium is the date shown as the due date on the bill.

B. Paragraph **5.b.** of the **Premium Audit** Condition in the COMMERCIAL GENERAL LIABILITY COVERAGE FORM is replaced by the following:

5. Premium Audit

b. The Estimated and Advance Premium shown in the schedule of this endorsement for this policy is based on the estimated annual “miles driven” you told us you would have when this policy began. We will compute the final premium due when we determine your actual annual “miles driven”. The final premium due will not be less than the product of:

- 1) The composite rate; multiplied by
- 2) The estimated annual “miles driven”; multiplied by
- 3) The Policy Minimum Premium Percentage shown in the schedule of this endorsement.

The Estimated and Advance Premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the Estimated and Advance Premium exceeds the final premium due, the first Named Insured will get a refund. The due date for audit and retrospective premium is the date shown as the due date on the bill.

C. The following is added under **E. Additional Conditions** in the MOTOR TRUCK CARGO CARRIERS COVERAGE FORM:

3. The following condition applies in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

PREMIUM AUDIT

The Estimated and Advance Premium shown in the schedule of this endorsement for this policy is based on the estimated annual “miles driven” you told us you would have when this policy began. We will compute the final premium due when we determine your actual annual mileage. The final premium due will not be less than the product of:

- a. The composite rate; multiplied by
- b. The estimated annual “miles driven”; multiplied by
- c. The Policy Minimum Premium Percentage shown in the schedule of this endorsement.

The Estimated and Advance Premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the Estimated and Advance Premium exceeds the final premium due, the first Named Insured will get a refund. The due date for audit and retrospective premium is the date shown as the due date on the bill.

D. Additional Definition

As used in this endorsement, “miles driven” means Annual Mileage as reported under the IFTA FUEL TAX REPORT SUPPLEMENT as supplied by the insured upon request.

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Company Tracking Number: AR-CL-20023621
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Interline Filing
Project Name/Number: Risk Managed Towing and Recovery Program/AR-CL-200236

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125594839 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-CL-20023621
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline Filing
Project Name/Number: Risk Managed Towing and Recovery Program/AR-CL-200236

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/14/2008

Comments:

Attachments:

Transmittal.pdf

Explanatory Memorandum - Composite Rate Endorsement - ENIC.pdf

| | | | | |
|---|------------------------------------|----------------------------------|--|--------------------------------------|
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed | <input type="checkbox"/> Pending | <input checked="" type="checkbox"/> Authorized | <input type="checkbox"/> Disapproved |
|---|------------------------------------|----------------------------------|--|--------------------------------------|

Property & Casualty Transmittal Document—

| | |
|--|-----------------------|
| 20. This filing transmittal is part of Company Tracking # | AR-CL-20023621 |
|--|-----------------------|

| |
|---|
| 21. Filing Description [This area should be similar to the body of a cover letter and is free-form text] |
|---|

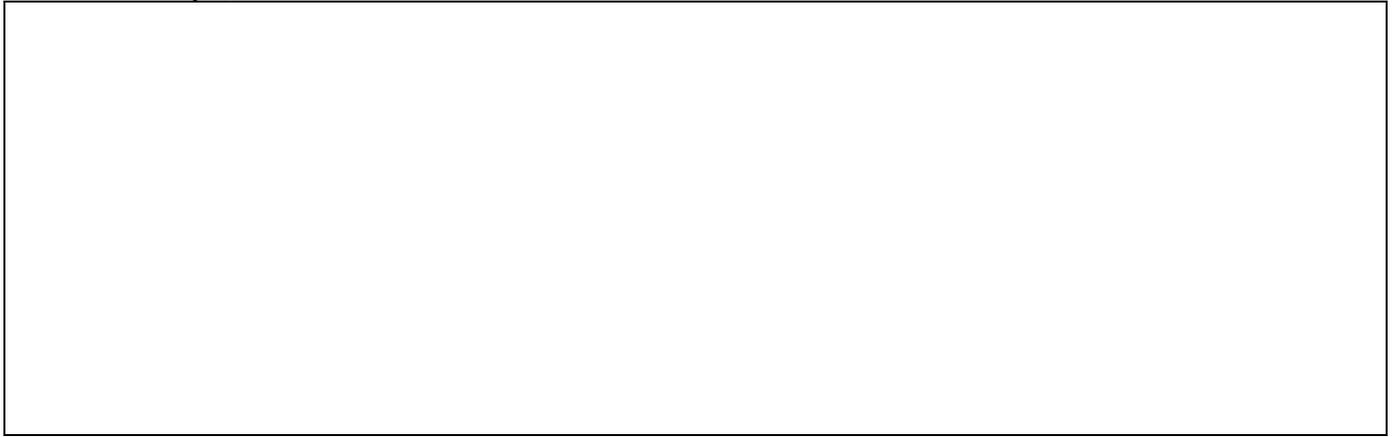
We wish to file on behalf of Everest National Insurance Company two new proprietary endorsements a be available for use with composite-rated policies.

This filing is available for policies effective on or after June 1, 2008 or the earliest permissible date consistent with your requirements.

| |
|---|
| 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 #: EFT
Amount: \$50.00

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



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

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.)

| 1. | This filing transmittal is part of Company Tracking # | AR-CL-20023621 | | | |
|-----------|---|-----------------------------------|---|---|--|
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | AR-CL-20023620 | | | |
| 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 | COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (GROSS RECEIPTS) | EIL 09 509 02 08 | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 02 | COMPOSITE RATE ENDORSEMENT – POLICY MINIMUM PREMIUM (MILES DRIVEN) | EIL 09 510 02 08 | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 03 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 04 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 05 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 06 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 07 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 08 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 09 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 10 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer’s records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and

Effective January 1, 2005

6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

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

(Do not refer to the body of the filing for the component/exhibit listing.)

| | | | |
|--|---|--------------------------|--|
| 1. | This filing transmittal is part of Company Tracking # | | |
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | | |
| <input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%) | | | |
| 3. | Overall percentage rate impact for this filing | | |
| 4. | Effect of Rate Filing – Written premium change for this program | | |
| 5. | Effect of Rate Filing – Number of policyholders | | |
| 6. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | | |
| 7. | Rate Change by Company | | |
| | Company Name | Percentage Change | Effect of Rate Filing |
| | | | # of policyholders for this program |
| | | | Written premium change for this program |
| | | | |
| | | | |
| | | | |
| 8. | Overall percentage of last rate revision | | |
| 9. | Effective Date of last rate revision | | |
| 10. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | | |

| 11. | Exhibit Name/Description /Synopsis | Rule # or Page # | Replacement or Withdrawn? | Previous state filing number, if required by state |
|-----|------------------------------------|------------------|--|--|
| 01 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | |
| 02 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | |
| 03 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | |
| 04 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | |
| 05 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | |

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**EVEREST NATIONAL INSURANCE COMPANY
EXPLANATORY MEMORANDUM
COMPOSITE RATE ENDORSEMENT**

We wish to file on behalf of Everest National Insurance Company two new proprietary endorsements to be available for use with composite-rated policies:

Composite Rate Endorsement – Minimum Policy Premium (Gross Receipts) EIL 09 509 02 08
Composite Rate Endorsement – Minimum Policy Premium (Miles Driven) EIL 09 510 02 08

EIL 09 509 and **EIL 09 510** are used with policies having automobile, general liability and motor truck cargo exposure that are composite-rated in accordance with ISO's Composite Rating Plan and our new exception rule expanding eligibility to Motor Truck Cargo Insurance. Additionally, the endorsements provide a mechanism to determine the policy minimum premium based on a percentage of the composite-rated exposure. The endorsements amend the Premium Audit Condition of ISO's Commercial Automobile Coverage Form CA 0001, Commercial General Liability Coverage Form CG 0001, and Motor Truck Cargo Carriers Coverage Form IH 00 72.