

<i>SERFF Tracking Number:</i>	<i>EVST-125607720</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Everest National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CA-20023665</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM</i> <i>/CW-CA-20020318</i>		

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

SERFF Tr Num: EVST-125607720

SERFF Status: Closed

Co Tr Num: AR-CA-20023665

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Author: Vanessa King

Date Submitted: 04/14/2008

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

Disposition Date: 04/18/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

07/01/2008

State Filing Description:

General Information

Project Name: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM

Project Number: CW-CA-20020318

Reference Organization:

Reference Title:

Filing Status Changed: 04/18/2008

State Status Changed: 04/18/2008

Corresponding Filing Tracking Number:

Filing Description:

Everest National Insurance Company (ENIC) is introducing the following Declarations and Schedule to facilitate writing policies in the Moving and Storage business segment:

- EDEC 636 04 08 - Moving And Storage Supplemental Truckers Declarations

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: EVST-125607720 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-CA-20023665
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: Commercial Automobile
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
 /CW-CA-20020318

•EDEC 643 04 08 - Moving And Storage Vehicle Fleet Schedule Changes

There is no manual rule or loss cost impact associated with this filing.

Company and Contact

Filing Contact Information

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

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	04/14/2008	19533062

SERFF Tracking Number: EVST-125607720 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-CA-20023665
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Commercial Automobile
Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
/CW-CA-20020318

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/18/2008	04/18/2008

SERFF Tracking Number: EVST-125607720 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-CA-20023665
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Commercial Automobile
Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
/CW-CA-20020318

Disposition

Disposition Date: 04/18/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125607720 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-CA-20023665
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: Commercial Automobile
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
 /CW-CA-20020318

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Moving And Storage Supplemental Truckers Declarations	Approved	Yes
Form	Moving And Storage Vehicle Fleet Schedule Changes	Approved	Yes

SERFF Tracking Number: EVST-125607720 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-CA-20023665
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: Commercial Automobile
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
 /CW-CA-20020318

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Moving And Storage Supplemental Truckers Declarations	EDEC 636	04 08 08	Declaration New s/Schedule		0.00	EDEC 636 04 08.pdf
Approved	Moving And Storage Vehicle Fleet Schedule Changes	EDEC 643	04 08 08	Declaration New s/Schedule		0.00	EDEC 643 04 08.pdf

Trailer Interchange Comprehensive Coverage		Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Trailer Interchange Specified Causes Of Loss Coverage		Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Trailer Interchange Collision Coverage		Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Hired Vehicle Comprehensive Coverage		Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Hired Vehicle Specified Causes Of Loss Coverage		Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Hired Vehicle Collision Coverage		Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Physical Damage Comprehensive Coverage		Stated Value Of _____, Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Physical Damage Specified Causes Of Loss Coverage		Stated Value Of _____, Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Physical Damage Collision Coverage		Stated Value Of _____, Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus The Deductible Shown On The Vehicle Fleet Schedule.	\$
Physical Damage Towing And Labor		\$ _____ For Each Disablement Of A Covered Auto.	\$
Premium For Endorsements			\$
Total Premium At Inception			\$

* A = Add; D = Delete; C = Change

SERFF Tracking Number: EVST-125607720 *State:* Arkansas
Filing Company: Everest National Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR-CA-20023665
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0004 Truckers
Product Name: Commercial Automobile
Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
/CW-CA-20020318

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125607720 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-CA-20023665
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Commercial Automobile
Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM
/CW-CA-20020318

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/18/2008

Comments:
Attachment:
Transmittal.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 #
Everest Re Group, Ltd.	1120

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	22-2660372	

5. Company Tracking Number	AR-CA-20023665
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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
	Vanessa King 477 Martinsville Road Liberty Corner, New Jersey 07938-0830	Manager	(908) 604-3267	(908) 604-3526	vanessa.king@everest re.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Vanessa King
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Auto Liability and Auto Physical Damage
10. Sub-Type of Insurance (Sub-TOI)	Commercial Automobile
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: 07/01/2008 Renewal: 07/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	

17.	Reference Organization # & Title	
18.	Company's Date of Filing	4/14/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AR-CA-20023665
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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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Everest National Insurance Company (ENIC) is introducing the following Declarations and Schedule to facilitate writing policies in the Moving and Storage business segment:

- EDEC 636 04 08 Moving And Storage Supplemental Truckers Declarations
- EDEC 643 04 08 Moving And Storage Vehicle Fleet Schedule Changes

There is no manual rule or loss cost impact associated with this filing.

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 #:
Amount:

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

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

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #	AR-CA-20023665
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Moving And Storage Supplemental Truckers Declarations	EDEC 636 04 08	[X] New [] Replacement [] Withdrawn		
02	Moving And Storage Vehicle Fleet Schedule Changes	EDEC 643 04 08	[X] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

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

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

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

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

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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	