

SERFF Tracking Number: EVST-125618309 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-CP-20023793
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Commercial Property
 Project Name/Number: RISK MANAGED AGRIBUSINESS, DISTRIBUTORS, FORESTY, MOVING AND STORAGE AND WASTE SYSTEMS PROGRAM /CW-CP-20020365

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Commercial Property	SERFF Tr Num: EVST-125618309	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: AR-CP-20023793	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Vanessa King	Disposition Date: 04/28/2008
	Date Submitted: 04/22/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 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 Status of Filing in Domicile:

Project Number: CW-CP-20020365

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are introducing the following Declarations to facilitate writing policies in the Moving and Storage business segment:

- EDEC 640 04 08 - Supplemental Declarations – Movers Income Protection Coverage Form

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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	04/22/2008	19796910

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/28/2008	04/28/2008

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Disposition

Disposition Date: 04/28/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 07/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Supplemental Declarations Movers Income Protection Coverage Form	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Supplemental Declarations Movers Income Protection Coverage Form	EDEC 640	04 08	Declaration New s/Schedule		0.00	EDEC 640 04 08.pdf

SUPPLEMENTAL DECLARATIONS MOVERS INCOME PROTECTION COVERAGE FORM

	COVERAGE	LIMIT OF INSURANCE <small>(Coverage Is Provided Only If A Limit Is Shown)</small>
	Uncollectible Freight Charges Aggregate In Transit	\$
	Loss Prevention And Property Protection Expenses Any One Loss	\$
Location No.		
	Uncollectible Storage Receivables Any One Customer Any One Loss	\$ \$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables Any One Customer Any One Loss	\$ \$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables Any One Customer Any One Loss	\$ \$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables Any One Customer Any One Loss	\$ \$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables Any One Customer Any One Loss	\$ \$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables Any One Customer Any One Loss	\$ \$
	Storage Revenue Income	\$
	Total Revenue Income	\$

Location No.		
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$
	Uncollectible Storage Receivables	
	Any One Customer	\$
	Any One Loss	\$
	Storage Revenue Income	\$
	Total Revenue Income	\$

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 04/28/2008
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-CP-20023793
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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)	Commercial Property
10. Sub-Type of Insurance (Sub-TOI)	
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)	

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-CP-20023793
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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	Supplemental Declarations Moving Movers Income Protection Coverage Form	EDEC 640 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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	