

SERFF Tracking Number: FEMC-125594834 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: F-GL-08-12
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Three Wheeled Auto Exclusion/F-GL-08-12

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: FEMC-125594834 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: F-GL-08-12

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Joni Borchert

Disposition Date: 04/17/2008

Date Submitted: 04/04/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Three Wheeled Auto Exclusion

Project Number: F-GL-08-12

Status of Filing in Domicile: Authorized

Domicile Status Comments: MN IS NO FILE FOR COMMERCIAL LINES

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to implement this filing for all policies written on or after 6-15-2008, or within 90 days of your approval.

Company and Contact

SERFF Tracking Number: FEMC-125594834 State: Arkansas
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Filing Contact Information

Joni Borchert, Property and Casualty Product jbborchert@fedins.com
 Specialist
 121 East Park Square (800) 533-0472 [Phone]
 Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
 121 East Park Square Group Code: 7 Company Type:
 PO Box 328
 Owatonna, MN 55060 Group Name: State ID Number:
 (800) 533-0472 ext. [Phone] FEIN Number: 41-0417460

Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota
 121 East Park Square Group Code: 7 Company Type:
 PO Box 328
 Owatonna, MN 55060 Group Name: State ID Number:
 (800) 533-0472 ext. [Phone] FEIN Number: 41-0984698

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	04/04/2008	19278657
Federated Service Insurance Company	\$0.00	04/04/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/17/2008	04/17/2008

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Disposition

Disposition Date: 04/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Supporting Document	EXPLANATORY MEMORANDUM	Approved	Yes
Supporting Document	PC FFS-1	Approved	Yes
Form	Three Wheeled Auto Exclusion Endorsement	Approved	Yes

SERFF Tracking Number: FEMC-125594834 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Three Wheeled Auto Exclusion Endorsement	CG-F-73	06-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: Previous Filing #:		CG-F-73 (06-08).pdf

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THREE WHEELED AUTO EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to 2. Exclusions in COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY of SECTION I - COVERAGES:

This insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury" caused from your manufacture, assembly or alteration of any three wheeled "auto" or the manufacture, assembly or alteration of any three wheeled "auto" by others at your direction.

However, this exclusion does not apply when:

- a. the only assembly you complete, or completed by others at your direction, consists of the attachment of component parts to a factory built three wheeled "auto" to prepare the three wheeled "auto" for sale, or
- b. the "bodily injury", "property damage", or "personal and advertising injury" is caused from your service or repair of a three wheeled "auto".

A three wheeled "auto" as described above does not include a motorcycle with a sidecar attached.

SERFF Tracking Number: *FEMC-125594834* *State:* *Arkansas*
First Filing Company: *Federated Mutual Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *F-GL-08-12*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability*
Project Name/Number: *Three Wheeled Auto Exclusion/F-GL-08-12*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/17/2008
Comments:				
Attachment:	pc td-1.pdf			
Satisfied -Name:	COVER LETTER	Review Status:	Approved	04/17/2008
Comments:				
Attachment:	Cover Letter-Form.pdf			
Satisfied -Name:	EXPLANATORY MEMORANDUM	Review Status:	Approved	04/17/2008
Comments:				
Attachment:	Form Explanatory Memorandum.pdf			
Satisfied -Name:	PC FFS-1	Review Status:	Approved	04/17/2008
Comments:				
Attachment:	pc-ffs1.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #
Federated Mutual Insurance Company	MN	007-13935	41-0417460
Federated Service Insurance Company	MN	007-28304	41-0984698

5. Company Tracking Number	F-GL-08-12
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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
	Joni Borchert	Property & Casualty Product Specialist	800-533-0472 Ext 5342	507-444-6691	jbborchert@fedins.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joni Borchert

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

9. Type of Insurance (TOI)	Commercial General Liability
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: 6-15-08 Renewal: 6-15-08

Property & Casualty Transmittal Document---

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	4-4-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> MN is no file for commercial lines

20.	This filing transmittal is part of Company Tracking #	F-GL-08-12
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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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CG-F-73 Three Wheeled Auto Exclusion Endorsement

A new edition of this endorsement is being introduced with editorial changes made to the previous content. Further explanation is given that coverage applies for service work, but coverage does not apply to trike conversions. This endorsement is optionally attached to General Liability policies.

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]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

April 4, 2008

Arkansas

FEDERATED MUTUAL INSURANCE COMPANY NAIC: 007-13935
FEDERATED SERVICE INSURANCE COMPANY NAIC: 007-28304

COMMERCIAL GENERAL LIABILITY - DIVISION SIX

- Revised Federated Endorsement CG-F-73 (06-08), Three Wheeled Auto Exclusion Endorsement

Federated File Number: F-GL-08-12

We file for your approval the above listed filing. Please refer to the Explanatory Memorandum further detailing this filing.

We wish to implement this filing for all policies written on or after 6-15-2008, or within 90 days of your approval.

We trust this filing meets your requirements, and we appreciate your consideration of our filing.

Thank you.

Form Explanatory Memorandum

CG-F-73 Three Wheeled Auto Exclusion Endorsement

A new edition of this endorsement is being introduced with editorial changes made to the previous content. Further explanation is given that coverage applies for service work, but coverage does not apply to trike conversions. This endorsement is optionally attached to General Liability policies.

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 #	F-GL-08-12			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	NA			
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	Three Wheeled Auto Exclusion Endorsement	CG-F-73 (06-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG-F-73 (10-01)	
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		

