

SERFF Tracking Number: FEMC-125596891 State: Arkansas  
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: F-CA-08-10F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Auto  
Project Name/Number: Three Wheeled Auto Exclusion/F-CA-08-10

## Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Commercial Auto

SERFF Tr Num: FEMC-125596891 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: F-CA-08-10F

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Joni Borchert

Disposition Date: 04/15/2008

Date Submitted: 04/07/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New): 06/15/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

06/15/2008

State Filing Description:

## General Information

Project Name: Three Wheeled Auto Exclusion

Status of Filing in Domicile: Authorized

Project Number: F-CA-08-10

Domicile Status Comments: MN IS NO FILE FOR COMMERCIAL LINES.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/15/2008

Deemer Date:

State Status Changed: 04/15/2008

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 but not prior to 6-15-2008.

## Company and Contact

SERFF Tracking Number: FEMC-125596891 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	04/07/2008	19334789
Federated Service Insurance Company	\$0.00	04/07/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/15/2008	04/15/2008

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## Disposition

Disposition Date: 04/15/2008  
Effective Date (New): 06/15/2008  
Effective Date (Renewal): 06/15/2008  
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

SERFF Tracking Number: FEMC-125596891 State: Arkansas  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Auto  
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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
Form	Executive Personal Liability Coverage	Approved	Yes

SERFF Tracking Number: FEMC-125596891 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	CA-F-116	06-08	Endorsement/Amendment/Conditions	Replaced Form #: CA-F-116 (03-06) Previous Filing #:		CA-F-116 (02-08).pdf
Approved	Executive Personal Liability Coverage	CA-F-133	06-08	Endorsement/Amendment/Conditions			CA-F-133 (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:

GARAGE COVERAGE FORM  
BROADENED COVERAGE - GARAGES

The following is added to **SECTION II - LIABILITY COVERAGE** item **B. Exclusions**:

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.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

CA-F-116 (06-08)

Policy Number:

Transaction Effective Date:

## FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### EXECUTIVE PERSONAL LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

#### GARAGE COVERAGE PART

The GARAGE COVERAGE PART is amended to include the following additions and extensions of coverage. These extensions of coverage only apply to Named Insureds in the declarations of this policy. For purposes of this extension of coverage:

- a. If you are designated in the declarations as an individual, the owner and the spouse are also Named Insured(s);
- b. If you are designated in the declarations as a partnership or joint venture, partners and members and their spouses of the entity shown in the declaration are also Named Insured(s);
- c. If you are designated in the declarations as a corporation or a limited liability company, shareholder(s), director(s) and "executive officer(s)" and a shareholder(s), director(s) and "executive officer(s)" of corporate member(s) and the spouse(s) of a shareholder(s), director(s) and "executive officer(s)" of the entity shown in the declaration are also Named Insured(s).

#### Contingent Workers' Compensation Coverage

We will issue a Standard Workers Compensation policy at rates and premiums at the inception date of each policy if you become legally obligated to pay benefits required by the Workers Compensation Act, provided:

1. That such obligation did not arise out of any business or business property you own or operate or of any partnership or joint venture of which you are a partner or member.
2. You have not elected to provide and pay compensation according to provisions of the Workers Compensation Act and do not so elect during the policy term.
3. You do not have in effect on the date of the accident a policy providing Workers Compensation benefits for the injured person.
4. This agreement does not apply to any "employee" injured while engaged in duties directly or indirectly connected with farm tractors, trailers, implements, draft animals or vehicles for use therewith, while under contract to others for a charge in connection with any farming operation.

The policy to be provided shall be effective (a) from the effective date of this policy or (b) from the date of commencement of the operations in which the "employee" was injured, whichever is later.

If we are not permitted to issue a Worker's Compensation policy in a given state or pay the benefits directly to the person(s) entitled to them, we will reimburse you for the benefits required by the workers compensation law of that state.

The "Workers Compensation Act" shall mean the Workmen's Compensation Law or Workers Compensation Law, or any Occupational Disease Law applicable in the state in which the named insured has established his principal residence.

#### Not-for-Profit Personal Liability Coverage

Coverage for "Bodily Injury" and "Property Damage" is extended to you and your "family member(s)" to include personal liability which arises out of your or a "family member(s)" position as an officer or member of the board of directors of a not-for-profit organization or corporation in which you and your "family member(s)" receive no compensation.

The EACH "ACCIDENT" "GARAGE OPERATIONS" LIMIT and the AGGREGATE - "GARAGE OPERATIONS" LIMIT shown on DECLARATIONS GARAGE COVERAGE PART apply to Not-for-Profit Personal Liability coverage. This insurance is excess over any other insurance except that written specifically to cover excess over the amount of coverage that applies to Not-for-Profit Personal Liability.

## Personal Executive Coverage - Insuring Agreement

We will pay up to the limits as outlined in this endorsement as a result of an "assault or attack" on you, or your "family member(s)".

We will also pay up to the limits as outlined in this endorsement "security expenses" for the threat of an "assault or attack" or a "stalking threat".

We will also pay an "accidental death and dismemberment benefit" amount for the "accidental death and dismemberment benefit" loss the "victim" suffers as a direct result of an "assault or attack".

"Accidental death and dismemberment benefit" means the "loss of life", "loss of speech", "loss of hearing", "loss of hand", "loss of foot", "loss of sight of an eye", "loss of thumb and index finger" or "mutilation" which:

- a. is sudden, unforeseen, and unexpected;
- b. is independent of any illness, disease or other bodily malfunction;
- c. happens by chance;
- d. arises from a source external to the "victim"; and occurs within 180 days of the "assault or attack".

### Limits of Coverage

We will pay up to the limits as outlined in the schedule below. The Limits of Insurance shown on DECLARATIONS GARAGE COVERAGE PART do not apply to Personal Executive Coverage.

We will pay up to \$25,000 each person and \$50,000 for all coverage in any one policy period for "medical expenses" related to an act of "assault or attack" when incurred within 180 days of the "assault or attack". This includes coverage for related psychiatric services, and related rest and recuperation expenses if prescribed by a "physician", psychologist or other mental health professional (other than you or a "family member(s)").

The most we will pay for "accidental death and dismemberment benefit" is \$250,000. Coverage limits are limited as shown in the following schedule:

- a. "Loss of life" \$250,000;
- b. "Loss of speech" and "loss of hearing" \$200,000;
- c. "Loss of speech" or "loss of hearing" and one of the following: "loss of hand", "loss of foot" or "loss of sight of an eye" \$200,000;
- d. Loss of both hands \$200,000;
- e. Loss of both feet \$200,000;
- f. Loss of sight in both eyes \$200,000;
- g. Loss of any two of the following: "loss of hand", "loss of foot", "loss of sight of an eye" \$200,000;
- h. "Loss of speech" \$100,000;
- i. "Loss of hearing" \$100,000;
- j. "Loss of hand" \$100,000;
- k. "Loss of foot" \$100,000;
- l. "Loss of sight of an eye" \$100,000;
- m. "Loss of thumb and index finger" \$75,000;
- n. "Mutilation" \$50,000.

At your discretion you may use all of, or part of the \$250,000 "accidental death and dismemberment benefit" to fund a payment for ransom directly related to a "carjacking", "child abduction" or a "kidnapping". Payment of "accidental death and dismemberment benefit" will be made in the following order:

- a. at your discretion - payment for ransom; if none
- b. the spouse of the "victim" who lived with the "victim"; if none
- c. the domestic partner of the "victim" who lived with the "victim"; if none
- d. the estate of the "victim".

We will pay up to \$10,000 in any one policy period for "security expenses" related to a threat of an "assault or attack".

"Security expenses" shall mean expenses to change locks, install or improve security bars, motion detection devices, or central station alarm systems or related expenses for professional security consultant or guard services.

We will pay up to \$15,000 per person and \$30,000 in any one policy period for salary lost because of an "assault or attack" or a threat of an "assault or attack".

We will pay up to a maximum of \$10,000 reward for information leading to the arrest and conviction of any person(s) who is responsible for an "assault or attack" on you, or your "family member(s)". The following are not eligible to receive this reward payment: You, or a "family member(s)" of any person covered by this endorsement.

### **Definitions:**

"Assault or attack" - an unlawful act of physical violence which involves "kidnapping", "invasion of property", "carjacking", or "child abduction".

"Carjacking" - the unlawful forced removal or detention of you or your "family member(s)" from a motorized land vehicle.

"Child abduction" - the wrongful taking, false imprisonment, or wrongful detention of one or more of your "family member(s)".

"Family member(s)" -

- a. spouse
- b. children, their children or other descendents of theirs
- c. parents, grandparents or other ancestors of theirs,

who live with you, including spouses or domestic partners of all of the above. Parents, grandparents and others ancestors include adoptive parents, stepparents and step-grandparents.

"Invasion of property" - an unlawful act of violence or threat of violence by a person who unlawfully physically enters the premises where you, or a "family member(s)" is present.

"Kidnapping" - an act or instance or the crime of seizing, confining, inveigling, abducting, or carrying away a person by force or fraud with a demand for ransom or in furtherance of another crime.

"Loss of foot" - the permanent total loss of function of a foot at or above the ankle joint, as determined by a "physician".

"Loss of hand" - the permanent total loss of function of a hand at or above the wrist joint, as determined by a "physician".

"Loss of hearing" - the permanent total loss of the capability of hearing, as determined by a "physician".

"Loss of life" - death, including clinical death, determined by a medical examiner or similar local government authority.

"Loss of sight of an eye" - the permanent loss of sight of one eye which to the extent of legal blindness, as determined by a "physician".

"Loss of speech" - the permanent total loss of the capability of speech, as determined by a "physician".

"Loss of thumb and index finger" - the permanent total loss of function of a thumb and index finger, of the same hand, as determined by a "physician".

"Medical expenses" - the reasonable and customary charges for first aid, medical (not including psychiatric), funeral, surgical, x-ray, dental, ambulance, hospital, physical therapy, professional nursing services, and prosthetic devices.

"Mutilation" - complete severance of an entire finger, toe, ear, nose or genital organ, as determined by a "physician".

"Physician" - a person who is licensed as a medical doctor or a doctor of osteopathy under the laws of the jurisdiction in which treatment is given to a "victim" and who is qualified to provide such medical treatment. A "physician" does not include you or a "family member(s)".

"Stalking threat" - an act or acts committed with the intent to intimidate, harass, injure or harm you or your "family member(s)" by a person subject to a court order or injunction issued to protect you or your "family member(s)".

"Victim" - an insured person who suffers the "accidental death and dismemberment benefit" loss as a result of an "assault or attack".

## **Exclusions**

These exclusions apply to coverage under this endorsement:

False Report - We do not cover loss arising from a false report of an "assault or attack" or a threat of an "assault or attack" or a "stalking threat" by you or a "family member(s)" or any person acting on behalf of you or your "family member(s)", whether acting alone or in collusion with others.

Family acts of violence - We do not cover a loss arising from an act committed by any insured, a "family member(s)", an estranged spouse or former spouse of any insured, an estranged domestic partner or former domestic partner of any insured or a person acting on behalf of any of them, whether acting alone or in collusion with others. Nor do we cover any loss arising out of an act committed by a person who lives with you or ever lived with you for six (6) or more months except if such a person was employed by you as a domestic "employee" or residential staff. In addition, we do not cover any loss arising out of an act committed by a "family member(s)" or guardian of an abducted child who is in your care or a "family member's" care.

Civil authority - We do not cover loss arising out of an act committed by any civil authority. However, this exclusion does not apply to coverage provided under "stalking threat" coverage.

Legal Counsel - We do not cover the costs of legal counsel.

Salary lost - We do not cover salary lost when the income that was lost is from disability insurance, social security disability, unemployment compensation or when the "victim" was on personal or medical leave immediately prior to the loss.

Substance abuse treatment - We do not cover any expenses for substance abuse treatments unless the substance abuse was directly caused by the "carjacking", "child abduction", kidnapping or "invasion of property".

Childbirth or miscarriage - We do not cover "accidental death and dismemberment benefit" loss arising out of childbirth or miscarriage.

Suicide or intentional dismemberment - We do not cover "accidental death and dismemberment benefit" loss arising by the "victim's" suicide, attempted suicide or dismemberment that is intentionally inflicted.

## **Conditions**

### **Other Insurance**

This insurance is excess over any other insurance except that written specifically to cover excess over the amount of coverage that applies in this policy. This provision does not apply to "accidental death and dismemberment benefit".

### **Your Duties After a Loss**

In case of a "carjacking", "child abduction", "stalking threat" or "invasion of property" "occurrence", you or your "family member(s)" shall perform the following duties that apply:

Notification - You must notify us as soon as possible. In the case of a "carjacking", "stalking threat" or "invasion of property" "occurrence", you or your "family member(s)" also shall notify an applicable law enforcement agency as soon as possible. In case of a "child abduction" "occurrence", you or your "family member(s)" also shall notify an applicable law enforcement agency no later than the recovery of the abducted child or verification of the abducted child's "loss of life", whichever comes first.

Assistance - You must provide us or cause us to be provided with all available information and cooperate with us fully.

Proof of loss - At our request you must submit to us, or cause to be submitted within 60 days of our request, an affirmative proof of loss with full particulars. Failure to give written proof of loss within this time frame will not invalidate or reduce any claim if notice is given as soon as reasonably possible. In no event, except in the absence of legal capacity, shall the proof of loss be submitted more than one year from the time proof is otherwise required. In the event of a death claim Proof of death is required and must include a certified copy of the death certificate.

Examination - We will have the right to examine under oath as often as we may reasonably require, you or your "family member(s)". We may also ask you or any beneficiary of any loss payable under this endorsement to give us a signed description of the circumstance surrounding a loss and to produce all records and documents we request and permit us to make copies.

Physical examination and autopsy - Any injured person for whom a claim is made under this endorsement must submit as often as we reasonably require to physical examinations by "physician" we select. We may also have an autopsy done by a "physician", unless prohibited by law. Any examinations or autopsies that we require will be done at our expense.

*SERFF Tracking Number:*      *FEMC-125596891*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Federated Mutual Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *F-CA-08-10F*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0001 Business Auto*  
*Product Name:*                      *Commercial Auto*  
*Project Name/Number:*              *Three Wheeled Auto Exclusion/F-CA-08-10*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FEMC-125596891 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/15/2008

**Comments:**

**Attachment:**

pc td-1.DOC FORM.pdf

**Satisfied -Name:** COVER LETTER **Review Status:** Approved 04/15/2008

**Comments:**

**Attachment:**

cover letter (Form).pdf

**Satisfied -Name:** EXPLANATORY MEMORANDUM **Review Status:** Approved 04/15/2008

**Comments:**

**Attachment:**

Endorsement Explanatory.pdf

**Satisfied -Name:** PC FFS-1 **Review Status:** Approved 04/15/2008

**Comments:**

**Attachment:**

pc-ffs1.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
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

<b>5. Company Tracking Number</b>	<b>F-CA-08-10F</b>
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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 Auto
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: 6-15-2008      Renewal: 6-15-2008

## 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	4-7-2008
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-CA-08-10F
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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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### CA-F-116 and 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 Garage (CA-F-116) or General Liability (CG-F-73) policies.

### CA-F-133, Executive Personal Liability Coverage

This new endorsement provides certain coverages for executives of businesses including Contingent Workers Compensation Coverage and Not-for-Profit Personal Liability Coverage. It also provides payment as the result of assault or attack, including accidental death or dismemberment and security expenses for threat of assault or attack or a stalking threat. This endorsement will be added to individual types of businesses at our option at no additional charge. This will be reviewed in the future as we review our type of business state coverage and rating plans.

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><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

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



April 7, 2008

Arkansas

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

**COMMERCIAL AUTOMOBILE - DIVISION ONE**

- New Executive Personal Liability End CA-F-133 (06-08)
- Revised Three Wheeled Auto Exclusion end CA-F-116 (06-08)

Federated File Number: F-CA-08-10 (F)

We file for your approval the above listed filing. Please see the attached explanatory memorandum for further details.

We wish to implement this filing for all policies written on or after 6-15-2008, or within 90 days of your approval but not prior to 6-15-2008.

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

Thank you.

## **Endorsement Explanatory Memorandum**

### **CA-F-116 and CG-F-73 Three Wheeled Auto Exclusion Endorsement**

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## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	F-CA-08-10F			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	F-CA-08-10R			
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	CA-F-116 (06-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA-F-116 (03-06)	
02	Executive Personal Liability Coverage	CA-F-133 (06-08)	<input checked="" 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		

