

SERFF Tracking Number: HRLV-125615121 State: Arkansas  
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: IMJM040408-1  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: CIM  
Project Name/Number: IM Motor Carrier Forms Revision - AAIS/

## Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CIM	SERFF Tr Num: HRLV-125615121	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IMJM040408-1	State Status: Fees verified and received
Filing Type: Form	Co Status: Submitted to State	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Carol Zwoyer	Disposition Date: 04/23/2008
	Date Submitted: 04/18/2008	Disposition Status: Approved
Effective Date Requested (New): 06/01/2008		Effective Date (New): 06/01/2008
Effective Date Requested (Renewal): 06/01/2008		Effective Date (Renewal): 06/01/2008

State Filing Description:

## General Information

Project Name: IM Motor Carrier Forms Revision - AAIS

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 04/23/2008

State Status Changed: 04/23/2008

Corresponding Filing Tracking Number:

Filing Description:

With this filing, we submit for approval Motor Carrier forms to be used for Commercial Inland Marine

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com

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355 Maple Avenue (215) 256-5735 [Phone]  
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

**Filing Company Information**

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania  
355 Maple Avenue Group Code: 253 Company Type:  
Harleysville, PA 19438 Group Name: State ID Number:  
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325  
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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 #
Harleysville Mutual Insurance Company	\$50.00	04/18/2008	19707941

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/23/2008	04/23/2008

*SERFF Tracking Number:*      *HRLV-125615121*                      *State:*                      *Arkansas*  
*Filing Company:*              *Harleysville Mutual Insurance Company*              *State Tracking Number:*      *EFT \$50*  
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*Product Name:*              *CIM*  
*Project Name/Number:*      *IM Motor Carrier Forms Revision - AAIS/*

## **Disposition**

Disposition Date: 04/23/2008

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: HRLV-125615121 State: Arkansas  
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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
Form	BMC 32 Endorsement for motor Common Carrier Policies of Insurance For Cargo Under 49 U.S.C 13906	Approved	Yes
Form	Form I Uniform Motor Carrier Cargo Insurance Endorsement	Approved	Yes

SERFF Tracking Number: HRLV-125615121 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	BMC 32 Endorsement for motor Common Carrier Policies of Insurance For Cargo Under 49 U.S.C 13906	MC-2414f	06-07	Endorseme New nt/Amendm ent/Condi ons			MC2414f.pdf
Approved	Form I Uniform Motor Carrier Cargo Insurance Endorsement	MC-2444a	09-99	Endorseme New nt/Amendm ent/Condi ons			MC2444A.pdf

Form BMC-32

Approved by OMB  
2126-0017  
Expires: 02/28/2009

ENDORSEMENT FOR  
MOTOR COMMON CARRIER POLICIES OF INSURANCE  
FOR CARGO LIABILITY UNDER 49 U.S.C. 13906

Issued to \_\_\_\_\_ of \_\_\_\_\_  
Name of Motor Carrier Address of Motor Carrier (Street, City, State, Zip Code)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
Address of Insurance Office/Branch/Agency

Amending Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Insurance Co. Filer # \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ . Countersigned by \_\_\_\_\_  
Insurance Company Authorized Company Representative

The policy to which this endorsement is attached is a cargo insurance policy, and is hereby amended to assure compliance by the insured, as a common carrier of property by motor vehicle, with Section 13906, Title 49 of the United States Code, with reference to making compensation to shippers or consignees for all property belonging to shippers or consignees coming into the possession of such carrier in connection with its transportation service under certificate issued to the insured by the Federal Motor Carrier Safety Administration (FMCSA), or otherwise in transportation in interstate or foreign commerce subject to FMCSA rules and regulations.

In consideration of the premium stated in the policy to which this endorsement is attached, the Company hereby agrees to pay within the limits of liability hereinafter provided, any shipper or consignee for all loss of or damage to all property belonging to such shipper or consignee, and coming into the possession of the insured in connection with such transportation service, for which loss or damage the insured may be held legally liable, regardless of whether or not the motor vehicles, terminals, warehouses, and other facilities used in connection with the transportation of the property hereby insured are specifically described in the policy. The liability of the Company extends to such losses or damages whether occurring on the route or in the territory authorized to be served by the insured or elsewhere.

Within the limits of liability hereinafter provided, it is further understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, or any other endorsement thereon or violation thereof, or of this endorsement by the insured, shall affect in any way the right of any shipper or consignee, or relieve the Company from liability for the payment of any claim arising out of such transportation service for which the insured may be held legally liable to compensate shippers or consignees, irrespective of the financial responsibility or lack thereof or insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which this endorsement is attached are to remain in full force and effect as binding between the insured and the Company. The insured agrees to reimburse the Company for any payment made by the Company on account of any loss or damage involving a breach of the terms of the policy and for any payment that the Company would not have been obligated to make under the provisions of the policy, except for the agreement contained in this endorsement.

The liability of the Company for the limits provided in this endorsement shall be a continuing one notwithstanding any recovery hereunder. The Company shall not be liable for an amount in excess of \$5,000 in respect to all losses or damages to property hereby insured carried on any one motor vehicle, nor in any event for an amount in excess of \$10,000, in respect to any loss of or damage to or aggregate of losses or damages of or to such property occurring at any one time and place.

Whenever requested by the FMCSA, the Company agrees to furnish to the FMCSA a duplicate original of said policy and all endorsements thereon. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the FMCSA at its office in Washington, D.C., said thirty (30) days notice to commence to run from the date notice is actually received at the office of said FMCSA.

**FORM I**  
**UNIFORM MOTOR CARRIER CARGO**  
**INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy as proof of responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for motor carrier cargo liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Cargo Certificate of Insurance has been filed with the State Commissions indicated on the reverse side hereof.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of policy No. .... issued by .....

herein called Company, of .....

to .....

of .....

Dated at ..... this ..... day of ..... 20 .....

Countersigned by .....

Authorized Company Representative

This form determined by the National Association of Railroad and Utilities Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202 (b) (2) of the Interstate Commerce Act (49 U.S.C., Sec. 302 (b) (2)).



*SERFF Tracking Number:*      *HRLV-125615121*                      *State:*                      *Arkansas*  
*Filing Company:*              *Harleysville Mutual Insurance Company*              *State Tracking Number:*              *EFT \$50*  
*Company Tracking Number:*      *IMJM040408-1*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*                      *CIM*  
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## **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

04/23/2008

**Comments:**

**Attachment:**

CIM - nonfiled class NAIC 2007.pdf

**Satisfied -Name:** cover letter

**Review Status:**

Approved

04/23/2008

**Comments:**

**Attachment:**

CIM - nonfiled class filing.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>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

<b>5. Company Tracking Number</b>	125615121
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

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

9. Type of Insurance (TOI)	Commercial Inland Marine
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: 06/01/2008      Renewal: 06/01/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>16.</b>	<b>Reference Organization</b> (if applicable)			
<b>17.</b>	<b>Reference Organization # &amp; Title</b>			
<b>18.</b>	<b>Company's Date of Filing</b>	4/18/2008		
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	125615121
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing, we submit for approval the following Motor Carrier forms to be used for Commercial Inland Marine.

- MC 2414f (06-07) = BMC 32 Endorsement for motor Common Carrier Policies of Insurance For Cargo Under 49 U.S.C 13906
- MC-2444a (09-99) = Form I Uniform Motor Carrier Cargo Insurance Endorsement

Rule of Application: These changes shall be applicable to all policies effective on or after June 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (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><b>Check #:</b> EFT <b>Amount:</b> 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.)**

**HARLEYSVILLE MUTUAL INSURANCE COMPANY**

355 Maple Avenue  
Harleysville, PA 19438-2297  
[www.harleysvillegroup.com](http://www.harleysvillegroup.com)

April 17, 2008

Honorable Julie Benfield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC # 253-14168  
**Commercial Inland Marine**  
AAIS Inland Marine Guide  
(Non-Filed Classes)  
Form Filing  
Company Filing Number: 125615121

Dear Honorable Bowman:

With this filing, we submit for your review and approval the following Motor Carrier forms to be used for Commercial Inland Marine:

- MC 2414f (06-07) = BMC 32 Endorsement for motor Common Carrier Policies of Insurance For Cargo Under 49 U.S.C 13906
- MC-2444a (09-99) = Form I Uniform Motor Carrier Cargo Insurance Endorsement

Rule of Application: These changes shall be applicable to all policies effective on or after June 1, 2008.

Your favorable approval will be appreciated.

Very truly yours



Carol Zwoyer, AAM, AIT  
Senior State Filing Analyst  
(215) 256-5735  
[czwoyer@harleysvillegroup.com](mailto:czwoyer@harleysvillegroup.com)

CC: Jen Milewski, Lisa Berke