

SERFF Tracking Number: QBEC-125611818 State: Arkansas
Filing Company: Praetorian Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-112-002-CA-AR
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: ARA - Cml Auto Form Filing
Project Name/Number: /

Filing at a Glance

Company: Praetorian Insurance Company
Product Name: ARA - Cml Auto Form Filing
TOI: 20.0 Commercial Auto
Sub-TOI: 20.0003 Other
Filing Type: Form

SERFF Tr Num: QBEC-125611818 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$50
Co Tr Num: 08-112-002-CA-AR State Status: Fees verified and received
Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Janet Kiger Disposition Date: 04/21/2008
Date Submitted: 04/16/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 04/21/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 04/21/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments: Pending Approval in all 50 states.
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 04/21/2008
State Status Changed: 04/21/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
RE: Praetorian Insurance Company - NAIC: 0796-37257 FEIN: 36-3030511
American Rental Association – Multi Line - Equipment Dealers Program
Commercial Automobile
Form Filing

<i>SERFF Tracking Number:</i>	<i>QBEC-125611818</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Praetorian Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-112-002-CA-AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>ARA - Cml Auto Form Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Praetorian Insurance Company wishes to submit for your review and approval our American Rental Association – Equipment Dealers – Commercial Automobile Form Filing.

Enclosed are the following:

- State Transmittals (if applicable)
- Filing Fee (if applicable)
- Form Filing Memorandum
- ARA 40 03 08 07– Rental Truck Liability Provisions (Final Printed Form)

Company and Contact

Filing Contact Information

Janet Kiger, Assistant Vice President	janet.kiger@qbeamericas.com
1200 Landmark Center	(402) 345-1818 [Phone]
Omaha, NE 68102	(402) 345-4401[FAX]

Filing Company Information

Praetorian Insurance Company	CoCode: 37257	State of Domicile: Illinois
88 Pine Street - 16th Floor	Group Code: 796	Company Type:
New York , NY 10005	Group Name: QBE Insurance	State ID Number:
	Group	
(212) 422-9888 ext. [Phone]	FEIN Number: 36-3030511	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR Form Filing Fee = \$50.00
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Praetorian Insurance Company	\$50.00	04/16/2008	19623471

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/21/2008	04/21/2008

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Project Name/Number: /

Disposition

Disposition Date: 04/21/2008

Effective Date (New): 04/21/2008

Effective Date (Renewal): 04/21/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: QBEC-125611818 State: Arkansas
 Filing Company: Praetorian Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 08-112-002-CA-AR
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: ARA - Cml Auto Form Filing
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Arkansas Certificate of Compliance	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Rental Truck Liability Provisions	Approved	Yes

SERFF Tracking Number: QBEC-125611818 State: Arkansas
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: ARA - Cml Auto Form Filing
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rental Truck Liability Provisions	ARA 4003	0807	Endorsement/Amendment/Conditions		52.60	ARA 4003 0807 Rental Truck Liability Provisions.pdf

<i>SERFF Tracking Number:</i>	<i>QBEC-125611818</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Praetorian Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-112-002-CA-AR</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>ARA - Cml Auto Form Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: QBEC-125611818 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	04/21/2008
Comments:			
Attachments:			
ARPCTD-1.pdf			
ARFFS-1.pdf			
Satisfied -Name:	Arkansas Certificate of Compliance	Review Status: Approved	04/21/2008
Comments:			
Attachment:			
ARCOC.pdf			
Satisfied -Name:	Filing Memorandum	Review Status: Approved	04/21/2008
Comments:			
Attachment:			
Form Filing Memo.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="border: none;">New Business</td> <td style="border: none; width: 100px;"></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 #
QBE	0796

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Praetorian Insurance Company	IL	37257	36-3030511	

5. Company Tracking Number	08-112-002-CA-AR
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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
	Janet Kiger 1299 Farnam, Suite 950 Omaha NE 68102	Asst VP	800-324-0269 ext 110	402-345-4401	Janet.kiger@qbeameric as.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Janet Kiger		

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

9. Type of Insurance (TOI)	20.0 – Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other
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: Date of Approval Renewal: Date of Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	04/16/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	08-112-002-CA-AR
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Praetorian Insurance Company – NAIC # 0796-37257 FEIN # 36-3030511
American Rental Association - Equipment Dealers
Commercial Automobile
Form Filing

Praetorian Insurance Company wishes to submit for your review and approval our American Rental Association - Equipment Dealers - Commercial Automobile – Form Filing .

Enclosed is the following:

- State Transmittal Forms (if applicable)
- State Filing Fee (if applicable)
- Filing Memorandum
- ARA 40 03 08 07 - Rental Truck Liability Provisions

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 #: Electronic Fund Transfer via SERFF</p> <p>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.)**

Effective March 1, 2007

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 #	08-112-002-CA-AR			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Rental Truck Liability Provisions	ARA 4003 0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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		

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, Stephen T. Fitzpatrick, Vice President of
(Name) *(Title of Authorized Officer)*
Praetorian Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:
 - a. Arkansas Code Annotated;
 - b. Arkansas Rules and Regulations;
 - c. Arkansas Insurance Bulletins, Directives and Orders;
 - d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
 - e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against

the company.

3. Pursuant to Ark. Code Ann. §23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? *(Yes or No)* ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number 08-112-002-CA-AR

Signature of Authorized Officer ►

Name of Authorized Officer ► Stephen T. Fitzpatrick

Title of Authorized Officer ► Vice President

Email address of Authorized Officer ► sfitzpatrick@praetorianfinancial.com

Telephone # of Authorized Officer ► 800-324-0269

Date ► 04/16/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us AID PC SelfCert (4/30/03)

PRAETORIAN INSURANCE COMPANY

**AMERICAN RENTAL ASSOCIATION
COMMERCIAL AUTOMOBILE
FORM FILING MEMORANDUM**

ARA 40 03 08 07 – Rental Truck Liability Provisions

Description of Coverage:

This is an optional endorsement that is applied to those risks where there's rental truck exposure. The intent is to allow us to place both owned vehicles and rental vehicles on the same policy - providing the insured with higher limits and the lessee with limits of minimum financial responsibility.

Rate Impact:

There is no charge for this enhancement endorsement.