

SERFF Tracking Number: SEPX-125600177 State: Arkansas  
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CA AR08175TRF01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Non-Passenger Motor Carrier  
Project Name/Number: 2008 C/L Auto/CA AR08175TRF01

## Filing at a Glance

Company: Sentry Select Insurance Company  
Product Name: Non-Passenger Motor Carrier SERFF Tr Num: SEPX-125600177 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 20.0004 Truckers Co Tr Num: CA AR08175TRF01 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: SPI SentryInsurancePC Disposition Date: 04/16/2008  
Date Submitted: 04/08/2008 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: 2008 C/L Auto Status of Filing in Domicile: Authorized  
Project Number: CA AR08175TRF01 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 04/16/2008  
State Status Changed: 04/15/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

This filing includes proposals to begin offering Lease/GAP coverage as well as Accident Travel coverage.

### LEASE/GAP COVERAGE

The Lease/Gap product is based on the ISO coverage Rule 109 and ISO endorsement number CA 20 71 10 01. The

<i>SERFF Tracking Number:</i>	<i>SEPX-125600177</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR08175TRF01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Non-Passenger Motor Carrier</i>		
<i>Project Name/Number:</i>	<i>2008 C/L Auto/CA AR08175TRF01</i>		

Sentry form is very similar to the ISO form. This form CA 85 11 07 08 will be used with our Non-Passenger Motor Carrier Program.

The two modifications to the ISO form are to exclude double payment in the event that there is other applicable insurance and exclude any unpaid load balance that was not used to purchase the auto.

## ACCIDENT TRAVEL COVERAGE

The Accident Travel Coverage endorsement CA 85 10 07 08 provides up to \$2,500 travel reimbursement in the event that an insured is injured and is hospitalized away from home as a result of an insured loss. Those eligible for the reimbursement are family members or other designated individual.

## Company and Contact

### Filing Contact Information

Lance Broecker, Product Compliance/Development - Analyst 1800 North Point Drive Stevens Point, WI 54481	lance.broecker@sentry.com  (715) 346-8450 [Phone] (715) 346-6044[FAX]
--	--

### Filing Company Information

Sentry Select Insurance Company 1800 North Point Drive Stevens Point, WI 54481	CoCode: 21180 Group Code: 169 Group Name: Sentry Insurance Group	State of Domicile: Wisconsin Company Type: State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 36-2674180 -----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

*SERFF Tracking Number:*      *SEPX-125600177*                      *State:*                      *Arkansas*  
*Filing Company:*              *Sentry Select Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CA AR08175TRF01*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0004 Truckers*  
*Product Name:*              *Non-Passenger Motor Carrier*  
*Project Name/Number:*      *2008 C/L Auto/CA AR08175TRF01*

**Fee Explanation:**  
**Per Company:**              **No**

SERFF Tracking Number: SEPX-125600177 State: Arkansas  
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CA AR08175TRF01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Non-Passenger Motor Carrier  
Project Name/Number: 2008 C/L Auto/CA AR08175TRF01

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Select Insurance Company	\$50.00	04/08/2008	19376223

SERFF Tracking Number: SEPX-125600177 State: Arkansas  
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CA AR08175TRF01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Non-Passenger Motor Carrier  
Project Name/Number: 2008 C/L Auto/CA AR08175TRF01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/16/2008	04/16/2008

*SERFF Tracking Number:*      *SEPX-125600177*                      *State:*                      *Arkansas*  
*Filing Company:*              *Sentry Select Insurance Company*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CA AR08175TRF01*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0004 Truckers*  
*Product Name:*              *Non-Passenger Motor Carrier*  
*Project Name/Number:*      *2008 C/L Auto/CA AR08175TRF01*

## **Disposition**

Disposition Date: 04/16/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125600177 State: Arkansas  
 Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CA AR08175TRF01  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
 Product Name: Non-Passenger Motor Carrier  
 Project Name/Number: 2008 C/L Auto/CA AR08175TRF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Form	AUTO LOAN/LEASE GAP COVERAGE	Approved	Yes
Form	ACCIDENT TRAVEL COVERAGE	Approved	Yes

SERFF Tracking Number: SEPX-125600177 State: Arkansas  
 Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: CA AR08175TRF01  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
 Product Name: Non-Passenger Motor Carrier  
 Project Name/Number: 2008 C/L Auto/CA AR08175TRF01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AUTO LOAN/LEASE GAP COVERAGE	CA 85 11 07 08	07/08	Endorseme New nt/Amendm ent/Condi ons		0.00	CA 85 11 07 08.PDF
Approved	ACCIDENT TRAVEL COVERAGE	CA 85 10 07 08	07/08	Endorseme New nt/Amendm ent/Condi ons		0.00	CA 85 10 07 08 .PDF

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AUTO LOAN/LEASE GAP COVERAGE**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO COVERAGE PHYSICAL DAMAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**SCHEDULE**

Description of Covered "Autos"	Premium
2008 Peterbilt xxxxxxxxxxxxxx	\$x,xxx

(If no information shows here, information required will be shown on the Declarations as applicable to this endorsement.)

The Physical Damage Coverage Section is amended by the addition of the following:

In the event of a total "loss" to a covered "auto" shown in the Schedule or Declarations for which a specific premium charge indicates that Auto Loan/Lease GAP Coverage applies, we will pay as of the date of the loss any unpaid amount due on the lease or loan for a covered "auto", less

- 1.) The amount paid under Physical Damage Coverage Section of the policy or any similar coverage under another policy; and
- 2.) Any:
  - a. Overdue lease/loan payments at the time of the "loss";
  - b. Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
  - c. Security deposits not returned by the lessor;
  - d. Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
  - e. Carry-over balances from previous loans or leases;
  - f. Unpaid principal included in the outstanding loan that was not used for the purchase of the covered "auto".

All other terms and conditions of your policy apply to this endorsement.

This endorsement forms a part of and is for attachment to the following described policy issued by the company designated therein, takes effect on the effective date of said policy, unless another effective date is shown below, at the hour stated in said policy and expires concurrently with said policy.

<i>Complete Only When This Endorsement Is Not Prepared with the Policy or Is Not to be Effective with the Policy</i>		
Policy No.	Issued To	EFFECTIVE DATE

Countersignature Of Authorized Representative ;

Name:

Title:

Signature:

Date:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ACCIDENT TRAVEL COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

SECTION II – LIABILITY A. COVERAGE, 2. COVERAGE EXTENSIONS is amended to include the following:

c. Accident Travel Coverage

Subject to the Limit of Insurance, we will pay reasonable “travel reimbursement expenses” incurred by a family member or if none are available a “designated representative” of an “insured” of a covered “auto” for travel to visit that “insured” who was injured in an “accident” involving a covered “auto,” subject to the following conditions:

- 1.) Regardless of the number of traveling family members or “designated representatives”, injured “insureds,” claims made or vehicles involved in the “accident,” the most we will pay for all “travel reimbursement expenses” resulting from any one “accident” is \$2,500. If the combined total of reasonable “travel reimbursement expenses” resulting from any one “accident” incurred by two or more family members or “designated individuals” exceeds the per \$2,500 per accident limit, we will pay those expenses submitted with complete documentation on a first presented basis.
- 2.) Travel must be to visit the injured party at a hospital or in the event of death, to a location necessary to handle the immediate affairs of the deceased.
- 3.) Subject to the \$2,500 per accident limit, the most we will pay for the combined total of expenses for room accommodations, parking and meals for each family member or “designated representative” is \$200 per day.
- 4.) We will reimburse ground transportation using a personal vehicle at a currently established rate per mile for the actual miles driven.
- 5.) All “travel reimbursement expense” must be supported by written receipts submitted to us no later than six months from the date of the “accident.”

SECTION VI – DEFINITIONS is amended to include:

“Designated representative” is an individual identified by the insured as a close personal friend or as having decision making authority pertaining to the insured’s care in the event of incapacity or death.

“Travel reimbursement expenses” include reasonable charges incurred for rail, ground or air (coach class) transportation, meals, room accommodations and parking expenses only.

This endorsement forms a part of and is for attachment to the following described policy issued by the company designated therein, takes effect on the effective date of said policy, unless another effective date is shown below, at the hour stated in said policy and expires concurrently with said policy.

*Complete Only When This Endorsement Is Not Prepared with the Policy or Is Not to be Effective with the Policy*

POLICY NO.	ISSUED TO	EFFECTIVE DATE
------------	-----------	----------------

--	--	--

CA 85 10 07 08

<i>SERFF Tracking Number:</i>	<i>SEPX-125600177</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR08175TRF01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Non-Passenger Motor Carrier</i>		
<i>Project Name/Number:</i>	<i>2008 C/L Auto/CA AR08175TRF01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125600177 State: Arkansas  
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CA AR08175TRF01  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Non-Passenger Motor Carrier  
Project Name/Number: 2008 C/L Auto/CA AR08175TRF01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 04/16/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-  
1 **Review Status:** Approved 04/16/2008

**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

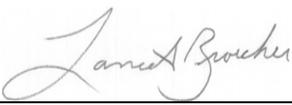
## Property & Casualty Transmittal Document

<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Sentry Insurance Group	169			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Sentry Select Insurance Company	WI	21180	36-2674180	

<b>5. Company Tracking Number</b>	CA AR08175TRF01
-----------------------------------	-----------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Lance Broecker 1800 North Point Drive Stevens Point WI 54481	Product Compliance/Development - Analyst	715-346-6000	715-346-6044	lance.broecker@sentry.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Lance Broecker		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	20.0 Commercial Auto
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	20.0004 Truckers
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 07/01/2008      Renewal: 07/01/2008
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	April 9, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CA AR08175TRF01
------------	--	-----------------

<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]
------------	--

This filing includes proposals to begin offering Lease/GAP coverage as well as Accident Travel coverage.

### LEASE/GAP COVERAGE

The Lease/Gap product is based on the ISO coverage Rule 109 and ISO endorsement number CA 20 71 10 01. The Sentry form is very similar to the ISO form. This form CA 85 11 07 08 will be used with our Non-Passenger Motor Carrier Program.

The two modifications to the ISO form are to exclude double payment in the event that there is other applicable insurance and exclude any unpaid load balance that was not used to purchase the auto.

### ACCIDENT TRAVEL COVERAGE

The Accident Travel Coverage endorsement CA 85 10 07 08 provides up to \$2,500 travel reimbursement in the event that an insured is injured and is hospitalized away from home as a result of an insured loss. Those eligible for the reimbursement are family members or other designated individual.

<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]				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"><b>Check #:</b></td> <td>SERFF EFT</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$50</td> </tr> </table> <p style="text-align: center; margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>		<b>Check #:</b>	SERFF EFT	<b>Amount:</b>	\$50
<b>Check #:</b>	SERFF EFT				
<b>Amount:</b>	\$50				

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

## 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>	CA AR08175TRF01
-----------	--	-----------------

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	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	AUTO LOAN/LEASE GAP COVERAGE	CA 85 11 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	ACCIDENT TRAVEL COVERAGE	CA 85 10 07 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

**Page 1 of 2**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed April 9, 2008

2. Company Name(s) Sentry Select Insurance Company

Group Name Sentry Insurance Group NAIC No. 21180 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 19.4 & 21.2

(b) Class of Business Non-Passenger Motor Carrier

© Coverages Affected \_\_\_\_\_

4. (a) Name of Advisory Organization, if any ISO

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Yes

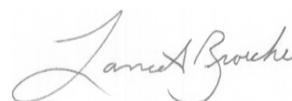
8. Is the form filed in response to or due to legislation? If so, specify legislation.

No

9. Is the form in response to or due to recent court decisions? If so, give citation.

No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Lance Broecker

**Title**

715-346-8450

**Telephone Number**

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	07-01-08	CA 85 11 07 08 07/08	<p>AUTO LOAN/LEASE GAP COVERAGE The lease/loan gap insurance covers the remaining amount left on a loan after the initial insurance has reimbursed the vehicle worth.</p>
	07-01-08	CA 85 10 07 08 07/08	<p>ACCIDENT TRAVEL COVERAGE Provides up to \$2500 travel reimbursement in the event that an insured is injured and hospitalized away from home as a result of an insured loss.</p>