

SERFF Tracking Number: ARKS-125655706 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO State Tracking Number: #90040570 \$50
Company Tracking Number: 4530
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commerical General Liability
Project Name/Number: /

Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO
Product Name: Commerical General Liability SERFF Tr Num: ARKS-125655706 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #90040570 \$50
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 4530 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Disposition Date: 05/29/2008
Date Submitted: 05/19/2008 Disposition Status: Approved
Effective Date Requested (New): 06/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal):
State Filing Description:
1 form

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/29/2008
State Status Changed: 05/29/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125655706 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90040570 \$50
INS CO
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NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas
INS CO
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/29/2008	05/29/2008

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Product Name: Commerical General Liability
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Disposition

Disposition Date: 05/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125655706 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	ARKS-125655706		Yes

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Rate Information

Rate data does NOT apply to filing.

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Product Name: Commerical General Liability
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125655706

05/29/2008

Comments:

Attachment:

ARKS-125655706.pdf



May 6, 2008

CHK#90040570
\$ 80
ARKS-125655706

Indiana Lumbermens Mutual Insurance Company - ILM
National Building Material Assurance Company - NBMA
Lone Star National Insurance Company - LSN

ER

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

Approved until withdrawn
or revoked

May 19 2008
Arkansas Insurance Department
By: ER

**RE: Indiana Lumbermens Mutual Insurance Company, NAIC 14265
Commercial General Liability Form Revision Filing
Indiana Lumbermens Filing #: 4530**

Dear Commissioner of Insurance Honorable Julie Benafield Bowman,

Indiana Lumbermens wishes to withdraw Extra Contractual damages: Punitive or Exemplary Damage Exclusion Endorsement previously-approved form 15570502 and replace it with form # 17770508. We are revising this form in order to clarify our duty to defend suits involving both compensatory and punitive damages. This change does not broaden nor further restrict coverage. We are requesting a 06/01/08 or the earliest date that the Department will allow.

I have enclosed a copy of the previously approved form 15570502 for your reference showing the revisions along with the new form 17770508.

A postage paid return envelope is also enclosed to facilitate your response. If you have any questions regarding this filing, please contact me at (800) 428-1441 ext.507 or by email at tburroughs@ilmgroup.com.

Indiana Lumbermens looks forward to your approval of this revised endorsement.

Respectfully Submitted,

Tonya J. Burroughs
Regulatory Compliance Analyst
Indiana Lumbermens Mutual Insurance Company
tburroughs@ilmgroup.com
Enclosures

RECEIVED

MAY 19 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document (Revised 1/1/06)

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:

 New Business

 Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

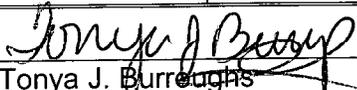
3. Group Name _____ **Group NAIC #** _____

4. Company Name(s)	Domicile	NAIC #	FEIN #
Indiana Lumbermens Mutual Insurance Co.	IN	14265	35-0410420
RECEIVED			
MAY 19 2008			
PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT			

5. Company Tracking Number 4530

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tonya J. Burroughs 3600 Woodview Trace Indianapolis, IN 46268	Regulatory Compliance Analyst	800-428-1441 ext. 507	317-875-3601	tburroughs@ilmgroup.com

7. Signature of authorized filer 

8. Please print name of authorized filer Tonya J. Burroughs

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

9. Type of Insurance (TOI)	
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: 6/1/2008 Renewal: 4/1/2008
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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 4530

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Indiana Lumbermens is filing to replace previously-approved form 15560502 – Extra Contractual Damages: Punitive or Exemplary Damage Exclusion Endorsement and replace with form 17770508. This form is being revised to clarify our duty to defend in suits involving both compensatory and punitive damages. This change does not constitute a broadening or further restriction of coverage.

We are requesting an effective date of 6/1/2008.

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]

Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

PC TD-1 pg 2 of 2

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 #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

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	Punitive Damages Exclusion Endorsement	17770508	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	15570502	2462
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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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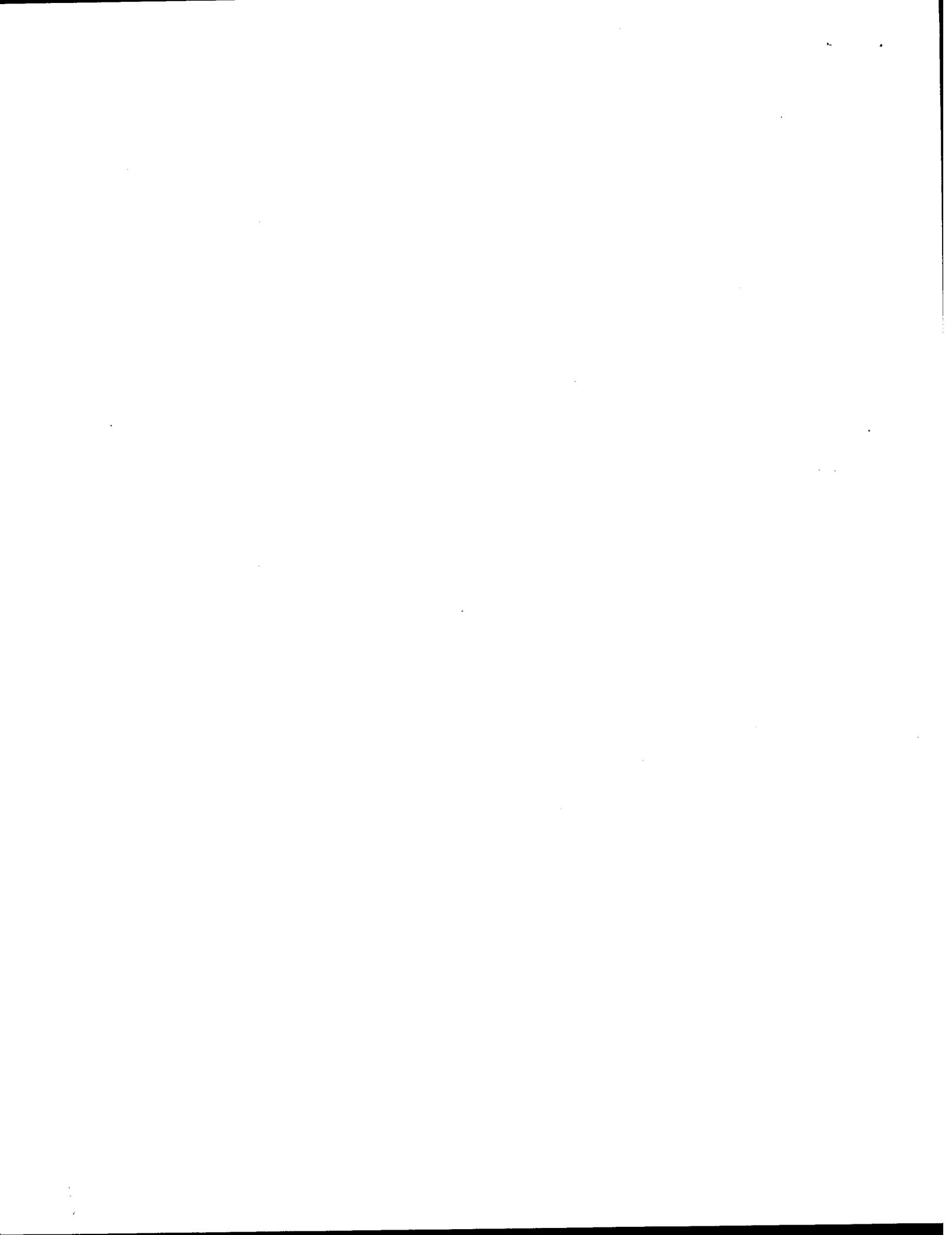
4a. Rate Change by Company (As Proposed)						
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b. Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate impact for this filing		
5b	Effect of Rate Filing – Written premium change for this program		
5c	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	



POLICY NUMBER:



THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY

EXTRA CONTRACTUAL DAMAGES:

PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

When this endorsement is attached to your policy, you have no coverage for any extra contractual damages, which may also be characterized as punitive or exemplary damages. These damages may be stated as, but not limited to, fines, penalties or multiplication of compensatory awards. It does not matter what the award is called. If the damages are not compensatory, they will be considered to be punitive or exemplary, and we will not pay them.

In the event a "suit" is brought against you claiming both compensatory as well as punitive damages, and is otherwise covered by the policy and/or not excluded by other terms, exclusions, or conditions of the policy, we will provide a defense without liability of such punitive or exemplary damages.

"Punitive damages" means those damages imposed to punish a wrongdoer and to deter others from similar conduct.

POLICY NUMBER:

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

**EXTRA CONTRACTUAL DAMAGES:
PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:
GENERAL LIABILITY

When this endorsement is attached to your policy, you have no coverage for any extra contractual damages, which may also be characterized as punitive or exemplary damages. These damages may be stated as, but not limited to, fines, penalties or multiplication of compensatory awards. It does not matter what the award is called. If the damages are not compensatory, they will be considered to be punitive or exemplary, and we will not pay them.

In the event a "suit" is brought against you claiming both compensatory as well as punitive damages, we will defend you. However, we will not pay any costs, interest or damages awarded as punitive or exemplary.