

SERFF Tracking Number: ZURC-125631872 State: Arkansas
 First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CW ML 27116
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Equipment Dealer Unicover Policy - Additional Insureds: Primary and Non-contributory Conditions Endorsement
 Project Name/Number: CW ML 27116 - Equipment Dealer Unicover Policy - Additional Insureds: Primary and Non-contributory Conditions
 Endorsement/CW ML 27116

Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company
 Product Name: Equipment Dealer Unicover Policy - Additional Insureds: Primary and Non-contributory Conditions Endorsement
 SERFF Tr Num: ZURC-125631872 State: Arkansas
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
 Sub-TOI: 05.0003 Commercial Package Co Tr Num: CW ML 27116 State Status: Fees verified and received
 Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
 Author: Patricia Chudik Disposition Date: 05/08/2008
 Date Submitted: 05/02/2008 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: CW ML 27116 - Equipment Dealer Unicover Policy - Additional Insureds: Primary and Non-contributory Conditions Endorsement Status of Filing in Domicile: Pending
 Project Number: CW ML 27116 Domicile Status Comments:
 Reference Organization: NA Reference Number: NA
 Reference Title: NA Advisory Org. Circular: NA
 Filing Status Changed: 05/08/2008
 State Status Changed: 05/08/2008 Deemer Date:
 Corresponding Filing Tracking Number:

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Filing Description:

The purpose of this filing is to seek approval for an endorsement for use with our Equipment Dealers Unicover Policy: Additional Insureds: Primary and Non-contributory Conditions, 763 (3-2008).

Please see the explanatory memorandum for a complete description of this filing.

We request that this filing becomes effective June 1, 2008, for new and renewal business, or as soon as statutes permit.

Company and Contact

Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com
 1400 American Lane (847) 605-7714 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

Filing Fees

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Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas's fee is \$50.00 per submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	05/02/2008	20065326
Universal Underwriters of Texas Insurance Company	\$0.00	05/02/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/08/2008	05/08/2008

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Disposition

Disposition Date: 05/08/2008
Effective Date (New): 06/01/2008
Effective Date (Renewal): 06/01/2008
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory memorandum	Approved	Yes
Form	Additional Insureds: Primary and Non-Contributory Conditions	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insureds: Primary and Non-Contributory Conditions	763	03 08	Endorsement/Amendment/Conditions		0.00	763EDU 03-08.pdf

ENDORSEMENT NO. 763
ADDITIONAL INSURED: PRIMARY AND NON-CONTRIBUTORY CONDITIONS
COVERAGE PARTS 500, 950 AND 980
EQUIPMENT DEALER UNICOVER

PAGE 1 OF 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE PARTS 500, 950 AND 980

OTHER INSURANCE

THE FOLLOWING IS ADDED:

IF:

1. *YOU SPECIFICALLY AGREE IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT TO PROVIDE *INJURY COVERAGE FOR AN OTHER *INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS; AND
2. THE WRITTEN CONTRACT OR WRITTEN AGREEMENT WAS SIGNED AND EXECUTED PRIOR TO AN *OCCURRENCE, CLAIM OR *SUIT;

THE INSURANCE THAT THIS COVERAGE PART PROVIDES FOR *INJURY WILL BE PRIMARY TO THE OTHER *INSURED'S POLICY, AND *WE WILL NOT SEEK CONTRIBUTION FROM THAT POLICY.

THE * INDICATES THE WORD IS DEFINED IN THE
COVERAGE PART TO WHICH THIS ENDORSEMENT APPLIES

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EDITION 3-2008

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

05/08/2008

Comments:

Attachment:

NAIC transmittal.pdf

Satisfied -Name: Explanatory memorandum

Review Status:

Approved

05/08/2008

Comments:

Attachment:

Explanatory memorandum.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="width: 60%; 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					

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Universal Underwriters Insurance Company	KS	41181	43-1249228	
Universal Underwriters of Texas Insurance Company	TX	40843	36-3139101	

5. Company Tracking Number	CW ML 27116
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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
	Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com
7.	Signature of authorized filer		<i>Patricia E. Chudik</i>		
8.	Please print name of authorized filer		Patricia E. Chudik		

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

9. Type of Insurance (TOI)	05.0
10. Sub-Type of Insurance (Sub-TOI)	05.0003
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Equipment Dealers Uncover Program – New Endorsement
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
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	05-02-2008
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 #	CW ML 27116
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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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In accordance with the filing requirements of your state, we enclose for your review and approval our new endorsement for use with our Equipment Dealers Unicover program.

Please see the explanatory memorandum for a complete description of this filing.

We request an effective date of June 1, 2008, for new and renewal business, or as soon as statutes permit.

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]
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Check #: EFT
Amount: \$50.00

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.)**

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 #	CW ML 27116
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	NA
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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	Additional Insureds: Primary and Non-contributory Conditions	763 (3-2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	NA
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

Equipment Dealers Unicover
CW ML 27116
Additional Insureds: Primary and Non-Contributory Conditions
763 (3-2008)

This endorsement alters the Other Insurance condition to say that, if there is a written agreement with an additional insured requiring our liability coverage to be primary and non-contributory, injury coverage in our liability coverage parts will automatically become primary and non-contributory.