

SERFF Tracking Number: ZURC-125650206 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW CA 27301
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CW CA 27301 E to Z Long Haul Filing
Project Name/Number: /

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: CW CA 27301 E to Z Long Haul Filing SERFF Tr Num: ZURC-125650206 State: Arkansas

Haul Filing

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: CW CA 27301

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Jane McKenna

Disposition Date: 05/27/2008

Date Submitted: 05/16/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/27/2008

State Status Changed: 05/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting two new optional endorsements for approval with this filing.

SERFF Tracking Number: ZURC-125650206 State: Arkansas
 First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CW CA 27301
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: CW CA 27301 E to Z Long Haul Filing
 Project Name/Number: /

Company and Contact

Filing Contact Information

Jane McKenna, Product Analyst jane.mckenna@zurichna.com
 1400 American Lane (847) 605-6303 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Filing Fees

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

<i>SERFF Tracking Number:</i>	ZURC-125650206	<i>State:</i>	Arkansas
<i>First Filing Company:</i>	American Zurich Insurance Company, ...	<i>State Tracking Number:</i>	EFT \$50
<i>Company Tracking Number:</i>	CW CA 27301		
<i>TOI:</i>	20.0 Commercial Auto	<i>Sub-TOI:</i>	20.0001 Business Auto
<i>Product Name:</i>	CW CA 27301 E to Z Long Haul Filing		
<i>Project Name/Number:</i>	/		
Per Company:	No		

SERFF Tracking Number: *ZURC-125650206* *State:* *Arkansas*
First Filing Company: *American Zurich Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW CA 27301*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *CW CA 27301 E to Z Long Haul Filing*
Project Name/Number: */*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	05/16/2008	20368028
American Guarantee and Liability Insurance Company	\$0.00	05/16/2008	
Zurich American Insurance Company of Illinois	\$0.00	05/16/2008	
Zurich American Insurance Company	\$0.00	05/16/2008	

SERFF Tracking Number: ZURC-125650206 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW CA 27301
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CW CA 27301 E to Z Long Haul Filing
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/27/2008	05/27/2008

SERFF Tracking Number: ZURC-125650206 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW CA 27301
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CW CA 27301 E to Z Long Haul Filing
Project Name/Number: /

Disposition

Disposition Date: 05/27/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
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

SERFF Tracking Number: ZURC-125650206 State: Arkansas
 First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CW CA 27301
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: CW CA 27301 E to Z Long Haul Filing
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	memo	Approved	Yes
Form	Combined Deductible Endorsement	Approved	Yes
Form	Combined Deductible Endorsement	Approved	Yes
Form	Combined Deductible Endorsement	Approved	Yes

SERFF Tracking Number: ZURC-125650206 State: Arkansas
 First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CW CA 27301
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: CW CA 27301 E to Z Long Haul Filing
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Combined Deductible Endorsement	U-CL-158-02/08 A CW	02/08	Endorsement/Amendment/Conditions		0.00	UCL158 Combined Ded End BA.pdf
Approved	Combined Deductible Endorsement	U-CL-159-02/08 A CW	02/08	Endorsement/Amendment/Conditions		0.00	UCL159 Combined Ded End TR&MC.pdf



ZURICH

Combined Deductible Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

- BUSINESS AUTO COVERAGE FORM**
- MOTOR TRUCK CARGO LIABILITY COVERAGE – REPORTING FORM**
- MOTOR TRUCK CARGO LIABILITY COVERAGE**
- TRIP TRANSIT COVERAGE FORM**
- TRANSPORTATION COVERAGE FORM**

A. SECTION III - PHYSICAL DAMAGE COVERAGE D. Deductible of the Business Auto Coverage Form is amended to read:

D. Deductible

1. For each covered “auto”, our obligation to

- a. pay for;
- b. repair;
- c. return; or
- d. replace

damage or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to “loss” caused by fire or lightning.

2. For the purpose of determining the applicable deductible, the term covered “auto” shall apply

a. separately to each:

- (1) tractor;
- (2) truck;
- (3) semitrailer; or
- (4) trailer

when not attached to another at the time of the “loss”; and

b. inclusively to any combination of:

- (1) tractor;
- (2) truck;
- (3) semitrailer; or
- (4) trailer

when attached together by a coupling device at the time of the “loss”.

- 3.** If differing deductibles apply to a combination, the following shall apply:
 - a.** if more than one “auto” of the combination is damaged or stolen, the greatest of the deductibles will apply; or
 - b.** if only one “auto” of the combination is damaged or stolen, the deductible scheduled for that individual “auto” will apply.
- B.** If any single “loss” or loss or damage gives rise to coverage under both the Business Auto Coverage Form and the applicable Commercial Inland Marine Coverage Form issued by us, only one deductible will apply to such “loss” or loss or damage. The applicable deductible for such “loss” or loss or damage shall be the greater of the deductibles under either the Business Auto Coverage Form or the applicable Commercial Inland Marine Coverage Form.
- C.** Nothing in this endorsement is intended, nor shall it be construed, to obligate or require us to pay “loss” or loss or damage under any coverage forms in any amount exceeding the available Limit of Liability under such coverage form.



ZURICH

Combined Deductible Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

- TRUCKERS COVERAGE FORM**
- MOTOR CARRIER COVERAGE FORM**
- MOTOR TRUCK CARGO LIABILITY COVERAGE – REPORTING FORM**
- MOTOR TRUCK CARGO LIABILITY COVERAGE**
- TRIP TRANSIT COVERAGE FORM**
- TRANSPORTATION COVERAGE FORM**

A. SECTION IV - PHYSICAL DAMAGE COVERAGE D. Deductible of the Truckers Coverage Form is amended to read:

D. Deductible

1. For each covered “auto”, our obligation to:

- a. pay for;
- b. repair;
- c. return; or
- d. replace

damage or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to “loss” caused by fire or lightning.

2. For the purpose of determining the applicable deductible, the term covered “auto” shall apply

a. separately to each:

- (1) tractor;
- (2) truck;
- (3) semitrailer; or
- (4) trailer

when not attached to another at the time of the “loss”; and

b. inclusively to any combination of:

- (1) tractor;
- (2) truck;
- (3) semitrailer; or
- (4) trailer

when attached together by a coupling device at the time of the “loss”.

- 3.** If differing deductibles apply to a combination, the following shall apply:
 - a.** if more than one "auto" of the combination is damaged or stolen, the greatest of the deductibles will apply; or
 - b.** if only one "auto" of the combination is damaged or stolen, the deductible scheduled for that individual "auto" will apply.
- B.** If any single "loss" or loss or damage gives rise to coverage under both the Truckers or Motor Carrier Coverage Form and the applicable Commercial Inland Marine Coverage Form issued by us, only one deductible will apply to such "loss" or loss or damage. The applicable deductible for such "loss" or loss or damage shall be the greater of the deductibles under either the Truckers or Motor Carrier Coverage Form or the applicable Commercial Inland Marine Coverage Form.
- C.** Nothing in this endorsement is intended, nor shall it be construed, to obligate or require us to pay "loss" or loss or damage under any coverage forms in any amount exceeding the available Limit of Liability under such coverage form.

SERFF Tracking Number: *ZURC-125650206* *State:* *Arkansas*
First Filing Company: *American Zurich Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW CA 27301*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *CW CA 27301 E to Z Long Haul Filing*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125650206 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW CA 27301
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CW CA 27301 E to Z Long Haul Filing
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/27/2008

Comments:

Attachments:

PCTD-1.pdf

FFS-1.pdf

Satisfied -Name: memo **Review Status:** Approved 05/27/2008

Comments:

Attachment:

Form Explan 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 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					

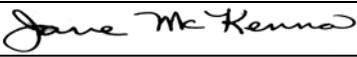
3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zurich American Insurance Company	NY	212-16535	36-4233459	
American Zurich Insurance Co	IL	212-40142	36-3411762	
American Guarantee and Liability Insurance Co	NY	212-26247	36-6071400	
Zurich American Insurance Company of Illinois	IL	212-27855	36-2781080	

5. Company Tracking Number	CW CA 27301
-----------------------------------	--------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jane McKenna 1400 American Ln Schaumburg, IL 60196	Business Analyst	847-605-6303	847-605-7768	jane.mckenna@zurichna.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jane McKenna

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)	
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: 01/01/2009 Renewal: 01/01/2009

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 #	CW CA 27301			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Combined Deductible Endorsement	U-CL-158-A CW (0208)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Combined Deductible Endorsement	U-CL-159-A CW (0208)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Combined Deductible Endorsement	U-CL-105-A CW (0604)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
04			<input checked="" 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		

U-CL-158-A and U-CL-159-A Combined Deductible Endorsements

These endorsements are optional for the Business Auto, Truckers and Motor Carrier Coverage form. When an insured purchases a commercial auto policy and a motor truck cargo policy, they have the option to select this endorsement. It applies either the cargo or commercial auto deductible, whichever is higher, to the physical damage loss.

U-CL-158-A is used with the ISO Business Auto Coverage form

U-CL-159-A is used with the ISO Truckers and Motor Carrier Coverage forms

At this time, we are also withdrawing U-CL-105-A CW 0604 Combined Deductible endorsement for American Zurich Insurance Company.