

SERFF Tracking Number: GNFD-125701824 State: Arkansas
Filing Company: General Fidelity Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CGL-TPN-0608-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: TPN Commercial General Liability/CGL-TPN-0608-F

Filing at a Glance

Company: General Fidelity Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: GNFD-125701824 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CGL-TPN-0608-F State Status: Fees verified and received

Filing Type: Form Co Status: Submitted Reviewer(s): Betty Montesi, Edith Roberts

Author: Leslie Bowar Disposition Date: 06/25/2008

Date Submitted: 06/23/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: TPN Commercial General Liability

Status of Filing in Domicile: Not Filed

Project Number: CGL-TPN-0608-F

Domicile Status Comments:

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/25/2008

Deemer Date:

State Status Changed: 06/25/2008

Corresponding Filing Tracking Number:

Filing Description:

This Forms filing is for the General Fidelity Insurance Company forms filing for our Transportation/Tow Truck program. This filing is for a new program for General Fidelity Insurance Company and does not replace any prior forms for our company. We adopt ISO and ACCORD forms where available and ISO is authorized to file forms on our behalf for this program.

If you need additional information, please let me know.

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Regards,
 Leslie Bowar
 980-388-4423
 leslie.a.bowar@bankofamerica.com

Company and Contact

Filing Contact Information

Leslie Bowar, VP, Compliance Manager leslie.a.bowar@bankofamerica.com
 201 N. Tryon St. (704) 388-4423 [Phone]
 Charlotte, NC 28255 (704) 387-1606[FAX]

Filing Company Information

General Fidelity Insurance Company CoCode: 30007 State of Domicile: South Carolina
 201 N. Tryon Street Group Code: 1281 Company Type: Property & Casualty

NC1-022-19-02
 Charlotte, NC 28255 Group Name: State ID Number:
 (704) 387-8098 ext. [Phone] FEIN Number: 33-0242848

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Fidelity Insurance Company	\$50.00	06/23/2008	21039830

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/25/2008	06/25/2008

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Disposition

Disposition Date: 06/25/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GNFD-125701824 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	TRANSPORTATION BROKER OF FREIGHT FORWARDER OPERATIONS	Approved	Yes
Form	Additional Insured End	Approved	Yes
Form	ADDITIONAL INSURED – SCHEDULED PERSON OR ORGANIZATION – PRIMARY AND NON-CONTRIBUTORY BASIS	Approved	Yes
Form	Supplemental Dec	Approved	Yes
Form	General Liability Dec	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	TRANSPORTATION BROKER OF FREIGHT FORWARDER OPERATIONS	GFIC-TPN-500	04/08	Endorsement/Amendment/Conditions New		0.00	GFIC-TPN-500 (04-08)-Transp Broker Freight.pdf
Approved	Additional Insured End	GFIC-TPN-600	04/08	Endorsement/Amendment/Conditions New		0.00	GFIC-TPN-600 (04-08) - Add'l Insured Endt (2).pdf
Approved	ADDITIONAL INSURED – SCHEDULED PERSON OR ORGANIZATION – PRIMARY AND NON-CONTRIBUTORY BASIS	GFIC-TPN-602	06/08	Endorsement/Amendment/Conditions New		0.00	GFIC-TPN - 602(06-08) Add'l Insured -Primary Non-Contributory-GF.pdf
Approved	Supplemental Dec	GFIC-TPN-801G	04/08	Declaration News/Schedule New		0.00	GFIC-TPN-801G (04-08) - Supplemental Dec.pdf
Approved	General Liability Dec	GFIC-TPN-CGDS01	06/08	Declaration News/Schedule New		0.00	GFIC-TPN-CGDS01(06-08) - GL Dec-GF.pdf

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TRANSPORTATION BROKER OF FREIGHT FORWARDER OPERATIONS
LIABILITY AND COMMERCIAL INLAND MARINE CARGO COVERAGE
EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART

The provision of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

Liability Coverage shall not apply to transportation broker or freight forwarder operations of the "insured".

Your signature is required if this endorsement is added after the initial issuance of the policy and indicates you acknowledge and accept the provisions of this endorsement.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicate below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

SCHEDULE

Policy Expiration Date:

Name of Person or Organization, (Additional Insured):

- A. Who is an Insured is changed to include as an insured the person or organization shown in the SCHEDULE on this endorsement but only to the extent of that liability arising out of your operations or premises owned by or rented to you, and only to the extent they are vicariously liable for your conduct.
- B. The coverage provided by this endorsement shall be subject to all the terms, conditions, and exclusions of the policy and all endorsements attached thereto.
- C. The Additional Insured is covered for an amount up to the Limit of Insurance required by an agreement you have with them or the policy's Limit of Insurance, whichever is less.
- D. Any coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent, or on any other basis unless the contract or agreement you have with them requires that this insurance be primary.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – SCHEDULED PERSON OR ORGANIZATION –
PRIMARY AND NON-CONTRIBUTORY BASIS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicate below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

SCHEDULE

Policy Expiration Date:

Name of Person or Organization, (Additional Insured):

Additional Premium due: \$_____

- A. Who is an Insured is changed to include as an insured the person or organization shown in the SCHEDULE on this endorsement but only to the extent of that liability arising out of your ongoing operations performed for that insured. The insurance provided under this policy to the person or organization shown in the SCHEDULE on this endorsement is primary insurance and we will not seek contribution from any other insurance available to that insured; except that, if the person or organization shown in the SCHEDULE on this endorsement is solely liable for the loss, this insurance shall be excess and shall contribute to the loss as set forth in the policy.
- B. The coverage provided by this endorsement shall be subject to all the terms, conditions, and exclusions of the policy and all endorsements attached thereto.
- C. The Additional Insured is covered for an amount up to the Limit of Insurance required by an agreement you have with them or the policy's Limit of Insurance, whichever is less.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
GFIC-TPN-CG DS 01 06 08

COMMERCIAL GENERAL LIABILITY DECLARATIONS

NAMED INSURED: _____	
MAILING ADDRESS: _____	
POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$ _____	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ _____	Any one premises
MEDICAL EXPENSE LIMIT	\$ _____	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$ _____	Any one person or organization
GENERAL AGGREGATE LIMIT		\$ _____
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		\$ _____

RETROACTIVE DATE (CG 00 02 ONLY)
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW. RETROACTIVE DATE: _____ (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS
FORM OF BUSINESS:
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> TRUST
<input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: _____

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
			\$	\$	\$	\$	\$
PREMIUM SHOWN IS PAYABLE:			STATE TAX OR OTHER (if applicable)		\$ _____		
			TOTAL PREMIUM (SUBJECT TO AUDIT)		\$ _____		
			TERRORISM		\$ _____		
			AT INCEPTION		\$ _____		
			AT EACH ANNIVERSARY		\$ _____		
			(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)				
AUDIT PERIOD (IF APPLICABLE)		<input checked="" type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY		

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION: See Endorsement Schedule

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

SERFF Tracking Number: *GNFD-125701824* *State:* *Arkansas*
Filing Company: *General Fidelity Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CGL-TPN-0608-F*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability*
Project Name/Number: *TPN Commercial General Liability/CGL-TPN-0608-F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GNFD-125701824 State: Arkansas
Filing Company: General Fidelity Insurance Company State Tracking Number: EFT \$50
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Product Name: Commercial General Liability
Project Name/Number: TPN Commercial General Liability/CGL-TPN-0608-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 06/25/2008

Comments:

Attachment:

PCTD- Comm GL - FORMS.pdf

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		

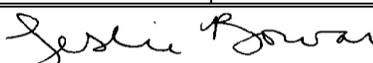
3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #
General Fidelity Insurance Company	SC	30007	33-0242848

5. Company Tracking Number	CGL-TPN-0608-F
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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
	Leslie Bowar NC1-022-05-01 201 N Tryon St Charlotte, NC 28255	Business Operations Manager	980.388.4423 866.763.7790	704.387.1606	Leslie.a.bowar@banko famerica.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Leslie Bowar

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

9.	Type of Insurance (TOI)	17.0
10.	Sub-Type of Insurance (Sub-TOI)	17.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial General Liability - Truckers
13.	Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14.	Effective Date(s) Requested	New: 6/23/08 Renewal: 6/23/08
15.	Reference Filing?	[X] Yes [] No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	
18.	Company's Date of Filing	6/23/08
19.	Status of filing in domicile	[X] Not Filed [] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CGL-TPN-0608-F
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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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This Forms filing is for the General Fidelity Insurance Company forms filing for our Transportation/Tow Truck program. This filing is for a new program for General Fidelity Insurance Company and does not replace any prior forms for our company. We adopt ISO and ACCORD forms where available and ISO is authorized to file forms on our behalf for this program.

Your approval and/or acknowledgement of this submission is respectfully requested. If you need additional information, please let me know.

Regards,

Leslie Bowar
Business Operations Manager
e-mail: leslie.a.bowar@bankofamerica.com
980.388.4423

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 #		CGL-TPN-0608-F		
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	TRANSPORTATION BROKER OF FREIGHT FORWARDER OPERATIONS	GFIC-TPN-500 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Addl Insd Endorsement	GFIC-TPN-600 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	ADDITIONAL INSURED – SCHEDULED PERSON OR ORGANIZATION – PRIMARY AND NON- CONTRIBUTORY BASIS	GFIC-TPN-602 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Supplemental Dec	GFIC-TPN-801G (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	General Liability Dec	GFIC-TPN-CGDS01 (6/08)	<input checked="" 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		