

SERFF Tracking Number: IATH-125664452 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CF-AR-2170-F
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Broadened Property Coverage Form
Project Name/Number: /CF-AR-2170F

Filing at a Glance

Company: Harco National Insurance Company

Product Name: Broadened Property Coverage Form SERFF Tr Num: IATH-125664452 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: CF-AR-2170-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Jim Breitbach

Disposition Date: 06/05/2008

Date Submitted: 05/23/2008

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:

Status of Filing in Domicile: Pending

Project Number: CF-AR-2170F

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/05/2008

State Status Changed: 06/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Harco National Insurance is a small national carrier writing truck and auto dealership package policies. We respectfully submit a revised version of our form Broadened Property Coverages 20-1023 06/08 to replace our existing form 20-1023 12/00. This filing expands coverages provided by the Insurance Services Office (ISO) forms:

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- Building and Personal Property Coverage Form CP 00 10 04/02, and
- Causes of Loss- Special Form CP 10 30 04/02.

Company and Contact

Filing Contact Information

Jim Breitbach, Compliance Analyst jbreitbach@iat-harco.com
 2850 West Golf Road (847) 321-4816 [Phone]
 Rolling Meadows, IL 60008 (847) 321-4810[FAX]

Filing Company Information

Harco National Insurance Company CoCode: 26433 State of Domicile: Illinois
 2850 West Golf Road Group Code: 225 Company Type:
 9th Floor
 Rolling Meadows, IL 60008 Group Name: State ID Number:
 (800) 448-4642 ext. [Phone] FEIN Number: 13-6108721

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harco National Insurance Company	\$50.00	05/23/2008	20479817

<i>SERFF Tracking Number:</i>	<i>IATH-125664452</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harco National Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CF-AR-2170-F</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Broadened Property Coverage Form</i>		
<i>Project Name/Number:</i>	<i>/CF-AR-2170F</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/05/2008	06/05/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Broadened Property Coverge	Form	Jim Breitbach	06/02/2008	06/02/2008

SERFF Tracking Number: IATH-125664452 *State:* Arkansas
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Disposition

Disposition Date: 06/05/2008

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: IATH-125664452 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form (revised)	Broadened Property Coverage	Approved	Yes
Form	Broadened Property Coverage		Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 06/02/2008

Comments:

This is our revised endorsement 20-1023. We have made the following revisions:

- B. FINE ARTS AND ACCOUNTS RECEIVABLE, the 4th line of paragraph 2 should be A.2. instead of B.
- E. PROPERTY OFF PREMISES, this wording should be completely removed:

This extension does not apply to covered property (1) in the care, custody or control of your salespersons except while Covered property is in a vehicles; or (2) at any fair or exhibit.

- I. VALUABLE PAPERS AND RECORDS (OTHER THAN ELECTRONIC DATA), The 4th line should be paragraph c.(4) instead of (4).

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Broadened Property Coverage	20-1023	06/08	Endorsement/Amendment/Conditions	Replaced	20-1023 (12/00)		0	20-1023-0608a (9).pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Broadened Property Coverge	20-1023	06/08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 20-1023 (12/00) Previous Filing #:		20-1023-0608a (9).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BROADENED PROPERTY COVERAGES

This endorsement modifies coverage provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM CAUSES OF LOSS- SPECIAL FORM

A. FOUNDATIONS OF BUILDINGS

1. Under Section A. Coverage, of the Building and Personal Property Coverage Form, Part 1., Covered Property, Paragraph a. Building, is amended by adding the following subparagraph:

(6) Foundation of the building or structures;

2. Under Section A, Coverage, of the Building and Personal Property Coverage Form, Part 2., Property Not Covered, paragraph g. is deleted and replaced by the following:

g. machinery or boilers if their foundations are below:

- (1) The lowest basement floor, or
- (2) The surface of the ground, if there is no basement.

B. FINE ARTS AND ACCOUNTS RECEIVABLE

1. Under Section A., Coverage, of the Building and Personal Property Coverage Form, Part 1. Covered Property, Paragraph b. Your Business Personal Property, subparagraph (8) is added as follows:

(8) Covered Business Personal Property includes fine arts and accounts receivable subject to any coverage limitations that may exist in this endorsement or any other applicable endorsement or Coverage Part.

2. Under Section A. Coverage, of the Building and Personal Property Coverage Form, part a.2., paragraph a. is deleted and replaced by the following:

a. bills, currency, food stamps or other evidences of debt, money, notes or securities. Lottery tickets held for sale are not securities;

C. POLLUTANT CLEAN UP AND REMOVAL COVERAGE

Under Section A. Coverage, of the Building and Personal Property Coverage Form, part 4., Additional Coverages, paragraph d. is deleted and replaced by the following:

d. Pollutant Clean Up and Removal

We will pay for your expense to extract "pollutants" from land or water at the described premises if the discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused by or results from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date on which the Covered Cause of Loss occurs.

This Additional Coverage does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants". But we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.

The most we will pay under this Additional Coverage for each described premises is \$25,000 for the sum of all covered expenses arising out of Covered Causes of Loss occurring during each separate 12 month period of this policy.

D. FLOOD OR BACK UP OF SEWERS AND DRAINS COVERAGE

Under Section A. Coverage, of the Building and Personal Property Coverage Form, part 4., Additional Coverages, paragraph g is added as follows:

g. Flood or Back Up of Sewers and Drains

We will pay up to \$25,000 for loss or damage to Covered Property caused directly or indirectly by:

1) **flood**, surface water, waves, tides, tidal waves, overflow of any body of water or their spray, all whether driven by wind or not, or

2) water that backs up or overflows from a sewer, drain or sump.

\$25,000 is the most we will pay under this extension annually regardless of the number of locations involved in a loss. Under Section B. Exclusions, of the Causes of Loss- Special Form, part 1.g. Water (1) and (3) are deleted.

E. PROPERTY OFF PREMISES EXTENSION

Under Section A. Coverage, of the Building and Personal Property Coverage Form, part 5., Coverage Extensions, paragraph d. is deleted and replaced by the following:

d. Property Off-Premises

(1) You may extend the insurance provided by this Coverage Form to apply to your Covered Property that is temporarily away from the premises described in the Declarations.

(2) The most we will pay for the loss or damage under this extension is \$25,000.

F. NEWLY ACQUIRED OR CONSTRUCTED PROPERTY

Under Section A, Coverage of the Building and Personal Property Coverage Form, part 5., Coverage Extensions, paragraphs a. (1) and a. (2) are deleted and replaced by the following:

a. Newly Acquired or Constructed Property

(1) Buildings

If this policy covers Building, you may extend that insurance to apply to:

(a) Your new buildings while being built on the described premises; and

(b) Buildings you acquire at locations, other than the described premises, intended for:

(i) Similar use as the building described in the Declarations; or

(ii) Use as a warehouse.

The most we will pay for loss or damage under this Extension is \$500,000 at each building.

(2) Your Business Personal Property

(a) If this policy covers Your Business Personal Property, you may extend that insurance to apply to:

(i) Business personal property, including such property that you newly acquire, at any location you acquire other than at fairs, trade shows or exhibitions;

(ii) Business personal property, including such property that you newly acquire, located at your newly constructed or acquired buildings at the location described in the Declarations; or

(iii) Business personal property that you newly acquire, located at the newly described premises.

The most we will pay for loss or damage under this Extension is \$250,000 at each building.

(b) This Extension does not apply to:

- (i) Personal property of others that is temporarily in your possession in the course of installing or performing work on such property; or
- (ii) Personal property of others that is temporarily in your possession in the course of your manufacturing or wholesaling activities.

G. PERSONAL EFFECTS AND PROPERTY OF OTHERS

Under Section A, Coverage of the Building and Personal Property Coverage Form, part 5., Coverage Extensions, paragraph b. is deleted and replaced by the following:

You may extend the insurance that applies to Your Business Personal Property to apply to:

(1) Personal effects owned by you, your officers, your partners or members, your managers or your employees. This extension does not apply to loss or damage by theft.

(2) Personal property of others in your care, custody or control.

The most we will pay for loss or damage under this extension is \$25,000 at each described premises. Our payment of loss or damage to personal property of others will only be for the account of the owner of the property.

Under Section A. Coverage, of the Building and Personal Property Coverage Form, part 5., Coverage Extensions, paragraph e. is deleted and replaced by the following:

H. OUTDOOR PROPERTY EXTENSION

Under Section A. Coverage, of the Building and Personal Property Coverage Form, part 5., Coverage Extensions, paragraph e. is deleted and replaced by the following:

e. Outdoor Property

You may extend the insurance provided by this Coverage Form to apply to your outdoor fences, radio and television antennas (including satellite dishes), signs, trees, shrubs and plants (other than "stock" of trees, shrubs or plants), including debris removal expense, caused by or resulting from any of the following causes of loss if they are Covered Causes of Loss:

- (1) Fire;
- (2) Lightning;
- (3) Explosion;
- (4) Riot or Civil Commotion;
- (5) Aircraft;
- (6) Vandalism or Malicious Mischief;
- (7) Windstorm or Hail; or
- (8) Vehicle Collision, Upset or Overturn.

The most we will pay for loss or damage under this extension is

- a. \$10,000 for signs, or
- b. \$25,000 for all other outdoor property listed above,

but not more than \$250 for any one tree, shrub or plant. These limits apply to any one occurrence, regardless of the types or number of items lost or damaged in that occurrence.

I. VALUABLE PAPERS AND RECORDS (OTHER THAN ELECTRONIC DATA)

Under Section A. Coverage, of the Building and Personal Property Coverage Form, part 5., Coverage Extensions, paragraph c.(4) is deleted and replaced by the following:

(4) Under this Extension, the most we will pay to replace or restore the lost information is \$5,000 at each described premises, unless a higher limit is shown in the Declarations. Such amount is additional insurance. We will also pay for the cost of blank material for reproducing the records (whether or not duplicates exist) and (when there is a duplicate) for the cost of labor to transcribe or copy the records. The costs of blank material and labor are subject to the applicable Limit of Insurance on Your Business Personal Property and therefore coverage of such costs is not additional insurance.

J. LIMITS OF INSURANCE FOR POLLUTANT CLEAN UP AND REMOVAL AND FLOOD OR BACK UP OF SEWERS AND DRAINS

Under Section C. Limits of Insurance, of the Building and Personal Property Coverage Form, the third paragraph is deleted and replaced by the following:

The limits applicable to the Coverage Extensions, and the Fire Department Service Charge, Pollutant Cleanup or Removal and Flood and Backup of Sewers and Drains Additional Coverages are in addition to the Limits of Insurance.

K. THEFT OF JEWELRY, FURS AND FINE ARTS

Under Section C. Limitations of the Causes of Loss- Special Form, part 3 is deleted and replaced by the following:

3. The special limit shown for each category, a. through e. is the total limit for loss of or damage to all property in that category. The special limit applies to any one occurrence of theft, regardless of the types or number of articles that are lost or damaged in that occurrence. The special limits are:

a. \$25,000 for furs, garments and garments trimmed in fur.

b. \$25,000 for jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum, and other precious alloys or metals. This limit does not apply to jewelry and watches worth \$100 or less per item.

c. \$2,500 for patterns, dies, molds and forms.

d. \$250 for stamps, tickets, including lottery tickets held for sale, and letters of credit.

These special limits are part of, not in addition to, the Limit of Insurance applicable to the Covered Property. This limitation, C.3., does not apply to Business Income coverage or to Extra Expense coverage.

L. FINE ARTS AND ACCOUNTS RECEIVABLE COVERAGES

Under Section A., Coverage, of the Building and Personal Property Coverage Form, part 5. Coverage Extensions, paragraph g. is added as follows:

g. Fine Arts and Accounts Receivable Extensions

You may extend the insurance that applies to Your Business and Personal Property to apply to:

1. the costs of Fine Arts you own or are in care, custody or control of, up to a limit of \$10,000 per occurrence, and

2. the cost of all Accounts Receivable meaning amounts due from your customers that you are unable to collect, up to a limit of \$25,000 per occurrence. We will also pay for interest charges on any loan required to offset amounts you are unable to collect pending our payment of this claim.

Any Fine Arts or Accounts Receivable loss must result from a Covered Cause of Loss applicable to your Business Personal Property and is subject to any Business Personal Property deductible.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 06/05/2008

Comments:
Attachment:
ARPCTD-1.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 #
MCM Corp	0225

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harco National Insurance Company	IL	26433	136108721	

5. Company Tracking Number	CF-AR-2170-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
	Jim Breitbach	Compliance Analyst	847-321-4816	847-321-4810	jbreitbach@iat-harco.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jim Breitbach

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

9.	Type of Insurance (TOI)	1.0000
10.	Sub-Type of Insurance (Sub-TOI)	1.0001
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: 07/01/08 Renewal: 07/01/08

Property & Casualty Transmittal Document---

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 checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	CF-AR-2170-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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Harco National Insurance Company is a small national carrier writing truck and auto dealership package policies. We respectfully submit a revised version of our form Broadened Property Coverages 20-1023 06/08 to replace our existing form 20-1023 12/00. This filing expands coverages provided by the Insurance Services Office (ISO) forms:

- Building and Personal Property Coverage Form CP 00 10 04/02, and
- Causes of Loss- Special Form CP 10 30 04/02.

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]
<p>Check #: 94143 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.