

SERFF Tracking Number: LDRE-125665787 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: G4508F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Company Logo/G4508F

Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial Interline

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

SERFF Tr Num: LDRE-125665787

SERFF Status: Closed

Co Tr Num: G4508F

Co Status:

Author: Joy Landholm

Date Submitted: 05/27/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 06/09/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

State Filing Description:

General Information

Project Name: updating Company Logo

Project Number: G4508F

Reference Organization:

Reference Title:

Filing Status Changed: 06/09/2008

State Status Changed: 06/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Our Company is filing the following Independent Commercial Interline Form with your Department for all policies written to become effective on or after September 1, 2008:

HO 00 09 09 08 Payment Information Schedule

Status of Filing in Domicile: Authorized

Domicile Status Comments: Nebraska, our domicile state, is file and use

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: LDRE-125665787 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: G4508F
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Interline
 Project Name/Number: updating Company Logo/G4508F

The only change we have made on this form is we have updated our Logo and changed the edition date. This is an informational Form only and is NOT attached to the policy.

Form HO 00 09 09 08 replaces Form HO 00 09 02 96 which was approved by your Department effective April 1, 1996.

We are also withdrawing the following forms which are NOT attached to any current policy:

HO 00 10 07 96 – Payment Changes Information Schedule - approved by your Department December 1, 1998.

HO 00 36 07 91 – Payment Information Schedule approved by your Department on September 27, 1991.

Company and Contact

Filing Contact Information

Joy Landholm, Compliance Technician j.landholm@gwccnet.com
 1100 W. 29th Street (800) 228-8602 [Phone]
 South Sioux City,, NE 68776 (402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company	CoCode: 11371	State of Domicile: Nebraska
1100 W. 29th Street	Group Code: 150	Company Type: P & C
So. Sioux City, NE 68776	Group Name:	State ID Number:
(402) 494-2411 ext. [Phone]	FEIN Number: 47-6024508	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Nebraska, our domicile state, has NO filing fees

1 form X \$50 = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
---------	--------	----------------	---------------

SERFF Tracking Number: LDRE-125665787 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: G4508F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Company Logo/G4508F

Great West Casualty Company \$50.00 05/27/2008 20514022

SERFF Tracking Number: LDRE-125665787 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: G4508F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Company Logo/G4508F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/09/2008	06/09/2008

SERFF Tracking Number: LDRE-125665787 *State:* Arkansas
Filing Company: Great West Casualty Company *State Tracking Number:* EFT \$50
Company Tracking Number: G4508F
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Company Logo/G4508F

Disposition

Disposition Date: 06/09/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125665787 *State:* Arkansas
Filing Company: Great West Casualty Company *State Tracking Number:* EFT \$50
Company Tracking Number: G4508F
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Company Logo/G4508F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Payment Information Schedule	Approved	Yes

SERFF Tracking Number: LDRE-125665787 State: Arkansas
 Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: G4508F
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Commercial Interline
 Project Name/Number: updating Company Logo/G4508F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Payment Information Schedule	HO 00 09	09 08	Other	Replaced	Replaced Form #:0.00 HO 00 09 02 96 Previous Filing #:		HO 00 09 09 08.pdf



POLICY NUMBER:

Processing Date:

Insured:

Policy Effective Date:

PAYMENT INFORMATION SCHEDULE

You have selected coverage without a fixed expiration date and will pay your premium monthly. This schedule is provided to help you understand how your premiums were determined.

The ANNUAL PREMIUM for your policy was determined using our annual rates. The ANNUAL PREMIUM for your policy is

Your MONTHLY PREMIUM was determined by dividing your ANNUAL PREMIUM by 12 months and rounding to the nearest whole dollar:

$$\frac{\text{ANNUAL PREMIUM}}{12 \text{ Months}} = \text{or}$$

PREMIUM is due for the month of _____ Since your policy was effective
 coverage is provided for _____ day(s) in the month of _____

Your _____ premium was determined by multiplying your MONTHLY PREMIUM by a
 percentage and rounding to the nearest whole dollar. The percentage is determined by dividing the number of days
 in _____ our policy was in effect by the total number of days in
 and rounding to the nearest whole percentage:

$$\text{PERCENTAGE} = \frac{\text{DAY(S)}}{\text{DAYS}} = \text{or}$$

$$\text{MONTHLY PREMIUM} \times = \text{or}$$

Your SECURITY DEPOSIT is one MONTHLY PREMIUM: _____

TOTAL SECURITY DEPOSIT AND PREMIUM DUE to your agent NOW:

Your MONTHLY PREMIUM, due on the first day of each month beginning in
 is

SERFF Tracking Number: LDRE-125665787 *State:* Arkansas
Filing Company: Great West Casualty Company *State Tracking Number:* EFT \$50
Company Tracking Number: G4508F
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Company Logo/G4508F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125665787 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: G4508F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Company Logo/G4508F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 06/09/2008

Comments:

Attachments:

PC TD-1.pdf
PC FFS-1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2. Insurance Department Use only</td> </tr> <tr> <td colspan="2">a. Date the filing is received:</td> </tr> <tr> <td colspan="2">b. Analyst:</td> </tr> <tr> <td colspan="2">c. Disposition:</td> </tr> <tr> <td colspan="2">d. Date of disposition of the filing:</td> </tr> <tr> <td colspan="2">e. Effective date of filing:</td> </tr> <tr> <td style="width: 60%;">New Business:</td> <td></td> </tr> <tr> <td>Renewal Business:</td> <td></td> </tr> <tr> <td colspan="2">f. State Filing #:</td> </tr> <tr> <td colspan="2">g. SERFF Filing #: LDRE-125665787</td> </tr> <tr> <td style="width: 60%;">h. Subject Codes:</td> <td></td> </tr> </table>	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 #: LDRE-125665787		h. Subject Codes:	
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 #: LDRE-125665787																							
h. Subject Codes:																							

3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G4508F
-----------	--------------------------------	--------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer		<i>Mark Galvin</i>		
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

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

9.	Type of Insurance (TOI)	35.0 - Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Comm'l Interline Filings
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Commercial Interline
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: 09-01-2008 Renewal: 09-01-2008
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	May 27, 2008
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 #	G4508F
-----	--	--------

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

Our Company is filing the following Independent Commercial Interline Form with your Department for all policies written to become effective on or after September 1, 2008:

HO 00 09 09 08 Payment Information Schedule

The only change we have made on this form is we have updated our Logo and changed the edition date. This is an informational Form only and is NOT attached to the policy.

Form HO 00 09 09 08 replaces Form HO 00 09 02 96 which was approved by your Department effective April 1, 1996.

We are also withdrawing the following forms which are NOT attached to any current policy:

HO 00 10 07 96 – Payment Changes Information Schedule - approved by your Department December 1, 1998.

HO 00 36 07 91 – Payment Information Schedule approved by your Department on September 27, 1991.

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

*****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 #	G4508F
-----------	--	--------

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

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	Payment Information Schedule	HO 00 09 09 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	HO 00 09 02 96	
02	Payment Changes Information Schedule	HO 00 10 07 96	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03	Payment Information Schedule	HO 00 36 07 91	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		