

SERFF Tracking Number: RLSC-125673647 State: Arkansas
Filing Company: RLI Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CA-DREXCLF-0522
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto - Transportation Division
Project Name/Number: Exclusion of Coverage Form/CA-DREXCLF-0522

Filing at a Glance

Company: RLI Insurance Company

Product Name: Commercial Auto -

Transportation Division

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Effective Date Requested (New): 07/15/2008

Effective Date Requested (Renewal): 07/15/2008

SERFF Tr Num: RLSC-125673647 State: Arkansas

SERFF Status: Closed

Co Tr Num: CA-DREXCLF-0522

Co Status:

Author: Tom Drucker

Date Submitted: 06/03/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 06/10/2008

Disposition Status: Approved

Effective Date (New): 07/15/2008

Effective Date (Renewal):
07/15/2008

State Filing Description:

General Information

Project Name: Exclusion of Coverage Form

Project Number: CA-DREXCLF-0522

Reference Organization:

Reference Title:

Filing Status Changed: 06/10/2008

State Status Changed: 06/10/2008

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to submit for approval our Exclusion Of Coverage When Vehicle Is Used Or Operated By Designated Operator endorsement. We plan to use this endorsement in all of our Commercial Auto - Transportation Division's product lines. These product lines are defined as: Public Auto, Local Intermediate, and Trucking. This endorsement is new and therefore does not replace any previous editions. This form will assist in managing the

Status of Filing in Domicile: Pending

Domicile Status Comments: This endorsement has been filed and is approved for use in Illinois, our domiciliary state.

Reference Number:

Advisory Org. Circular:

Deemer Date:

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selection of uninsurable drivers that are included and excluded on our Commercial Auto - Transportation policies.

Company and Contact

Filing Contact Information

Tom Drucker, Tom_Drucker@rlicorp.com
 9025 N. Lindbergh Drive (309) 692-1000 [Phone]
 Peoria, IL 61615

Filing Company Information

RLI Insurance Company CoCode: 13056 State of Domicile: Illinois
 9025 N LINDBERGH DR Group Code: 783 Company Type:
 PEORIA, IL 61615 Group Name: State ID Number:
 (800) 331-4929 ext. 5276[Phone] FEIN Number: 37-0915434

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RLI Insurance Company	\$50.00	06/03/2008	20642512

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/10/2008	06/10/2008

SERFF Tracking Number: *RLSC-125673647* *State:* *Arkansas*
Filing Company: *RLI Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CA-DREXCLF-0522*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Auto - Transportation Division*
Project Name/Number: *Exclusion of Coverage Form/CA-DREXCLF-0522*

Disposition

Disposition Date: 06/10/2008

Effective Date (New): 07/15/2008

Effective Date (Renewal): 07/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RLSC-125673647 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion of Coverage When Vehicle Is Used Or Operated By Designated Operator	Approved	Yes

SERFF Tracking Number: RLSC-125673647 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion of Coverage When Vehicle Is Used Or Operated By Designated Operator	TRS658B	(04/08)	Endorsement/Amendment/Conditions		0.00	TRS658B4R.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF COVERAGE WHEN VEHICLE IS USED OR OPERATED BY DESIGNATED OPERATOR

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS 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 indicated below.

Endorsement Effective:
Named Insured:

In consideration of the continuation of this Policy in force by the Company, it is hereby agreed:

There shall be no coverage under the Policy for any accident arising out of the ownership, maintenance or use of any covered automobile, whether or not the operation, maintenance or use of the covered automobile was with the express or implied permission of its owner or anyone else, if the accident occurs while the covered automobile is being operated or used by the person designated below.

Designated Operator

Signature of Designated Operator

In all other respects, this policy remains unchanged.

The Named Insured accepts this endorsement as witnessed by his/her signature below and further warrants that notice has been made by the Named Insured to the Designated Operator that this **insurance does not apply** to any Insured when the Designated Operator uses a covered vehicle.

Signature of the Named Insured, or if a Corporation, an Authorized Representative

Date

Title

Print/Type the name of person who signed

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

SERFF Tracking Number: *RLSC-125673647* *State:* *Arkansas*
Filing Company: *RLI Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CA-DREXCLF-0522*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *Commercial Auto - Transportation Division*
Project Name/Number: *Exclusion of Coverage Form/CA-DREXCLF-0522*

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 06/10/2008

Comments:

Attachments:

FFS Form-CA Covg Excl.pdf

P+C Trans Doc-Covg Excl - AR.pdf

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 #	CA-DREXCLF-0522			
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	Exclusion of Coverage When Vehicle Is Used or Operated by Designated Operator	TRS658B (04/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <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: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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	
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h. Subject Codes																					

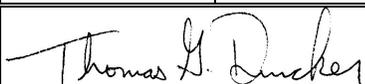
3. Group Name	Group NAIC #
RLI Insurance Group	783

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
RLI Insurance Company	Illinois	13056	37-0915434	

5. Company Tracking Number	CA-DREXCLF-0522
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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
	Tom Drucker 9025 North Lindbergh Drive Peoria, Illinois 61615	Administrator - Ins.Dept.Affairs	(800) 331-4929 x5470	(309) 689-2047	Tom.Drucker@rlcorp.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Thomas G Drucker

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)	20.0001 Business Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Transportation
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: 07/15/2008 Renewal: 07/15/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Not Applicable
17. Reference Organization # & Title	
18. Company's Date of Filing	06/2/2008
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 #	CA-DREXCLF-0522
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21. Filing Description [This area can be used in lieu of a cover letter or and is free-form text]
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RE: RLI INSURANCE COMPANY
 NAIC #: 783-13056 FEIN #: 37-0915434
 Commercial Automobile – Business Automobile/Transportation Division
 Form Filing
 Exclusion of Coverage When Vehicle Is Used or Operated By Designated Operator Endorsement
 – TRS658B (04/08)
 Company Filing #: CA-DREXCLF-0522

Dear Sir/Madam:

Enclosed, for your review and acknowledgement is our ***Exclusion of Coverage When Vehicle Is Used or Operated by Designated Operator*** endorsement, form 658B (04/08), that RLI Insurance Company intends to use when writing its Commercial Automobile products. We plan to use this endorsement in all of our Commercial Auto - Transportation Division's product lines. This endorsement is new and does not replace any previous editions. This endorsement does not require a rate filing since current policyholder rates are unaffected by this endorsement.

This form will assist in managing the selection of uninsurable drivers that are included and excluded on our Commercial Auto - Transportation policies. Our Commercial Auto–Business Auto products consist of Public Auto, Local Intermediate, and Trucking. This form is new and replaces no other form currently filed by RLI for this type of insurance.

In accordance with your state insurance department's "file-and-use" or "use-and-file" regulations, we request that this filing will apply to policies effective on and after July 15, 2008.

Thank you for your time and attention to this submission. If anything additional is necessary, please contact me at the toll-free number or e-mail address listed below my name. We trust this submission satisfies your state's form filing requirements relative to Commercial Auto insurance coverage.

Sincerely,
 Thomas G. Drucker
 Administrator – Insurance Department Affairs
 (800) 331-4929, ext. 5470
 E-Mail Address: Tom_Drucker@rlicorp.com

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 #: EFT via SERFF
Amount: \$50.00 per endorsement filing

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.