

SERFF Tracking Number: SEPX-125714863 State: Arkansas
 First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: BOPAR08213CGF01
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners
 Project Name/Number: 2008 BOP/BOPAR08213CGF01

Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company

Product Name: Businessowners SERFF Tr Num: SEPX-125714863 State: Arkansas
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: BOPAR08213CGF01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Author: SPI SentryInsurancePC Disposition Date: 06/27/2008
 Date Submitted: 06/27/2008 Disposition Status: Approved

Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008
 Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: 2008 BOP Status of Filing in Domicile: Pending
 Project Number: BOPAR08213CGF01 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:

Filing Status Changed: 06/27/2008
 State Status Changed: 06/27/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to revise our Equipment Breakdown Endorsement BP 70 41 to increase the sub-limits for no additional charge. Please refer to the form memorandum for further detail. BP 70 41 04 08 replaces the BP 70 41 01 06 edition.

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In addition we are revising our Printing and Graphic Arts Errors and Omissions Endorsement, BP 80 17. We have revised the endorsement to add a new optional coverage, Correction of Work. Please refer to the form memorandum for further detail. BP 80 17 01 08 replaces the BP 80 17 01 06 edition.

We have submitted a separate rule filing, filing # BOPAR08213CGR01, for the new optional Correction of Work coverage.

Company and Contact

Filing Contact Information

Douglas Krueger, Compliance/Development Sr. doug.krueger@sentry.com
 Analyst

1800 North Point Drive (715) 346-8614 [Phone]
 Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Insurance a Mutual Company	CoCode: 24988	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-0333950	

Middlesex Insurance Company	CoCode: 23434	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 04-1619070	

Filing Fees

Fee Required? Yes

SERFF Tracking Number: SEPX-125714863 State: Arkansas
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Project Name/Number: 2008 BOP/BOPAR08213CGF01
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Insurance a Mutual Company	\$50.00	06/27/2008	21126479

SERFF Tracking Number: SEPX-125714863 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/27/2008	06/27/2008

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Disposition

Disposition Date: 06/27/2008
Effective Date (New): 10/01/2008
Effective Date (Renewal): 10/01/2008
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Memorandum	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form	Equipment Breakdown Coverage	Approved	Yes
Form	Printing and Graphic Arts Errors and Omissions	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown Coverage	BP 70 41	04 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 BP 70 41 Previous Filing #:		BP 70 41 .PDF
Approved	Printing and Graphic Arts Errors and Omissions	BP 80 17	01 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 BP 80 17 Previous Filing #:		BP 80 17.PDF



EQUIPMENT BREAKDOWN COVERAGE

This endorsement modifies insurance provided by the following:

BUSINESSOWNERS COVERAGE FORM

Insurance provided by this endorsement is subject to all of the terms of Section I - Property except as specified below.

1. Coverage

A. Limitations. Limitations A.4.a.(1) and A.4.a.(2) of the Coverage Form do not apply to insurance provided by this endorsement.

B. Additional Coverages

1. Pollutant Clean Up and Removal Additional Coverage. For insurance provided by this endorsement the limit of insurance that applies to Additional Coverage A.5.h is increased to \$100,000.

2. The following Additional Coverage is added to your policy.

Refrigerant Contamination

We will pay for Covered Property contaminated by a refrigerant, including ammonia, resulting from an Equipment Breakdown of refrigeration or humidity control equipment at the described premises. This payment will be adjusted for salvage expenses or recoveries.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this Additional Coverage is \$100,000.

C. Coverage Extensions. The following coverage extension is added to paragraph A.6. of the Coverage Form:

Expediting Expense

With respect to your damaged Covered Property, we will pay the reasonable extra cost to:

- (1) Make temporary repairs;
- (2) Expedite permanent repairs; and
- (3) Expedite permanent replacement.

2. Exclusions

A. Power Failure. Exclusion B.1.e of the Coverage Form is replaced by the following:

e. Power Failure

For the coverage provided by this endorsement, the failure of power or other utility service supplied to the described premises, however, caused, if the failure occurs beyond 1,000 feet away from the described premises.

BP 70 41 04 08



EQUIPMENT BREAKDOWN COVERAGE - CONTINUED

But if failure of power or other utility service results in Covered Cause of Loss, we will pay for the loss or damage caused by the Covered Cause of Loss.

- B. Water. Exclusion B.1.g of the Coverage Form is replaced by the following:

g. Water

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- (2) Mudslide or mudflow;
- (3) Water that backs up or overflows from a sewer, drain or sump.
- (4) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors, windows or other openings.

But if Water, as described in (1) through (4) above, results in fire, explosion, sprinkler leakage, or equipment breakdown we will pay for the loss or damage done by that fire, explosion, sprinkler leakage or equipment breakdown.

- C. The following exclusions of the Coverage Form do not apply to coverage provided by this endorsement:

- 1) Electrical Apparatus (B.2.a.);
- 2) Steam Apparatus (B.2.d.); and
- 3) Mechanical Breakdown (B.2.1.(6)).

- D. Consequential Losses. Exclusion B.2.b of the Coverage Form is replaced by the following:

b. Consequential Losses

Delay, loss of use or loss of market, except that we will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by coverages provided by this endorsement to types of property covered by this policy that are:

- (1) Located on or within 1,000 feet of your described premises;
- (2) Owned by the building owner at your described premises, or owned by a public utility; and

BP 70 41 04 08



EQUIPMENT BREAKDOWN COVERAGE - CONTINUED

(3) Used to supply telephone, electricity, air conditioning, heating, gas, water or steam to your described premises.

The most we will pay for loss or damage under this coverage is \$100,000.

3. Property General Conditions. The following is added to paragraph F of the Coverage Form:

Suspension

Whenever Equipment Breakdown Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss or damage to that Covered Property. This can be done by delivering or mailing a written notice of suspension to:

- (a) Your last known address; or
- (b) The address where the Covered Property is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.

4. Property Definitions. Definition H.12 of the Coverage Form is replaced by the following:

6. "Specified Causes of Loss" means the following:

Fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice or sleet; water damage; equipment breakdown.

- a. Sinkhole collapse means the sudden sinking or collapse of land into underground empty spaces created by the action of water on limestone or dolomite. This cause of loss does not include:

- (1) The cost of filling sinkhole; or
- (2) Sinking or collapse of land into manmade underground cavities.

- b. Falling objects does not include loss of or damage to:

- (1) Personal property in the open; or
- (2) The interior of a building or structure, or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.

- c. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance (other than a

BP 70 41 04 08



EQUIPMENT BREAKDOWN COVERAGE - CONTINUED

sump system including its related equipment and parts) containing water or steam.

d. Equipment breakdown means direct damage to Covered Property as follows:

- (1) Mechanical breakdown, including rupture or bursting caused by centrifugal force;
- (2) Artificially generated electrical current, including electrical arcing, that disturbs electrical devices, appliances or wires;
- (3) Explosion of steam boilers, steam piping, steam engines or steam turbines owned or leased by you, or operated under your control;
- (4) Loss or damage to steam boilers, steam pipes, steam engines or steam turbines; or
- (5) Loss or damage to hot water boilers or other water heating equipment.

If covered electrical equipment requires drying out as a result of a flood we will pay for the direct expenses of such drying out.

None of the following are Covered Property as respects equipment breakdown:

- (i) Insulating or refractory material;
- (ii) Buried vessel or piping;
- (iii) Sewer piping, piping forming a part of a fire protection system or water piping other than:
 - i. Feed water piping between any boiler and its free pump or injector; or
 - ii. Boiler condensate return piping; or
 - iii. Water piping forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes;
- (iv) Structure, foundation, cabinet or compartment;
- (v) Power shovel, dragline, excavator, vehicle, aircraft, floating vessel or structure, penstock, draft tube or well-casing;
- (vi) Conveyor, crane elevator, escalator or hoist, but not excluding any electrical machine or electrical apparatus mounted on or used with this equipment;
- (vii) Felt, wire, screen, die, extrusion, plate, swing hammer, grinding disc, cutting blade, cable, chain,

BP 70 41 04 08



EQUIPMENT BREAKDOWN COVERAGE - CONTINUED

belt, rope, clutch plate, brake pad, non-metallic part
or any part or tool subject to frequent, periodic
replacement.

BP 70 41 04 08



PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS

This endorsement modifies the insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

This endorsement adds Printing and Graphic Arts Errors and Omissions Liability Insurance to your Businessowners Coverage Form. Such insurance is subject to all of the provisions of the Businessowners Coverage Form not expressly modified herein.

A. PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS COVERAGE

1. We will pay those sums that the insured becomes legally obligated to pay as damages because of an occurrence to which this insurance applies. As used in this endorsement, occurrence means an act, error or omission in providing or failing to provide "printing and graphic arts services". We have the right and duty to defend any "suit" seeking those damages. We may at our discretion investigate any occurrence and settle any claim or "suit" that may result. But:
 - a. The amount we will pay for damages is limited as described in paragraph C. of this endorsement; and
 - b. Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under COVERAGE EXTENSION - SUPPLEMENTARY PAYMENTS.

2. This insurance applies only to damages caused by an occurrence during the policy period. The occurrence must take place in the "coverage territory".
3. Damages arising from loss of use of tangible property will be deemed to occur at the time of the occurrence that caused the loss of use.

B. PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS EXCLUSIONS

1. This insurance does not apply to damages arising from:
 - a. "Bodily injury", or "personal and advertising injury".
 - b. "Property damage" which is otherwise insured by the Businessowners Coverage Form or would have been insured thereby except for:
 - (1) An endorsement excluding coverage; or
 - (2) Exhaustion of the policy Limits of Insurance by payment of claims.
 - c. The ownership, maintenance, use or entrustment to others of any aircraft, "auto", "mobile equipment" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

BP 80 17 01 08



PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS - CONTINUED

- d. The correction, repair or replacement of:
 - (1) "Your product", arising out of such product or any part of such product; or
 - (2) "Your work", arising out of such work and included in the "products-completed operations hazard".

This exclusion does not apply to damages claimed for expenses incurred for the recall of such product or work because of a known or suspected defect therein.
 - e. Cost guarantees, estimates of probable costs or cost estimates being exceeded.
 - f. Plagiarism.
 - g. Any willful, dishonest, fraudulent, criminal or malicious act, error or omission.
 - h. Discrimination.
 - i. The insolvency or bankruptcy of the insured.
 - j. A delay in or lack of performance by or on behalf of the insured of any contract or agreement.
 - k. Any contest, lottery, game of chance or similar promotion.
 - l. A violation or alleged violation of any federal or state securities act, statute or regulation.
2. This insurance does not apply to damages arising directly or indirectly out of:
- a. Any actual or alleged failure, malfunction or inadequacy of:
 - (1) Any of the following; whether belonging to any insured or to others:
 - (a) Computer hardware, including microprocessors;
 - (b) Computer application software;
 - (c) Computer operating systems and related software;
 - (d) Computer networks;
 - (e) Microprocessors (computer chips) not part of any computer system; or
 - (f) Any other computerized or electronic equipment or components; or
 - (2) Any other products, and any services, data or functions that directly use or rely upon, in any manner, any of the items listed in paragraph 2.a.(1) above.

BP 80 17 01 08



PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS - CONTINUED

due to the inability to correctly recognize, process, distinguish, interpret or accept any calendar date or time of day.

- b. Any advice, consultation, design, evaluation, inspection, installation, maintenance, repair, replacement or supervision provided or done by you or for you to determine, rectify or test for, any potential or actual problems described in paragraph 2.a. above.

In addition, exclusions II.B.1.f. and II.B.1.k. of the Businessowners Coverage Form also apply to Printing and Graphic Arts Errors and Omissions Liability Insurance.

C. PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS LIMIT OF INSURANCE

The Printing and Graphic Arts Errors and Omissions Aggregate Limit shown in the Declarations is the most we will pay under this insurance for the sum of all damages because of all occurrences during the policy period.

D. PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS PER CLAIM DEDUCTIBLE

1. Our obligation under this insurance to pay damages on your behalf applies only to the amount of damages in excess of any Printing and Graphic Arts Errors and Omissions deductible amount shown in the Declarations.
2. The deductible amount applies to all damages because of an act, error or omission sustained by one person or organization as a result of any one "occurrence".
3. The terms of this insurance, including those with respect to:
 - a. Our right and duty to defend any suits seeking those damages; and
 - b. Your duties in the event of an occurrence, claim or "suit" apply regardless of the application of the deductible amount.
4. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

E. OPTIONAL COVERAGE - CORRECTION OF WORK

The following OPTIONAL COVERAGE will only apply if Correction of Work Coverage is shown as included in the printing and Graphic Arts Errors and Omissions Coverage Declaration entry.

If Correction of Work coverage is included, the following applies:

1. Exclusion B.1.d. of this endorsement, pertaining to the correction, repair, or replacement of "your products" or "your work" does not apply.

BP 80 17 01 08



PRINTING AND GRAPHIC ARTS ERRORS AND OMISSIONS - CONTINUED

2. The following exclusions apply:

- a. We will not pay for your expected profit for the "printing and graphic arts service" performed to correct errors.
- b. We will not pay for any cost or expense incurred solely to retain customer faith or approval for "printing and graphic arts services" performed for that customer.

F. ADDITIONAL DEFINITION

"Printing and graphic arts services" means those activities usual or incidental to the art or process of producing"

1. Designs, diagrams, drawings, engravings, illustrations, models, photographs and other images; or
2. Printed material in the printing and graphic arts industries.

BP 80 17 01 08

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Product Name: Businessowners
Project Name/Number: 2008 BOP/BOPAR08213CGF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/27/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Cover Letter **Review Status:** Approved 06/27/2008

Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name: Form Memorandum **Review Status:** Approved 06/27/2008

Comments:

Attachment:

Form Memorandum.PDF

Satisfied -Name: AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 06/27/2008

Comments:

Attachment:

AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 06/27/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

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Satisfied -Name: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))

Review Status: Approved 06/27/2008

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 #
Sentry Insurance Group	169

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Insurance a Mutual Company	WI	24988	39-0333950	
Middlesex Insurance Company	WI	23434	04-1619070	

5. Company Tracking Number	BOPAR08213CGF01
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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
	Douglas D. Krueger 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-8614 Ext. 8614	715-346-6044	doug.krueger@sentry.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Douglas D. Krueger

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

9.	Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Businessowners
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: 10-1-08 Renewal: 10-1-08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	6-27-08
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 #	BOPAR08213CGF01
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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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We are filing to revise our Equipment Breakdown Endorsement BP 70 41 to increase the sub-limits for no additional charge. Please refer to the form memorandum for further detail. BP 70 41 04 08 replaces the BP 70 41 01 06 edition.

In addition we are revising our Printing and Graphic Arts Errors and Omissions Endorsement, BP 80 17. We have revised the endorsement to add a new optional coverage, Correction of Work. Please refer to the form memorandum for further detail. BP 80 17 01 08 replaces the BP 80 17 01 06 edition.

We have submitted a separate rule filing, filing # BOPAR08213CGR01, for the new optional Correction of Work coverage.

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 #: NA</p> <p>Amount: \$50.00</p> <p>Sent via EFT</p> <p style="text-align: center;">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.)

Sentry Insurance a Mutual Company
1800 North Point Drive
P.O. Box 8020
Stevens Point, WI 54481-8020



SENTRY[®]
INSURANCE
A MUTUAL COMPANY

June 27, 2008

Commissioner Julie Benafield Bowman
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

SENTRY INSURANCE A MUTUAL COMPANY, NAIC#169-24988, FEID#39-0333950
MIDDLESEX INSURANCE COMPANY, NAIC#169-23434, FEID#04-1619070
BUSINESSOWNERS – DIVISION TEN
FORM FILING
COMPANY FILING #: BOPAR08213CGF01
REFERENCE FILING #: BOPAR08213CGR01
PROPOSED WRITTEN DATE: 10/1/2008

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Please notify me if you have any questions and/or concerns.

Sincerely,

Douglas D. Krueger
Compliance/Development Analyst
715 346-8614
715 346-6044(fax)
Doug.Krueger@sentry.com

S T R E N G T H • P R O T E C T I O N • V I G I L A N C E SM

Form Memorandum

Endorsement #	Replaces #	Name of Endorsement and description
BP 70 41 04 08	BP 70 41 01 06	<p data-bbox="690 296 1477 394">Equipment Breakdown Coverage We have increased three sub-limits in the form for no additional charge.</p> <p data-bbox="690 432 1463 594">The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage, and the Consequential Loss coverage(loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.</p> <p data-bbox="690 632 1133 663">Endorsement broadens coverage.</p>
BP 80 17 01 08	BP 80 17 01 06	<p data-bbox="690 709 1365 741">Printing and Graphic Arts Errors and Omissions</p> <p data-bbox="690 743 1468 905">We have revised the endorsement to add a new optional coverage, Correction of Work. When this optional coverage is selected, the corresponding exclusion for correction of work no longer applies. However two additional exclusions will apply to exclude coverage for:</p> <ol data-bbox="690 907 1468 1008" style="list-style-type: none">1) expected profit from work performed to correct the errors;2) certain additional expenses designed to retain customer faith or approval(good will). <p data-bbox="690 1045 1472 1144">The Correction of Work provisions of this endorsement were based on information received from competitors offering similar coverage options.</p> <p data-bbox="690 1182 1133 1213">Endorsement broadens coverage.</p>

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 #	BOPAR08213CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	BOPAR08213CGR01
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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	Equipment Breakdown Coverage	BP 70 41 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BP 70 41 01 06	
02	Printing and Graphic Arts Errors and Omissions	BP 80 17 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BP 80 17 01 06	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT
FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 6-27-08

2. Company Name(s) Sentry Insurance a Mutual Company, Middlesex Insurance Company

Group Name Sentry Insurance Group NAIC No. 23434 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 5.0

(b) Class of Business Businessowners

© Coverages Affected Property and Liability

4. (a) Name of Advisory Organization, if any NA

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

NA

(b) Date of Filing NA

© Filing Designation Number or Description NA

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Pending

8. Is the form filed in response to or due to legislation? If so, specify legislation.
NO

9. Is the form in response to or due to recent court decisions? If so, give citation.
NO

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Douglas D. Krueger

Title

715-346-8614

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
BP 70 41 01 06	10-1-08	BP 70 41 04 08	Equipment Breakdown Coverage
BP 80 17 01 06	10-1-08	BP 80 17 01 08	Printing and Graphic Arts Errors and Omissions

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Janet Fagan, Vice President - Chief Actuary of
(Name) (Title of Authorized Officer)

Sentry Insurance a Mutual Company (See Attached)
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • BOPAR08213CGF01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Janet Fagan
Title of Authorized Officer •	Vice President - Chief Actuary
Email address of Authorized Officer •	
Telephone # of Authorized Officer •	715-346-6000
Date •	6-27-08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

Arkansas Certificate of Compliance – Additional Companies List

Insuring Company
Middlesex Insurance Company