

SERFF Tracking Number: UNKP-125662847 State: Arkansas  
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-CL-0809-01-397  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Lines  
Project Name/Number: /AR-CL-0809-01-397

## Filing at a Glance

Company: Milwaukee Casualty Insurance Company

Product Name: Commercial Lines SERFF Tr Num: UNKP-125662847 State: Arkansas  
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-CL-0809-01-397 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Authors: Denise Freund, Tyrone Settlemier Disposition Date: 06/09/2008  
Date Submitted: 05/23/2008 Disposition Status: Approved  
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008  
Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: AR-CL-0809-01-397 Domicile Status Comments:  
Reference Organization: NA Reference Number: NA  
Reference Title: NA Advisory Org. Circular: NA  
Filing Status Changed: 06/09/2008 Deemer Date:  
State Status Changed: 06/05/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Filing to adopt all currently approved Company Declarations/Schedules for new company - Milwaukee Casualty Insurance Co.

## Company and Contact

SERFF Tracking Number: UNKP-125662847 State: Arkansas  
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 Product Name: Commercial Lines  
 Project Name/Number: /AR-CL-0809-01-397

**Filing Contact Information**

Freund Denise, State Filings Analyst dfreund@unitrin.com  
 12790 Merit Drive (800) 777-2249 [Phone]  
 Dallas, TX 75251 (214) 360-8060[FAX]

**Filing Company Information**

Milwaukee Casualty Insurance Company CoCode: 26662 State of Domicile: Wisconsin  
 12790 Merit Drive Group Code: 215 Company Type: Prop & Cas  
 Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:  
 (800) 777-2249 ext. 8194[Phone] FEIN Number: 39-1190263  
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**Filing Fees**

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	05/23/2008	20475909

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Product Name: Commercial Lines  
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## Correspondence Summary

### Dispositions

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

*SERFF Tracking Number:* UNKP-125662847      *State:* Arkansas  
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*Project Name/Number:* /AR-CL-0809-01-397

## **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.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes
Form	Business Auto (Package)	Approved	Yes
Form	Business Auto (Monoline)	Approved	Yes
Form	Business Auto (Page 2)	Approved	Yes
Form	Business Auto (Page 3)	Approved	Yes
Form	Business Auto (Page 4)	Approved	Yes
Form	Motor Truck (Package)	Approved	Yes
Form	Motor Truck (Monoline)	Approved	Yes
Form	Motor Truck (Page 2)	Approved	Yes
Form	Motor Truck (Page 3)	Approved	Yes
Form	Motor Truck (Page 4)	Approved	Yes
Form	Truckers (Package)	Approved	Yes
Form	Truckers (Monoline)	Approved	Yes
Form	Truckers (Page 2)	Approved	Yes
Form	Truckers (Page 3)	Approved	Yes
Form	Truckers (Page 4)	Approved	Yes
Form	Summary Page	Approved	Yes
Form	Location Address Schedule	Approved	Yes
Form	Sub-Location Address Schedule	Approved	Yes
Form	Policy Interest Schedule	Approved	Yes
Form	Forms & Endorsement Schedule	Approved	Yes
Form	Extension of Named Insured	Approved	Yes
Form	Policy Changes	Approved	Yes
Form	General Liability (Package)	Approved	Yes
Form	General Liability (Monoline)	Approved	Yes
Form	General Liability Extension of Declarations	Approved	Yes
Form	Owners & Contractors Protective Liability	Approved	Yes
Form	Employee Benefits Liability	Approved	Yes
Form	Railroad Protective Liability	Approved	Yes

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**Form**

<b>Form</b>	Liquor Liability	Approved	Yes
<b>Form</b>	Classification Schedule	Approved	Yes
<b>Form</b>	Bailees Customers	Approved	Yes
<b>Form</b>	Boat Dealers	Approved	Yes
<b>Form</b>	Builders Risk & Installation	Approved	Yes
<b>Form</b>	Electronic Processing Equipment	Approved	Yes
<b>Form</b>	Inland Marine Summary	Approved	Yes
<b>Form</b>	General Floater	Approved	Yes
<b>Form</b>	General Floater- Fine Arts	Approved	Yes
<b>Form</b>	General Floater- Warehouse Operations	Approved	Yes
<b>Form</b>	Transportation Coverage	Approved	Yes
<b>Form</b>	Radio & TV	Approved	Yes
<b>Form</b>	Riggers Liability	Approved	Yes
<b>Form</b>	Theatrical Property	Approved	Yes
<b>Form</b>	Trip Transit	Approved	Yes
<b>Form</b>	Inland Marine Schedule	Approved	Yes
<b>Form</b>	Accounts Receivable	Approved	Yes
<b>Form</b>	Commercial Articles	Approved	Yes
<b>Form</b>	Equipment Floater	Approved	Yes
<b>Form</b>	Equipment Dealers - Optional	Approved	Yes
<b>Form</b>	Equipment Dealers	Approved	Yes
<b>Form</b>	Film Dec	Approved	Yes
<b>Form</b>	Floor Dec (Unscheduled)	Approved	Yes
<b>Form</b>	Floor Dec (Scheduled)	Approved	Yes
<b>Form</b>	Physicians & Surgeons	Approved	Yes
<b>Form</b>	Sign Coverage	Approved	Yes
<b>Form</b>	Valuable Papers	Approved	Yes
<b>Form</b>	Commercial Property (Package)	Approved	Yes
<b>Form</b>	Commercial Property (Monoline)	Approved	Yes
<b>Form</b>	Description of Premises	Approved	Yes

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Product Name: Commercial Lines  
Project Name/Number: /AR-CL-0809-01-397

<b>Form</b>	Description of Coverages	Approved	Yes
<b>Form</b>	Description of Optional Coverages	Approved	Yes
<b>Form</b>	Crime	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Auto (Package)	BADEC BADEC	08 01	Declaration New s/Schedule		0.00	BADEC BADEC 08 01.pdf
Approved	Business Auto (Monoline)	BADECM BADEC	08 01	Declaration New s/Schedule		0.00	BADECM BADEC 08 01.pdf
Approved	Business Auto (Page 2)	BADEC2P BADEC	08 01	Declaration New s/Schedule		0.00	BADEC2P BADEC 08 01.pdf
Approved	Business Auto (Page 3)	BADEC3 BADEC	08 01	Declaration New s/Schedule		0.00	BADEC3 BADEC 08 01.pdf
Approved	Business Auto (Page 4)	BADEC4 BADEC	08 01	Declaration New s/Schedule		0.00	BADEC4 BADEC 08 01.pdf
Approved	Motor Truck (Package)	MCDEC	08 01	Declaration New s/Schedule		0.00	MCDEC 08 01.pdf
Approved	Motor Truck (Monoline)	MCDECM MCDEC	08 01	Declaration New s/Schedule		0.00	MCDECM MCDEC 08 01.pdf
Approved	Motor Truck (Page 2)	MCDEC2 MCDEC	08 01	Declaration New s/Schedule		0.00	MCDEC2 MCDEC 08 01.pdf
Approved	Motor Truck (Page 3)	MCDEC3 MCDEC	08 01	Declaration New s/Schedule		0.00	MCDEC3 MCDEC 08 01.pdf
Approved	Motor Truck (Page 4)	MCDEC4 MCDEC	08 01	Declaration New s/Schedule		0.00	MCDEC4 MCDEC 08 01.pdf
Approved	Truckers (Package)	TRDEC	08 01	Declaration New s/Schedule		0.00	TRDEC 08 01.pdf
Approved	Truckers (Monoline)	TRDECM TRDEC	08 01	Declaration New s/Schedule		0.00	TRDECM TRDEC 08

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							01.pdf
Approved	Truckers (Page 2)	TRDEC2 TRDEC	08 01	Declaration New s/Schedule	0.00	TRDEC2 TRDEC 08 01.pdf	
Approved	Truckers (Page 3)	TRDEC3 TRDEC	08 01	Declaration New s/Schedule	0.00	TRDEC3 TRDEC 08 01.pdf	
Approved	Truckers (Page 4)	TRDEC4 TRDEC	08 01	Declaration New s/Schedule	0.00	TRDEC4 TRDEC 08 01.pdf	
Approved	Summary Page	CPPDEC CPPDEC	08 01	Declaration New s/Schedule	0.00	CPPDEC CPPDEC 08 01.pdf	
Approved	Location Address Schedule	LOCSCH SCHED	08 01	Declaration New s/Schedule	0.00	LOCSCH SCHED 08 01.pdf	
Approved	Sub-Location Address Schedule	SLOCSC H SCHED	08 01	Declaration New s/Schedule	0.00	SLOCSC SCHED 08 01.pdf	
Approved	Policy Interest Schedule	NASCHE D SCHED	08 01	Declaration New s/Schedule	0.00	NASCHED SCHED 08 01.pdf	
Approved	Forms & Endorsement Schedule	FORMINV SCHED	08 01	Declaration New s/Schedule	0.00	FORMINV SCHED 08 01.pdf	
Approved	Extension of Named Insured	EXTENSI ON OF NAMED INSURED	08 01	Declaration New s/Schedule	0.00	EXTENSION OF NAMED INSURED 08 01.pdf	
Approved	Policy Changes	30-0820	10 05	Endorseme New nt/Amendm ent/Condi tions	0.00	30-0820 10 05.pdf	
Approved	General Liability (Package)	GLDEC GLDEC	08 01	Declaration New s/Schedule	0.00	GLDEC GLDEC 08 01.pdf	
Approved	General Liaiblity (Monoline)	GLDECM GLDEC	08 01	Declaration New s/Schedule	0.00	GLDECM GLDEC 08	

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 Product Name: Commercial Lines  
 Project Name/Number: /AR-CL-0809-01-397

							01.pdf
Approved	General Liability Extension of Declarations	GLDECB GLDEC	08 01	Declaration News/Schedule	0.00	GLDECB GLDEC	08 01.pdf
Approved	Owners & Contractors Protective Liability	GLDECE GLDEC	08 01	Declaration News/Schedule	0.00	GLDECE GLDEC	08 01.pdf
Approved	Employee Benefits Liability	GLDECC107 DS 9902	03	Declaration News/Schedule	0.00	GLDECC1 DS 9902	07 03.pdf
Approved	Railroad Protective Liability	GLDECD GLDEC	08 01	Declaration News/Schedule	0.00	GLDECD GLDEC	08 01.pdf
Approved	Liquor Liability	GLDECF GLDEC	08 01	Declaration News/Schedule	0.00	GLDECF GLDEC	08 01.pdf
Approved	Classification Schedule	GLCLASS	06 95	Declaration News/Schedule	0.00	GLCLASS	06 95.pdf
Approved	Bailees Customers	BAILDEC BAILDEC	08 01	Declaration News/Schedule	0.00	BAILDEC BAILDEC	08 01.pdf
Approved	Boat Dealers	BOATDEC BOATDEC	08 01	Declaration News/Schedule	0.00	BOATDEC BOATDEC	08 01.pdf
Approved	Builders Risk & Installation	BRDEC BRDEC	08 01	Declaration News/Schedule	0.00	BRDEC BRDEC	08 01.pdf
Approved	Electronic Processing Equipment	EDPDEC EDPDEC	08 01	Declaration News/Schedule	0.00	EDPDEC EDPDEC	08 01.pdf
Approved	Inland Marine Summary	IMDEC IMDEC	08 01	Declaration News/Schedule	0.00	IMDEC IMDEC	08 01.pdf
Approved	General Floater	MISCDEC	08 01	Declaration News/Schedule	0.00	MISCDEC	08 01 (GENERAL).

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 Product Name: Commercial Lines  
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Approval	Product	Code	Description	Value	File Name
Approved	General Floater- Fine Arts	MISCDEC 08 01 3 MISCDEC	Declaration New s/Schedule	0.00	MISCDEC3 MISCDEC 08 01 (FINE ARTS).pdf
Approved	General Floater- Warehouse Operations	MISCDEC 08 01 4 MISCDEC	Declaration New s/Schedule	0.00	MISCDEC4 MISCDEC 08 01 (WAREHOU SE).pdf
Approved	Transportation Coverage	MTCDEC 08 01 MTCDEC	Declaration New s/Schedule	0.00	MTCDEC MTCDEC 08 01.pdf
Approved	Radio & TV	RDTVDE 08 01 C RDOTV	Declaration New s/Schedule	0.00	RDTVDEC RDOTV 08 01.pdf
Approved	Riggers Liability	RIGGDEC 08 01 RIGGER	Declaration New s/Schedule	0.00	RIGGDEC RIGGER 08 01.pdf
Approved	Theatrical Property	THEATDE 08 01 C THEATDE C	Declaration New s/Schedule	0.00	THEATDEC THEATDEC 08 01.pdf
Approved	Trip Transit	TRIPDEC 08 01 TRIPDEC	Declaration New s/Schedule	0.00	TRIPDEC TRIPDEC 08 01.pdf
Approved	Inland Marine Schedule	37-0008 04 05	Declaration New s/Schedule	0.00	37-0008 04 05.pdf
Approved	Accounts Receivable	ARDEC 08 01 ARDEC	Declaration New s/Schedule	0.00	ARDEC ARDEC 08 01.pdf
Approved	Commercial Articles	CMDEC 08 01 CMDEC	Declaration New s/Schedule	0.00	CMDEC CMDEC 08 01.pdf
Approved	Equipment Floater	EQPDEC 08 01 EQPDEC	Declaration New s/Schedule	0.00	EQPDEC EQPDEC 08 01.pdf
Approved	Equipment	EQPDOD 08 01	Declaration New	0.00	EQPDODEC

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	Dealers - Optional	EC EQPDOD EC	s/Schedule			EQPDODEC 08 01.pdf
Approved	Equipment Dealers	EQPDPD 08 01 EC EQPDPD EC	Declaration New s/Schedule	0.00		EQPDPDEC EQPDPDEC 08 01.pdf
Approved	Film Dec	FILMDEC 08 01 FILMDEC	Declaration New s/Schedule	0.00		FILMDEC FILMDEC 08 01.pdf
Approved	Floor Dec (Unscheduled)	FLRNDEC08 01 FLOOR EC	Declaration New s/Schedule	0.00		FLRNDEC FLOORDEC 08 01.pdf
Approved	Floor Dec (Scheduled)	FLRSDEC08 01 FLOOR EC	Declaration New s/Schedule	0.00		FLRSDEC FLOORDEC 08 01.pdf
Approved	Physicians & Surgeons	PSDEC 08 01 PSDEC	Declaration New s/Schedule	0.00		PSDEC PSDEC 08 01.pdf
Approved	Sign Coverage	SIGNDEC 08 01 SIGNDEC	Declaration New s/Schedule	0.00		SIGNDEC SIGNDEC 08 01.pdf
Approved	Valuable Papers	VPDEC 08 01 VPDEC	Declaration New s/Schedule	0.00		VPDEC VPDEC 08 01.pdf
Approved	Commercial Property (Package)	DCFDEC 08 01 CFDEC	Declaration New s/Schedule	0.00		DCFDEC CFDEC 08 01.pdf
Approved	Commercial Property (Monoline)	DCFDEC 08 01 M CFDEC	Declaration New s/Schedule	0.00		DCFDECM CFDEC 08 01.pdf
Approved	Description of Premises	DECCFB 08 01 CFDEC	Declaration New s/Schedule	0.00		DECCFB CFDEC 08 01.pdf
Approved	Description of Coverages	DECCFC 08 01 CFDEC	Declaration New s/Schedule	0.00		DECCFC CFDEC 08 01.pdf
Approved	Description of	DECCFD 08 01	Declaration New	0.00		DECCFD

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Optional	CFDEC	s/Schedule	CFDEC 08
Coverages			01.pdf
Approved Crime	CRDEC 08 01	Declaration New s/Schedule	0.00 CRDEC 08 01.pdf



**COMMERCIAL PACKAGE POLICY  
BUSINESS AUTO COVERAGE PART**

**ITEM ONE**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
	12:01 A.M. Standard Time at the Named Insured's Address		
<b>Transaction</b>	<b>Customer #:</b>		
<b>Named Insured and Address</b>	<b>Agent</b>		
	Telephone:		
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		per accident	
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent No-fault coverage)		Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible	
AUTO MEDICAL PAYMENTS			
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
PHYSICAL DAMAGE COMPREHENSIVE		Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, but no Deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus \$0 Deductible for each covered auto for loss caused by Mischief or Vandalism. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE COLLISION		Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE TOWING AND LABOR (not available in California)		for each disablement of a private passenger "auto".	
			<b>Premium for Endorsements</b>
			<b>Estimated Total Premium</b>

**Forms and Endorsements Applicable to this policy**

Issued Date:  
BADEC 0801

## BUSINESS AUTO DECLARATION

**ITEM ONE**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
	12:01 A.M. Standard Time at the Named Insured's Address		
<b>Transaction</b>	<b>Customer #:</b>		
<b>Named Insured and Address</b>	<b>Agent</b>		
		Telephone:	
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		per accident	
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent No-fault coverage)		Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible	
AUTO MEDICAL PAYMENTS			
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
PHYSICAL DAMAGE COMPREHENSIVE		Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, but no Deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus \$0 Deductible for each covered auto for loss caused by Mischief or Vandalism. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE COLLISION		Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE TOWING AND LABOR (not available in California)		for each disablement of a private passenger "auto".	
			<b>Premium for Endorsements</b>
			<b>Estimated Total Premium</b>

**Forms and Endorsements Applicable to this policy**

Issued Date:  
BADEC 0801

Policy Number:

Named Insured:

## BUSINESS AUTO

### ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION	PURCHASED		LOCATION
Unit #	Year, Make & Model, Serial No. or Vehicle Identification Number	Original Cost New	Actual Cost & NEW (N) USED (U)	State Territory

CLASSIFICATION								
Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		

#### COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES

LIABILITY		PERS INJURY PROT		ADDED PIP	PROP PROT (Mich. only)			
Unit #	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement	Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium

#### COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)

UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		AUTO MED PAY		
Unit #	Limit	Premium	Limit	Premium	Limit	Premium

#### COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)

COMPREHENSIVE		SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR		
Unit #	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	Premium

Issued Date:

BADEC 0801

Policy Number:

Named Insured:

**BUSINESS AUTO**

**ITEM FOUR:**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIABILITY COVERAGE IS PRIMARY)	ESTIMATED PREMIUM
			TOTAL PREMIUM	

The Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	Actual Cash Value or Cost of Repairs, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning.			
SPECIFIED CAUSES OF LOSS	Actual Cash Value or Cost of Repairs, whichever is less minus \$0 Deductible for each covered auto for loss caused by Mischief or Vandalism.			
COLLISION	Actual Cash Value, Cost of Repairs or whichever is less minus Deductible for each covered auto.			
			TOTAL PREMIUM	

**ITEM FIVE:**

**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
			TOTAL PREMIUM

Issued Date:  
BADEC 0801

Policy Number:

Named Insured:

### BUSINESS AUTO

**ITEM SIX:**

**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE  
PUBLIC AUTO OR LEASING RENTAL CONCERNS**

Estimated Yearly	RATES		PREMIUMS	
	( ) Per \$100 of Gross Receipts ( ) Per Mile			
( ) Gross Receipts ( ) Mileage	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
TOTAL PREMIUMS				
MINIMUM PREMIUMS				

When used as a premium basis:

**FOR PUBLIC AUTOS**

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amount you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

**FOR RENTAL OR LEASING CONCERNS**

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

Issued Date:

BADEC 0801

**Policy Number** \_\_\_\_\_ **Policy Period** **From** \_\_\_\_\_ **To** \_\_\_\_\_  
12:01 A.M. Standard Time at the Named Insured's Address

**Transaction** \_\_\_\_\_ **Customer #:** \_\_\_\_\_

**Named Insured and Address** \_\_\_\_\_ **Agent** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Business Description** \_\_\_\_\_ **Type of Business** \_\_\_\_\_ **Audit Period** \_\_\_\_\_

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			per accident	
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)			Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent No-fault coverage)			Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (Michigan only)			Separately stated in the P.P.I. endorsement minus Deductible for each accident	
AUTO MEDICAL PAYMENTS				
UNINSURED MOTORISTS				
UNDERINSURED MOTORISTS (When not included in UM Coverage)				
TRAILER INTERCHANGE	COMPREHENSIVE		Actual Cash Value, Cost of Repair or whichever is less	
	SPECIFIED CAUSES OF LOSS		Actual Cash Value, Cost of Repair or whichever is less, minus \$25 Ded. for each covered auto for loss caused by Mischief or Vandalism	
	COLLISION		Actual Cash Value, Cost of Repair or whichever is less, minus for each covered auto	
PHYSICAL DAMAGE	COMPREHENSIVE		Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning	
	SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less minus \$25 Deductible for each covered auto. For loss covered by Mischief or Vandalism	
	COLLISION		Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto	
TOWING AND LABOR			for each disablement of a private passenger "auto"	

<b>Premium for Endorsements</b>	
<b>Estimated Total Premium</b>	

Forms and Endorsements Applicable to this Policy

Issued Date:  
MCDEC 0801

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
	12:01 A.M. Standard Time at the Named Insured's Address		
<b>Transaction</b>	<b>Customer #:</b>		
<b>Named Insured and Address</b>	<b>Agent</b>		
	<b>Telephone:</b>		
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		per accident	
PERSONAL INJURY PROTECTION <small>(or equivalent No-fault coverage)</small>		Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. <small>(or equivalent No-fault coverage)</small>		Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. <small>(Michigan only)</small>		Separately stated in the P.P.I. endorsement minus Deductible for each accident	
AUTO MEDICAL PAYMENTS			
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS <small>(When not included in UM Coverage)</small>			
<b>TRAILER INTERCHANGE</b>	COMPREHENSIVE	Actual Cash Value, Cost of Repair or whichever is less	
	SPECIFIED CAUSES OF LOSS	Actual Cash Value, Cost of Repair or whichever is less, minus \$25 Ded. for each covered auto for loss caused by Mischief or Vandalism	
	COLLISION	Actual Cash Value, Cost of Repair or whichever is less, minus for each covered auto	
<b>PHYSICAL DAMAGE</b>	COMPREHENSIVE	Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning	
	SPECIFIED CAUSES OF LOSS	Actual Cash Value or Cost of Repair, whichever is less minus \$25 Deductible for each covered auto. For loss covered by Mischief or Vandalism	
	COLLISION	Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto	
TOWING AND LABOR		for each disablement of a private passenger "auto"	
			<b>Premium for Endorsements</b>
			<b>Estimated Total Premium</b>

Forms and Endorsements Applicable to this Policy

--

Issued Date:

MCDECM  
MCDEC 08 01

Policy Number:

Named Insured:

**ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN**

Unit #	DESCRIPTION Year, Make & Model, Serial No. or Vehicle Identification Number	PURCHASED		LOCATION State Territory
		Original Cost New	Actual Cost & NEW (N) USED (U)	

Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES							
Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	PROP PROT (Mich. only)	
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)						
Unit #	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		AUTO MED PAY	
	Limit	Premium	Limit	Premium	Limit	Premium

COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)						
Unit #	COMPREHENSIVE		SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement Premium

Issued Date:

MCDEC2

Policy Number:

Named Insured:

**ITEM FOUR:**

**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS		
ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	TOTAL ESTIMATED PREMIUM

The Cost of Hire means the total cost you incur for the hire of "autos" you do not own (not including "private passenger type auto" you borrow or rent from members of your household, your partners, employees or agents or members of their households).

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)	PREMIUM
<b>TOTAL PREMIUM</b>				

The Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	Actual Cash Value or Cost of Repairs, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning.			
SPECIFIED CAUSES OF LOSS	Actual Cash Value or Cost of Repairs, whichever is less minus \$0 Deductible for each covered auto for loss caused by Mischief or Vandalism			
COLLISION	Actual Cash Value, Cost of Repairs or whichever is less minus Deductible for each covered auto			
<b>TOTAL PREMIUM</b>				

**ITEM FIVE:**

**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

RATING BASIS	NUMBER	PREMIUM
Number of Employees		
Number of Partners		
<b>TOTAL PREMIUM</b>		

Issued Date:

Policy Number:

Named Insured:

**ITEM SIX: TRAILER INTERCHANGE COVERAGE**

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO		
SPECIFIED CAUSES OF LOSS			
COLLISION			
<b>TOTAL PREMIUM</b>			

**ITEM SEVEN:  
SCHEDULE FOR GROSS RECEIPTS RATING BASIS - LIABILITY COVERAGE**

ESTIMATED YEARLY	RATES		PREMIUMS	
	Per \$100 of Gross Receipts			
GROSS RECEIPTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
<b>TOTAL PREMIUMS</b>				
<b>MINIMUM PREMIUMS</b>				

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Issued Date:  
MCDEC4

**Policy Number** \_\_\_\_\_ **Policy Period** **From** \_\_\_\_\_ **To** \_\_\_\_\_  
12:01 A.M. Standard Time at the Named Insured's Address

**Transaction** \_\_\_\_\_ **Customer #:** \_\_\_\_\_

**Named Insured and Address** \_\_\_\_\_ **Agent** \_\_\_\_\_

Telephone: \_\_\_\_\_

**Business Description** \_\_\_\_\_ **Type of Business** \_\_\_\_\_ **Audit Period** \_\_\_\_\_

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			per accident	
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)			Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent No-fault coverage)			Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (Michigan only)			Separately stated in the P.P.I. endorsement minus Deductible for each accident	
AUTO MEDICAL PAYMENTS				
UNINSURED MOTORISTS				
UNDERINSURED MOTORISTS (When not included in UM Coverage)				
TRAILER INTERCHANGE	COMPREHENSIVE		Actual Cash Value, Cost of Repair or whichever is less	
	SPECIFIED CAUSES OF LOSS		Actual Cash Value, Cost of Repair or whichever is less, minus \$25 Ded. for each covered auto for loss caused by Mischief or Vandalism	
	COLLISION		Actual Cash Value, Cost of Repair or whichever is less, minus for each covered auto	
PHYSICAL DAMAGE	COMPREHENSIVE		Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning	
	SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less minus \$25 Deductible for each covered auto. For loss covered by Mischief or Vandalism	
	COLLISION		Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto	
TOWING AND LABOR			for each disablement of a private passenger "auto"	

<b>Premium for Endorsements</b>	
<b>Estimated Total Premium</b>	

Forms and Endorsements Applicable to this Policy

Issued Date:  
TRDEC 0801

Policy Number \_\_\_\_\_ Policy Period From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M. Standard Time at the Named Insured's Address

Transaction \_\_\_\_\_ Customer #: \_\_\_\_\_

Named Insured and Address \_\_\_\_\_ Agent \_\_\_\_\_

Telephone: \_\_\_\_\_

Business Description \_\_\_\_\_ Type of Business \_\_\_\_\_ Audit Period \_\_\_\_\_

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			per accident	
PERSONAL INJURY PROTECTION <small>(or equivalent No-fault coverage)</small>			Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. <small>(or equivalent No-fault coverage)</small>			Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. <small>(Michigan only)</small>			Separately stated in the P.P.I. endorsement minus Deductible for each accident	
AUTO MEDICAL PAYMENTS				
UNINSURED MOTORISTS				
UNDERINSURED MOTORISTS <small>(When not included in UM Coverage)</small>				
TRAILER INTERCHANGE	COMPREHENSIVE		Actual Cash Value, Cost of Repair or whichever is less	
	SPECIFIED CAUSES OF LOSS		Actual Cash Value, Cost of Repair or whichever is less, minus \$25 Ded. for each covered auto for loss caused by Mischief or Vandalism	
	COLLISION		Actual Cash Value, Cost of Repair or whichever is less, minus for each covered auto	
PHYSICAL DAMAGE	COMPREHENSIVE		Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning	
	SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less minus \$25 Deductible for each covered auto. For loss covered by Mischief or Vandalism	
	COLLISION		Actual Cash Value or Cost of Repair, whichever is less minus Deductible for each covered auto	
TOWING AND LABOR			for each disablement of a private passenger "auto"	

Premium for Endorsements	
Estimated Total Premium	

Forms and Endorsements Applicable to this Policy

Issued Date: \_\_\_\_\_

Policy Number:

Named Insured:

**ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN**

Unit #	DESCRIPTION Year, Make & Model, Serial No. or Vehicle Identification Number	PURCHASED		LOCATION	
		Original Cost New	Actual Cost & NEW (N) USED (U)	State	Territory

Unit #	Code	Radius of Operation	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		

**COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES**

Unit #	LIABILITY		PERS INJURY PROT		ADDED PIP	PROP PROT (Mich. only)	
	Limit	Premium	Limit stated in each PIP Endorsement minus deductible shown below	Premium	Limit stated in each Added PIP Endorsement  Premium	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium

**COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)**

Unit #	UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		AUTO MED PAY	
	Limit	Premium	Limit	Premium	Limit	Premium

**COVERAGES - PREMIUM, LIMITS AND DEDUCTIBLES (Cont.)**

Unit #	COMPREHENSIVE		SP. CAUSE OF LOSS	COLLISION		TOWING & LABOR	
	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO  Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	Premium

Issued Date:  
TRDEC2

Policy Number:

Named Insured:

**ITEM FOUR:  
SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS		
ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	TOTAL ESTIMATED PREMIUM

The Cost of Hire means the total cost you incur for the hire of "autos" you do not own (not including "private passenger type auto" you borrow or rent from members of your household, your partners, employees or agents or members of their households).

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)	PREMIUM
<b>TOTAL PREMIUM</b>				

The Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	Actual Cash Value or Cost of Repairs, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning.			
SPECIFIED CAUSES OF LOSS	Actual Cash Value or Cost of Repairs, whichever is less minus \$0 Deductible for each covered auto for loss caused by Mischief or Vandalism			
COLLISION	Actual Cash Value, Cost of Repairs or whichever is less minus Deductible for each covered auto			
<b>TOTAL PREMIUM</b>				

**ITEM FIVE:  
SCHEDULE FOR NON-OWNERSHIP LIABILITY**

RATING BASIS	NUMBER	PREMIUM
Number of Employees		
Number of Partners		
<b>TOTAL PREMIUM</b>		

Issued Date:  
TRDEC3

Policy Number:

Named Insured:

**ITEM SIX: TRAILER INTERCHANGE COVERAGE**

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO		
SPECIFIED CAUSES OF LOSS			
COLLISION			
<b>TOTAL PREMIUM</b>			

**ITEM SEVEN:  
SCHEDULE FOR GROSS RECEIPTS RATING BASIS - LIABILITY COVERAGE**

ESTIMATED YEARLY	RATES		PREMIUMS	
	Per \$100 of Gross Receipts			
GROSS RECEIPTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
<b>TOTAL PREMIUMS</b>				
<b>MINIMUM PREMIUMS</b>				

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Issued Date:

TRDEC4

**SUMMARY PAGE**

<b>Policy Number</b>	<b>Policy Period:</b>	<b>From</b>	<b>To</b>
		12:01 A.M. Standard Time at the Named Insured's Address	
<b>Transaction</b>	<b>Customer #:</b>		
<b>Named Insured and Address</b>	<b>Agent</b>		
	<b>Telephone:</b>		
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

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. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

**COVERAGE PART DESCRIPTION**

**PREMIUM**

<b>POLICY PREMIUM</b>	<b>\$</b>
<b>DEPOSIT PREMIUM</b>	<b>\$</b>
<b>TAXES AND SURCHARGES</b>	<b>\$</b>
<b>TOTAL DEPOSIT PREMIUM</b>	<b>\$</b>

**Forms applicable to all Coverage Parts:**

These Declarations together with the common policy conditions, coverage declarations, coverage form(s), and form(s) and endorsements, if any, issued, complete the above numbered policy.

Countersigned this

By \_\_\_\_\_  
Authorized Representative

Issued Date:  
CPPDEC 0801

Policy Number:

Named Insured:

## LOCATION ADDRESS SCHEDULE

Issued Date:  
SCHED 0801

LOCSCH

Policy Number:

Named Insured:

## SUB-LOCATION ADDRESS SCHEDULE

Issued Date:  
SCHED 0801

SLOCSCH

Policy Number:

Named Insured:

## POLICY INTEREST SCHEDULE

Issued Date:  
SCHED 0801

Policy Number:

Named Insured:

## FORMS AND ENDORSEMENTS SCHEDULE

Coverage Line

Form Nbr.

Ed. Date

Description

---

Issued Date:  
SCHED 0801

Policy Number:
Named Insured:
Agent:

**EXTENSION OF NAMED INSURED**

POLICY NUMBER:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## POLICY CHANGES

Effective Date of Change:

Change Endorsement No.:

Named Insured:

The following item(s):

<input type="checkbox"/>	Insured's Name	<input type="checkbox"/>	Insured's Mailing Address
<input type="checkbox"/>	Insured's Legal Status/Business of Insured	<input type="checkbox"/>	Payment Plan
<input type="checkbox"/>	Covered Property/Located Description	<input type="checkbox"/>	Additional Insured
<input type="checkbox"/>	Loss Payee	<input type="checkbox"/>	Mortgagee
<input type="checkbox"/>	Rates	<input type="checkbox"/>	Classification
<input type="checkbox"/>	Premium Determination	<input type="checkbox"/>	Limits
<input type="checkbox"/>	Deductibles	<input type="checkbox"/>	Exposures
<input type="checkbox"/>	Auto Schedule	<input type="checkbox"/>	Inland Marine Schedule
is (are) changed to read {See Additional Page(s)}		<input type="checkbox"/>	Coverage Forms and Endorsements

The above amendments result in a change in the premium as follows:

<input type="checkbox"/>	<b>NO CHANGES</b>	<b>ADDITIONAL PREMIUM</b>	<b>RETURN PREMIUM</b>
		\$	\$

**POLICY CHANGES ENDORSEMENT DESCRIPTION**

--

**GENERAL LIABILITY  
COVERAGE PART**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
		<small>12:01 A.M. Standard Time at the Named Insured's Address</small>	
<b>Transaction</b>	<b>Customer #:</b>		
<b>PAYPLAN:</b>			
<b>Named Insured and Address</b>	<b>Agent</b>		
	<b>Telephone:</b>		
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**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**

General Aggregate Limit (Other than Products-Completed Operations)	\$
Products - Completed Operations Aggregate Limit	\$
Each Occurrence Limit	\$
Personal and Advertising Injury Limit	\$
Medical Expense Limit, any one person	\$
Damage to Premises Rented to You, any one premises	\$

**AMENDED LIMITS OF LIABILITY**

Refer to attached schedule, if any.

**LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

Refer to attached schedule.

**CLASSIFICATIONS**

Refer to attached schedule.

**TOTAL PREMIUM FOR THIS COVERAGE PART \$**

<b>Forms and Endorsements Applicable to this Policy</b>

These Declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and form(s) and endorsements, if any, issued, complete the above numbered policy.

**GENERAL LIABILITY  
COVERAGE PART**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
12:01 A.M. Standard Time at the Named Insured's Address			
<b>Transaction</b>	<b>Customer #:</b>		
<b>PAYPLAN:</b>			
<b>Named Insured and Address</b>	<b>Agent</b>		
Telephone:			
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**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**

General Aggregate Limit (Other than Products-Completed Operations)	\$
Products - Completed Operations Aggregate Limit	\$
Each Occurrence Limit	\$
Personal and Advertising Injury Limit	\$
Medical Expense Limit, any one person	\$
Damage to Premises Rented to You, any one premises	\$

**AMENDED LIMITS OF LIABILITY**

Refer to attached schedule, if any.

**LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

Refer to attached schedule.

**CLASSIFICATIONS**

Refer to attached schedule.

**TOTAL PREMIUM FOR THIS COVERAGE PART \$**

<b>Forms and Endorsements Applicable to this Policy</b>

These Declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and form(s) and endorsements, if any, issued, complete the above numbered policy.

Policy Number

Named Insured:

## COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS

### LOCATION OF PREMISES

Location of All Premises You Own, Rent or Occupy:

### PREMIUM

Location	Classification	Code No.	Exposure	Basis	Prem.Ops.	Rate Prod/Comp Ops.	Advance Premium Prem.Ops.	Prod/Comp Ops.
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**Extension of Declarations - Total Advance Annual Premium**

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Issued Date:

GLDEC 0801

## OWNERS AND CONTRACTORS PROTECTIVE LIABILITY POLICY DECLARATIONS

<b>Policy Number</b>	<b>Policy Period: From</b>	<b>To</b>
	12:01 A.M. Standard Time at the Named Insured's Address	
<b>Transaction</b>		
<b>Named Insured and Address</b>		<b>Agent</b>
<b>Telephone:</b>		
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>

**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.**

<b>LOCATION OF COVERED OPERATIONS</b>				
<b>DESIGNATED CONTRACTOR AND MAILING ADDRESS</b>				
<b>LIMITS OF INSURANCE</b>				
<b>EACH OCCURRENCE LIMIT</b>			<b>\$</b>	
<b>AGGREGATE LIMIT</b>			<b>\$</b>	
<b>CLASSIFICATION AND PREMIUM</b>				
<b>Classification</b>	<b>Code Number</b>	<b>Premium Base Contract Cost</b>	<b>Rate Per \$1,000 of Cost</b>	<b>Advance Premium</b>
				<b>\$</b>
<b>STATE TAX OR OTHER (if applicable)</b>				<b>\$</b>
<b>TOTAL PREMIUM</b>				<b>\$</b>
<b>PREMIUM SHOWN IS PAYABLE:</b>			<b>\$</b>	<b>AT INCEPTION</b>
<small>(If Policy Period Is More than One Year and Premium Is Paid in Annual Installments)</small>			<b>\$</b>	<b>AT EACH ANNIVERSARY</b>
<b>ENDORSEMENTS</b>				
<b>Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:</b>				

**Countersigned:**

By \_\_\_\_\_  
**Authorized Representative**

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENTS, COMPLETE THE ABOVE NUMBERED POLICY.  
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Issued Date:  
GLDEC 0801

**EMPLOYEE BENEFITS LIABILITY COVERAGE PART  
DECLARATIONS**

<b>Policy Number</b>	<b>Policy Period: From</b>	<b>To</b>
	<small>12:01 A.M. Standard Time at the Named Insured's Address</small>	
<b>Transaction</b>	<b>Customer #:</b>	
<b>Named Insured and Address</b>	<b>Agent</b>	
	<b>Telephone:</b>	
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>

**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.**

<b>LIMITS OF INSURANCE AND DEDUCTIBLE</b>			
<b>Aggregate Limit</b>	<b>\$</b>		
<b>Each Employee Limit</b>	<b>\$</b>		
<b>Deductible</b>	<b>\$</b>	<b>each employee</b>	
<b>EMPLOYEES BENEFITS PROGRAMS</b>			
Covered Employee Benefits Programs other than those listed in Section VI, DEFINITIONS:			
<b>PREMIUM COMPUTATION</b>			
<b>Estimated Number of Employees</b>		<b>Estimated Premium</b>	<b>Minimum Premium</b>
		\$	\$
	<b>Total</b>	\$	\$
<b>FORMS AND ENDORSEMENTS *</b>			
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:			

**Countersigned:\***

By \_\_\_\_\_  
**Authorized Representative**

\*Entry optional if shown in common policy declarations.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Issued Date:  
DS 9902 0703

## RAILROAD PROTECTIVE LIABILITY POLICY DECLARATIONS

<b>Policy Number</b>	<b>Policy Period:</b>	<b>From</b>	<b>To</b>
		12:01 A.M. Standard Time at the Named Insured's Address	
<b>Transaction</b>	<b>Customer #:</b>		
<b>Named Insured and Address</b>	<b>Agent</b>		
<b>Telephone:</b>			
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**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.**

<b>JOB LOCATION</b>			
<b>DESIGNATED CONTRACTOR AND MAILING ADDRESS</b>			
<b>NAME AND ADDRESS OF INVOLVED GOVERNMENTAL AUTHORITY OR OTHER CONTRACTING PARTY</b>			
<b>LIMITS OF INSURANCE</b>			
<b>EACH OCCURRENCE LIMIT</b>		<b>\$</b>	
<b>AGGREGATE LIMIT</b>		<b>\$</b>	
<b>DESCRIPTION OF OPERATIONS</b>			
<b>CLASSIFICATION AND PREMIUM</b>			
<b>Classification</b>	<b>Code Number</b>	<b>Premium Base Contract Cost</b>	<b>Advance Premium</b>
			<b>\$</b>
<b>STATE TAX OR OTHER (if applicable)</b>			<b>\$</b>
<b>TOTAL PREMIUM</b>			<b>\$</b>
<b>PREMIUM SHOWN IS PAYABLE:</b>		<b>\$</b>	<b>AT INCEPTION</b>
<small>(If Policy Period Is More than One Year and Premium Is Paid in Annual Installments)</small>		<b>\$</b>	<b>AT EACH ANNIVERSARY</b>
<b>FORMS AND ENDORSEMENTS</b>			
<b>Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:</b>			

Countersigned: \_\_\_\_\_ By \_\_\_\_\_  
**Authorized Representative**

Issued Date:

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.  
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## LIQUOR LIABILITY COVERAGE PART DECLARATION

<b>Policy Number</b>	<b>Policy Period: From</b>	<b>To</b>
	12:01 A.M. Standard Time at the Named Insured's Address	
<b>Transaction</b>	<b>Customer #:</b>	
<b>Named Insured and Address</b>	<b>Agent</b>	
	<b>Telephone:</b>	
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>

**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.**

<b>LIMITS OF INSURANCE</b>				
Aggregate Limit		\$		
Each Common Cause Limit		\$		
<b>RETROACTIVE DATE (CG 00 34 only)</b>				
This insurance does not apply to injury which occurs before the Retroactive Date, if any, shown below.				
Retroactive Date:	_____			
	(Enter date or "None" if no Retroactive Date applies)			
<b>LOCATIONS</b>				
<b>All Premises You Own, Rent or Occupy</b>				
Location Number	Address of All Premises You Own, Rent or Occupy			
<b>CLASSIFICATION AND PREMIUM</b>				
Classification	Code Number	Premium Base	\$	Rate
				\$
				\$
			State Tax or Other (If applicable)	\$
Premium shown is payable: \$		at inception	Total Advance Premium	\$
<b>FORMS AND ENDORSEMENTS *</b>				
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:				

**Countersigned:\***

By \_\_\_\_\_  
**Authorized Representative**

\*Entry optional if shown in common policy declarations.

**THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENTS, COMPLETE THE ABOVE NUMBERED POLICY.**

Issued Date:  
GLDEC 0801

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Policy Number

Named Insured:

## COMMERCIAL GENERAL LIABILITY CLASSIFICATION SCHEDULE

Loc	St	Terr	Code	Premium Basis	Exposure	Rate	Per	Cov	Premium
Classification Description									

Issued Date:

Policy Number:
Named Insured:
Agent:

## BAILEES' CUSTOMERS DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

#### LIMITS OF INSURANCE

##### A. PROPERTY AT YOUR PREMISES

Address - See attached schedule for complete address.

Limit of Insurance

Prem Bldg

##### B. PROPERTY AT OTHER PREMISES YOU ACQUIRE

This limit applies at each premises. Coverage applies only for 30 days after you acquire the premises.

Included

##### C. PROPERTY IN TRANSIT

Included

##### D. PROPERTY NOT INCLUDED AT YOUR PREMISES AND NOT INCLUDED ABOVE

Included

---

#### DEDUCTIBLE

---

#### RATES AND PREMIUM

##### A. Nonreporting Rate

Premium

##### B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

4. Premium Adjustment Period

5. Rate

Annual     Quarterly     Monthly  
 Annual     Quarterly     Monthly

---

#### SPECIAL PROVISIONS (if any)

Issued Date:  
BAILDEC 0801

Policy Number:
Named Insured:
Agent:

## BOAT DEALERS DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

#### LIMITS OF INSURANCE

- |  |                    |
|--|--------------------|
|  | Limit of Insurance |
| I. BOAT DEALERS COVERAGE FORMS   |                    |
| A. PROPERTY AT YOUR PREMISES   |                    |
| Address - See attached schedule for complete address.  |                    |
| Prem   Bldg  |                    |
| B. PROPERTY IN TRANSIT   |                    |
| This limit applies at each premises. Coverage applies only for 30 days after you acquire the premises. |                    |
| C. PROPERTY IN TRANSIT   |                    |
| D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE  |                    |
| E. ANY ONE BOAT (Including motor)  |                    |
| F. TOTAL POLICY LIMIT - ANY ONE OCCURRENCE   |                    |
| II. MARINA OPERATIONS LEGAL LIABILITY COVERAGE FORM  |                    |
| III. WATERCRAFT LIABILITY COVERAGE FORM  | per occurrence     |
| IV. WORK BOAT PHYSICAL DAMAGE COVERAGE FORM  |                    |
| Description of covered boats:  |                    |
| V. RENTAL BOAT PHYSICAL DAMAGE COVERAGE FORM   |                    |
| Description of covered boats:  |                    |
| VI. PIERS, WHARFS and DOCKS COVERAGE FORM  |                    |

#### DEDUCTIBLE

---

#### RATES AND PREMIUM

- |                              |   |
|------------------------------|---|
| A. Nonreporting              |   |
| Rate                         | Premium   |
| B. Reporting                 |   |
| 1. Deposit Premium           |   |
| 2. Minimum Annual Premium    |   |
| 3. Reporting Period          | <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
| 4. Premium Adjustment Period | <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
| 5. Premium Base              | <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Completed Values                   |
| 6. Rates                     |   |

#### SPECIAL PROVISIONS (if any)

Issued Date:  
BOATDEC 0801

Policy Number:
Named Insured:
Agent:

## BUILDER'S RISK & INSTALLATION DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

#### LIMITS OF INSURANCE

Limit of Insurance

#### A. CONSTRUCTION PREMISES:

##### 1. SPECIFIC

Address - See attached schedule for complete address.

Prem Bldg

##### 2. BLANKET

Limit at any one construction or installation site

#### B. PROPERTY IN TRANSIT

#### C. PROPERTY AT TEMPORARY STORAGE LOCATIONS

#### D. MAXIMUM ANY ONE OCCURRENCE

---

#### DEDUCTIBLE

---

#### RATES AND PREMIUM

#### A. Nonreporting

Rate

Premium

#### B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

Annual  Quarterly  Monthly

4. Premium Adjustment Period

Annual  Quarterly  Monthly

5. Premium Base

Gross Receipts  Completed Values

6. Rates

---

#### SPECIAL PROVISIONS (if any)

Issued Date:

BRDEC 0801

Policy Number:
Named Insured:
Agent:

**ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

---

COVERAGE PROVISIONS

Limit of Insurance

- A. EQUIPMENT  
Specifically Described Property  
Prem    Bldg
  
- B. DATA / MEDIA        \$5,000 unless otherwise stated
- C. EXTRA EXPENSE      \$5,000 unless otherwise stated

---

DEDUCTIBLE

---

SPECIAL PROVISIONS (if any)

		<b>Policy Number</b>	<b>Policy Period</b>	
			<b>From</b>	<b>To</b>
			12:01 A.M. Standard Time at the Named Insured's Address	
<b>Transaction</b>				
<b>Named Insured and Address</b>			<b>Agent</b>	
			Telephone:	
Business Description			Type of Business	

**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.**

**COVERAGE**

**PREMIUM**

**TOTAL PREMIUM FOR THIS COVERAGE PART**

Forms and Endorsements Applicable to this Policy

These Declarations together with the common policy conditions, coverage declarations, coverage form(s) and form(s) and endorsements, if any, issued, complete the above numbered policy.

Issued Date:  
IMDEC 0801

Policy Number:
Named Insured:
Agent:

**GENERAL FLOATER COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

---

**DESCRIPTION OF COVERED PROPERTY**

Description

Limit of Insurance

---

DEDUCTIBLE

---

SPECIAL PROVISIONS (if any)

Issued Date:  
MISCDEC 08 01

Policy Number:
Named Insured:
Agent:

**GENERAL FLOATER COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

FINE ARTS FLOATER

DESCRIPTION OF COVERED PROPERTY  
Description

Limit of Insurance

DEDUCTIBLE

SPECIAL PROVISIONS (if any)

Issued Date:  
MISCDEC 0801

Policy Number:
Named Insured:
Agent:

**GENERAL FLOATER COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

WAREHOUSE OPERATIONS LEGAL LIABILITY

DESCRIPTION OF COVERED PROPERTY

Description

Limit of Insurance

DEDUCTIBLE

SPECIAL PROVISIONS (if any)

Issued Date:  
MISCDEC 0801

Policy Number:
Named Insured:
Agent:

**TRANSPORTATION COVERAGE PARTS DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM** **RATE** **Minimum Premium**

TYPE OF COVERAGE     Motor Truck Cargo     Annual Transportation

**SCHEDULES**

**A. Motor Truck Cargo**

Our Limit for all loss or damage resulting from one occurrence is

**Covered Vehicles**

Year	Manufacturer	Type of Body & Tonnage	Ident. No.	Limit of Insurance
1.				
2.				
3.				
4.				
5.				

**B. Annual Transportation**

1. for property in or on tour vehicles.
2. for property in the custody of carriers for hire.
3. for all loss or damage resulting from one occurrence.

**DEDUCTIBLE**

Motor Truck Cargo

Annual Transportation

**SPECIAL PROVISIONS (if any)**

Issued Date:  
MTCDEC 0801

Policy Number:
Named Insured:
Agent:

## RADIO AND TELEVISION COVERAGE FORM DECLARATIONS

<b>LOCATION OF COVERED PROPERTY</b>			
<b>Location</b>	<b>PREMISES ADDRESS</b>		
<b>LIMITS OF INSURANCE</b>			
<b>Location</b>			<b>LIMIT</b>
<b>A.</b>	<u>HEIGHT AND TYPE</u>	<u>TRANSMISSION TOWERS, ANTENNAS</u>	
<b>B.</b>	<u>TRANSMISSION, RECEIVING, RECORDING, STUDIO EQUIPMENT</u>		
<b>C.</b>	<u>PORTABLE TRANSMITTING, RECEIVING, RECORDING, STUDIO EQUIPMENT</u>		
<b>D.</b>	<u>SIMILAR PROPERTY OF OTHERS</u>		
<b>COVERAGE OPTIONS</b>			
<b>Location</b>	<u>EXTRA EXPENSE</u>	<u>LOSS OF INCOME</u>	
<b>RATE</b>			
Rate - Each \$100 of Insurance			
<b>PREMIUM</b>			
<b>TOTAL PREMIUM FOR THIS COVERAGE PART</b>			
<b>DEDUCTIBLE</b>			
We will deduct the following amount from the amount of each adjusted "loss":			
All Covered Property and Extra Expense Combined			
Loss of Income			
<b>LOSS PAYABLE</b>			
We will adjust "loss" only with you and pay any claim jointly to you and the following Loss Payee, as interests may appear:			
<b>SPECIAL PROVISIONS, if any</b>			
<b>FORMS AND ENDORSEMENTS</b>			
Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:			

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Policy Number:
Named Insured:
Agent:

**RIGGERS LIABILITY COVERAGE FORM DECLARATIONS**

<b>COVERED PROPERTY</b>
<b>LIMITS OF INSURANCE</b>
<p><b>A. Property at Any One Location</b></p> <p><b>B. Property in Transit</b></p> <p><b>C. All Covered Property in Any One Occurrence</b></p>
<b>RATES AND PREMIUM</b>
<p><b>Reporting:</b></p> <p><b>a. Deposit Premium</b></p> <p><b>b. Minimum Annual Premium</b></p> <p><b>c. Reporting Period</b>                    <input type="checkbox"/> Annual   <input type="checkbox"/> Quarterly   <input type="checkbox"/> Monthly</p> <p><b>d. Adjustment Period</b>                <input type="checkbox"/> Annual   <input type="checkbox"/> Quarterly   <input type="checkbox"/> Monthly</p> <p><b>Rate:</b></p> <p><b>TOTAL PREMIUM FOR THIS COVERAGE PART</b></p>
<b>DEDUCTIBLE</b>
<b>SPECIAL PROVISIONS, if any</b>
<b>FORMS AND ENDORSEMENTS</b>
<b>Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:</b>

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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Issued Date:  
RIGGER 0801

Policy Number:
Named Insured:
Agent:

## THEATRICAL PROPERTY DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

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#### LIMITS OF INSURANCE

Address - See attached schedule for complete address.

Limit of Insurance

Prem    Bldg

A. NAME OF PRODUCTION

B. ALL COVERED PROPERTY AT ALL LOCATIONS

---

DEDUCTIBLE

---

SPECIAL PROVISIONS (if any)

Issued Date:  
THEATDEC 0801

Policy Number:
Named Insured:
Agent:

## TRIP TRANSIT COVERAGE FORM DECLARATIONS

<b>COVERED PROPERTY</b>	
Description of Covered Property	
<b>SHIPPING INFORMATION</b>	
<b>SHIPPED FROM:</b>  <div style="text-align: center;">(Origination)</div>	<b>TO:</b>  <div style="text-align: center;">(Destination)</div>
<b>SHIPPED VIA:</b>  <div style="text-align: center;">(Name of Carrier)</div>	<b>ON OR ABOUT:</b>  <div style="text-align: center;">(Date)</div>
<b>LIMITS OF INSURANCE</b>	
Any One Vehicle  All Covered Property in Any One Occurrence	
<b>RATES AND PREMIUM</b>	
Rate:  <b>TOTAL PREMIUM FOR THIS COVERAGE PART</b>	
<b>DEDUCTIBLE</b>	
<b>LOSS PAYABLE</b>	
We will adjust "loss" only with you and pay any claim jointly to you and the following Loss Payee, as interests may appear:	
<b>SPECIAL PROVISIONS, if any</b>	
<b>FORMS AND ENDORSEMENTS</b>	
Forms and Endorsements applying to this Coverage Form and made part of this policy at time of issue:	

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Issued Date:

TRIPDEC 0801

Policy Number:
Named Insured:
Agent:

## INLAND MARINE SCHEDULE

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Item No.	Description of Equipment	Limit
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____

---

Issued Date:  
37-0008 04 05

Policy Number:
Named Insured:
Agent:

## ACCOUNTS RECEIVABLE DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

#### LIMITS OF INSURANCE

##### A. PROPERTY AT YOUR PREMISES

Address - See attached schedule for complete address.

Limit of Insurance

Prem Bldg

##### B. BRANCH PREMISES

##### C. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE

##### D. ALL COVERED PROPERTY AT ALL LOCATIONS

#### DESCRIPTION OF RECEPTACLES

Prem	Bldg	Manufacturer	Label	/ Issuer
				Class

#### DEDUCTIBLE

#### RATES AND PREMIUM

A. Nonreporting  
Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

4. Premium Adjustment Period

5. Rate

<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
<input type="checkbox"/> Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly

---

#### SPECIAL PROVISIONS (if any)

Issued Date:  
ARDEC 0801

Policy Number:
Named Insured:
Agent:

**COMMERCIAL ARTICLES COVERAGE PART DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

LIMITS OF INSURANCE

Limit of Insurance

A. Cameras, projection machines, films and related equipment and accessories  
 Description of Property

Total

B. Musical instruments and related equipment and accessories  
 Description of Property

Total

DEDUCTIBLE

Cameras  
 Musical Instruments  
 Organs

**RATES AND PREMIUM**

Rate

Premium

A. Cameras, projection machines, films and related equipment and accessories.

B. Musical instruments and related equipment and accessories.

SPECIAL PROVISIONS (if any)

Issued Date:  
 CMDEC 0801

Policy Number:
Named Insured:
Agent:

## EQUIPMENT FLOATER COVERAGE PART DECLARATIONS

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

TYPE OF COVERAGE     Broad     Special

DESCRIPTION OF COVERED PROPERTY

Description

Limit of Insurance

---

DEDUCTIBLE

---

SPECIAL PROVISIONS (if any)

Issued Date:  
EQPDEC 0801

Policy Number:
Named Insured:
Agent:

## EQUIPMENT DEALERS DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

### ADDITIONALLY COVERED PROPERTY

Address - See attached schedule for complete address.

Limit of Insurance

Prem      Bldg

- A. Furniture, Fixtures and Office Supplies
  - B. Machinery, Tools and Fittings
  - C. Patterns, Dies, Molds and Models
  - D. Improvements and Betterments
- 

### DEDUCTIBLE

---

### SPECIAL PROVISIONS (if any)

---

Issued Date:  
EQPDODEC 0801

Policy Number:
Named Insured:
Agent:

## EQUIPMENT DEALERS DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

LIMITS OF INSURANCE	Limit of Insurance	
A. PROPERTY AT YOUR PREMISES	IN BUILDING	OUT BUILDING
<p>We cover only at the following described premises:            Address - See attached schedule for complete address.            Prem    Bldg</p>		
<p>B. PROPERTY AT OTHER PREMISES YOU ACQUIRE            This limit applies at each premises. Coverage applies only for 30 days after you acquire the premises or until the end of the policy, whichever occurs first.</p>		
<p>C. PROPERTY IN TRANSIT</p>		
<p>D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE</p>		
<p>E. ALL COVERED PROPERTY AT ALL LOCATIONS</p>		

### RATES AND PREMIUM

<p>A. Nonreporting Rate</p>	<p>Premium</p>
<p>B. Reporting</p> <ol style="list-style-type: none"> <li>1. Deposit Premium</li> <li>2. Minimum Annual Premium</li> <li>3. Reporting Period</li> <li>4. Premium Adjustment Period</li> <li>5. Premium Base</li> <li>6. Rate</li> </ol>	<p> <input type="checkbox"/> Annual    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Monthly  <input type="checkbox"/> Annual    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Monthly  <input type="checkbox"/> Gross Receipts    <input type="checkbox"/> Completed Values         </p>

SPECIAL PROVISIONS (if any)

Issued Date:  
EQPDPDEC 0801

Policy Number:
Named Insured:
Agent:

## FILM DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

#### LIMITS OF INSURANCE

Address - See attached schedule for complete address.

Limit of Insurance

Prem    Bldg

---

Name OF Production

---

#### DEDUCTIBLE

---

#### RATES AND PREMIUM

- A. Reporting  
Estimated Premium  
Rates
  
- B. Nonreporting  
Premium  
Rate

---

SPECIAL PROVISIONS (if any)

Issued Date:  
FILMDEC 0801

Policy Number:
Named Insured:
Agent:

**FLOOR PLAN DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

Dual Interest       Single Interest

DESCRIPTION OF COVERED PROPERTY

NAME OF SECURED LENDER

LIMITS OF INSURANCE

A. PROPERTY AT NAMED PREMISES

Address - See attached schedule for complete address.

Limit of Insurance

Prem    Bldg

B. PROPERTY AT ANY UNNAMED PREMISES

C. PROPERTY IN TRANSIT

D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE

DEDUCTIBLE

Scheduled  
Unscheduled

RATES AND PREMIUM

DEPOSIT PREMIUM

MINIMUM ANNUAL PREMIUM

MONTHLY RATE

SPECIAL PROVISIONS (if any)

Issued Date:  
FLOORDEC 0801

Policy Number:
Named Insured:
Agent:

**FLOOR PLAN DECLARATIONS**

**PREMIUM FOR THIS COVERAGE FORM**

Dual Interest       Single Interest

DESCRIPTION OF COVERED PROPERTY

NAME OF SECURED LENDER

LIMITS OF INSURANCE

A. PROPERTY AT NAMED PREMISES

Address - See attached schedule for complete address.

Limit of Insurance

Prem    Bldg

B. PROPERTY AT ANY UNNAMED PREMISES

C. PROPERTY IN TRANSIT

D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE

DEDUCTIBLE

Scheduled  
Unscheduled

RATES AND PREMIUM

DEPOSIT PREMIUM

MINIMUM ANNUAL PREMIUM

MONTHLY RATE

SPECIAL PROVISIONS (if any)

Issued Date:  
FLOORDEC 0801

Policy Number:
Named Insured:
Agent:

## PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS

**PREMIUM FOR THIS COVERAGE FORM**

**RATE**

LIMITS OF INSURANCE

Limit of Insurance

**A. PROPERTY AT YOUR PREMISES**

Address - See attached schedule for complete address.

Prem      Bldg

**B. ALL COVERED PROPERTY AT ALL LOCATIONS**

DEDUCTIBLE

SPECIAL PROVISIONS (if any)

Issued Date:  
PSDEC 0801

Policy Number:
Named Insured:
Agent:

## SIGN COVERAGE PART DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

#### LIMITS OF INSURANCE:

Loc	Type	Description	Deductible	Limit	Rate	Premium
-----	------	-------------	------------	-------	------	---------

Issued Date:  
SIGNDEC 0801

Policy Number:
Named Insured:
Agent:

## VALUABLE PAPERS DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

#### LIMITS OF INSURANCE

##### A. PROPERTY AT YOUR PREMISES

1. Specifically Described Property  
Prem    Bldg

Limit of Insurance

2. All Other Covered Property

##### B. PROPERTY AWAY FROM YOUR PREMISES

---

#### DESCRIPTION OF RECEPTACLES

Prem Bldg    Manufacturer

Label    /    Issuer

---

#### DEDUCTIBLE

---

#### SPECIAL PROVISIONS (if any)

Issued Date:  
VPDEC 0801

**COMMERCIAL PROPERTY  
COVERAGE PART**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
		12:01 A.M. Standard Time at the Named Insured's Address	
<b>Transaction</b>			
<b>Named Insured and Address</b>		<b>Agent</b>	
		Telephone:	
<b>Business Description</b>	<b>Type of Business</b>		

**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.**

**DESCRIPTION OF PREMISES**

Refer to attached schedule.

**COVERAGES PROVIDED**

Refer to attached schedule, if any.

**OPTIONAL COVERAGES**

Refer to attached schedule, if any.

**MORTGAGEES AND ADDITIONAL INTERESTS**

Refer to attached schedule, if any.

**PREMIUM FOR THIS COVERAGE PART     \$**

<b>Forms and Endorsements Applicable to this Policy</b>

These declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Issued Date:  
CFDEC 0801

**COMMERCIAL PROPERTY  
DECLARATION PAGE**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
		12:01 A.M. Standard Time at the Named Insured's Address	
<b>Transaction</b>			
<b>Named Insured and Address</b>		<b>Agent</b>	
Telephone:			
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**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.**

**DESCRIPTION OF PREMISES**

Refer to attached schedule.

**COVERAGES PROVIDED**

Refer to attached schedule, if any.

**OPTIONAL COVERAGES**

Refer to attached schedule, if any.

**MORTGAGEES AND ADDITIONAL INTERESTS**

Refer to attached schedule, if any.

**PREMIUM FOR THIS COVERAGE PART     \$**

<b>Forms and Endorsements Applicable to this Policy</b>

These declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Issued Date:  
CFDEC 0801

Policy Number:

Named Insured:

**COMMERCIAL PROPERTY  
DESCRIPTION OF PREMISES**

**Prem. Bldg.  
No. No.**

**Occupancy**

**Construction**

**Prot.  
Class Terr**

Issued Date:  
CFDEC 0801

Policy Number:

Named Insured:

## COMMERCIAL PROPERTY DESCRIPTION OF COVERAGES PROVIDED

PREM. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE	BLANKET COVERAGE	COVERED CAUSES OF LOSS	COINSURANCE <sup>†</sup>	DED.
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<sup>†</sup> IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

Issued Date:  
CFDEC 0801

DECCFC

Policy Number:

Named Insured:

## COMMERCIAL PROPERTY DESCRIPTION OF OPTIONAL COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Effective Date	Expiration Date	Agreed Value	Replacement Cost† Pers Incl Bldg Prop "Stock"	Inflation Grd Bldg Prop	Monthly Limit of Indemnity	Maximum Period of Indemnity	Extended Period of Indemnity
--------------	--------------	----------	----------------	-----------------	-----------------	---	----------------------------	----------------------------------	-----------------------------------	------------------------------------

† RC = Replacement Cost  
FRC = Functional Replacement Cost  
ACV = Actual Cash Value

Issued Date:  
CFDEC 0801



*SERFF Tracking Number:* UNKP-125662847      *State:* Arkansas  
*Filing Company:* Milwaukee Casualty Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* AR-CL-0809-01-397  
*TOI:* 35.0 Interline Filings      *Sub-TOI:* 35.0002 Commercial Interline Filings  
*Product Name:* Commercial Lines  
*Project Name/Number:* /AR-CL-0809-01-397

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UNKP-125662847 State: Arkansas  
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-CL-0809-01-397  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Lines  
Project Name/Number: /AR-CL-0809-01-397

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/09/2008

**Comments:**

**Attachments:**

SERFF F777\_03\_07.pdf  
SERFF F778\_03\_07\_Page\_1.pdf  
SERFF F778\_03\_07\_Page\_2.pdf  
SERFF F778\_03\_07\_Page\_3.pdf  
SERFF F778\_03\_07\_Page\_4.pdf  
SERFF F778\_03\_07\_Page\_5.pdf  
SERFF F778\_03\_07\_Page\_6.pdf  
SERFF F778\_03\_07\_Page\_7.pdf

**Satisfied -Name:** Company Cover Letter **Review Status:** Approved 06/09/2008

**Comments:**

**Attachment:**

SERFF Letter\_Company\_Forms.pdf



<b>17. Reference Organization # &amp; Title</b>	NA
<b>18. Company's Date of Filing</b>	May 22, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-CL-0809-01-397
--	-------------------

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

Filing to adopt all previously approved Company Decs/Schedules for new Company - Milwaukee Casualty Insurance Co.

<b>22. Filing Fees</b> (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 #:** NA  
**Amount:** NA

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

Effective March 1, 2007

**\*\*\*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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-397 --- Page 1</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Summary Page	CPPDEC CPPDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Business Auto (Package)	BADEC BADEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Business Auto Declarations (Monoline)	BADECM BADEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Business Auto (Page 2)	BADEC2P BADEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Business Auto (Page 3)	BADEC3 BADEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Business Auto (Page 4)	BADEC4 BADEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Motor Carrier (Package)	MCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Motor Carrier (Monoline)	MCDECM MCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Motor Carrier (Page 2)	MCDEC2 MCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Motor Carrier (Page 3)	MCDEC3 MCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-397 ---Page 2</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Motor Carrier (Page 4)	MCDEC4 MCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Truckers (Package)	TRDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Truckers (Monoline)	TRDECM TRDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Truckers (Page 2)	TRDEC2 TRDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Truckers (Page 3)	TRDEC3 TRDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Truckers (Page 4)	TRDEC4 TRDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Locations Address Schedule	LOCSCH SCHED 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Sub-Location Address Schedule	SLOCSCH SCHED 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Policy Interest Schedule	NASCHED SCHED 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Forms & Endorsements Schedule	FORMINV SCHED 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

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2. A completed Property & Casualty Transmittal Document (PC TD-1), and
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5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
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**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
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<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		AR-CL-0809-01-397 --- Page 3		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Extension of Named Insured	EXTENSION OF NAMED INSURED 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policy Changes	30-0820 10 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Commercial Crime	CRDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	General Liability Declarations (Monoline)	GLDECM GLDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	General Liability - Coverage Part (Package)	GLDEC GLDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Commercial General Liability Extension of Declarations	GLDECB GLDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Owners & Contractors Protective	GLDECE GLDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Employee Benefits Liability	GLDECC1 DS 9902 07 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Railroad Protective Liability	GLDECD GLDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Liquor Liability Declarations	GLDECF GLDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should 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**

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<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-397 --- Page 4</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Commercial General Liability Classification Schedule	GLCLASS 06 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Commercial Property Coverage Part (Package)	DCFDEC CFDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Commercial Property Declarations (Monoline)	DCFDECM CFDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Commercial Property-Description of Premises	DECCFB CFDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Commercial Property -Description of Coverages	DECCFC CFDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Commercial Property -Description of Optional Coverages	DECCFD CFDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Inland Marine (Summary Page)	IMDEC IMDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	General Floater	MISCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Accounts Receivable	ARDEC ARDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Bailees Customers	BAILDEC BAILDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-397 ---- Page 5</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Boat Dealers	BOATDEC BOATDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Builders Risk & Installation	BRDEC BRDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Commercial Artiicles	CMDEC CMDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Electronic Processing Equipment	EDPDEC EDPDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Equipment Floater	EQPDEC EQPDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Equipment Dealers	EQPDPDEC EQPDPDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Equipment Dealers - Optional	EQPDODEC EQPDODEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Film	FILMDEC FILMDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Floor Plan (Unscheduled)	FLRNDEC FLOORDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Floor Plan (Scheduled)	FLRSDEC FLOORDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
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3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should 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.)

1.	This filing transmittal is part of Company Tracking #		AR-CL-0809-01-397 --- Page 6		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		NA		
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	General Floater- Fine Arts	MISCDEC3 MISCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	General Floater- Warehouse Operations Legal Liability	MISCDEC4 MISCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Transportation Coverage Part	MTCDEC MTCDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Physicians & Surgeons	PSDEC PSDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Radio and TV	RDTVDEC RDOTV 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Riggers Liability	RIGGDEC RIGGER 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Sign Coverage Part	SIGNDEC SIGNDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Theatrical Property	THEATDEC THEATDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Trip Transit Coverage	TRIPDEC TRIPDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Valuable Papers	VPDEC VPDEC 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

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2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
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5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AR-CL-0809-01-397 --- Page 7</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>NA</b>			
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	Inland Marine Schedule	37-0008 04 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input 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		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**UNITRIN**  
BUSINESS INSURANCE

May 22, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Commercial Lines – Company Forms  
Milwaukee Casualty Insurance Company – NAIC #26662; FEIN #39-1190263  
Company Filing Number: AR-CL-0809-01-397

Dear Sir:

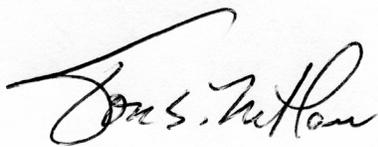
For all policies effective on or after September 1, 2008, we wish to adopt the Company Declarations/  
Schedules currently filed and approved for in our other companies.

In this initial filing, our intent is to file a program identical to the one currently filed and approved by the  
Arkansas Insurance Division for Trinity Universal Insurance Company (NAIC #19887, FEIN #75-  
0620550).

Filing forms are attached for your review. Copies of all Company endorsements are included.

Should you have any further questions or wish to discuss the matter further, please feel free to contact  
Tyrone Settlemier at (800) 777-2249 ext. 8034, [tsettlemier@unitrin.com](mailto:tsettlemier@unitrin.com), or by mail.

Sincerely,



Jon Zetlau  
Bureau and Forms Compliance Manager

JZ/df