

SERFF Tracking Number: WESA-125662344 State: Arkansas  
Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd. State Tracking Number: #29309 \$50  
Company Tracking Number: 08-AR-3-CA-29-1  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: Premier Hotel Risk Purchasing Group - Commercial Automobile  
Project Name/Number: Premier Hotel Risk Purchasing Group - Commercial Automobile/08-AR-3-CA-29-1

## Filing at a Glance

Company: Tokio Marine & Nichido Fire Insurance Co., Ltd.

Product Name: Premier Hotel Risk Purchasing Group - Commercial Automobile SERFF Tr Num: WESA-125662344 State: Arkansas

Group - Commercial Automobile

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: #29309 \$50

Sub-TOI: 20.0003 Other

Co Tr Num: 08-AR-3-CA-29-1

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Westmont Associates

Disposition Date: 06/05/2008

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: Premier Hotel Risk Purchasing Group - Commercial Automobile

Status of Filing in Domicile: Pending

Project Number: 08-AR-3-CA-29-1

Domicile Status Comments: Filed in NY.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/05/2008

State Status Changed: 05/30/2008

Deemer Date:

Corresponding Filing Tracking Number: 08-AR-2-CA-30-1

Filing Description:

Submission of revised forms for Company's Premier Hotel Risk Purchasing Group - Commercial Automobile program.

## Company and Contact

SERFF Tracking Number: WESA-125662344 State: Arkansas  
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 Project Name/Number: Premier Hotel Risk Purchasing Group - Commercial Automobile/08-AR-3-CA-29-1

**Filing Contact Information**

(This filing was made by a third party - westmontassociatesinc)

Sherri Nierzwicki, Analyst sherri@westmontlaw.com  
 25 Chestnut Street (856) 216-0220 [Phone]  
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

**Filing Company Information**

Tokio Marine & Nichido Fire Insurance Co., Ltd. CoCode: 12904 State of Domicile: New York  
 230 Park Avenue Group Code: 3098 Company Type:  
 New York, NY 10169 Group Name: State ID Number:  
 (212) 297-6600 ext. [Phone] FEIN Number: 13-6108722  
 -----

**Filing Fees**

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

| COMPANY   | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|--------|----------------|---------------|
| Tokio Marine & Nichido Fire Insurance Co., Ltd. | \$0.00 | 05/23/2008     |               |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 29309        | \$50.00      | 05/20/2008 |

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## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: WESA-125662344 State: Arkansas  
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## Disposition

Disposition Date: 06/05/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125662344 State: Arkansas  
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 Project Name/Number: Premier Hotel Risk Purchasing Group - Commercial Automobile/08-AR-3-CA-29-1

| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty  | Approved    | Yes           |
| Supporting Document | Cover Letter  | Approved    | Yes           |
| Supporting Document | Explanatory Memo  | Approved    | Yes           |
| Supporting Document | Letter of Authorization   | Approved    | Yes           |
| Form                | Hotel Program Common Policy Declarations  | Approved    | Yes           |
| Form                | Hotel Program Business auto Coverage Form Supplemental Declarations                               | Approved    | Yes           |
| Form                | Hotel Program Schedule of Covered Autos You Own   | Approved    | Yes           |
| Form                | hotel Program Covered Autos You Own Changes   | Approved    | Yes           |
| Form                | Hotel Program Miscellaneous Auto Changes  | Approved    | Yes           |
| Form                | Hotel Program Business Auto Amendatory Endorsement  | Approved    | Yes           |
| Form                | Hotel Program Business Auto Retention Endorsement   | Approved    | Yes           |
| Form                | Deductible Liability Coverage (With Supplementary Payments Included Within The Deductible Amount) | Approved    | Yes           |
| Form                | In Witness Page   | Approved    | Yes           |
| Form                | Schedule of Named Insureds  | Approved    | Yes           |
| Form                | Schedule of Taxes, Surcharges, Assessments or Fees  | Approved    | Yes           |
| Form                | Schedule of Forms and Endorsements  | Approved    | Yes           |
| Form                | Schedule of Locations   | Approved    | Yes           |
| Form                | Schedule of Installments  | Approved    | Yes           |
| Form                | Policy Changes Endorsement  | Approved    | Yes           |

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## Form Schedule

| Review Status | Form Name   | Form #           | Edition Date | Form Type Action                             | Action Specific Data                               | Readability | Attachment   |
|---------------|---|------------------|--------------|--|--|-------------|--|
| Approved      | Hotel Program Common Policy Declarations                            | HT9 05 003 02 08 | 02/08        | Declaration Replaced s/Schedule              | Replaced Form #:0.00 HP9 05 001 Previous Filing #: |             | HT9 05 003 02 08 Hotel Common Dec.pdf                    |
| Approved      | Hotel Program Business auto Coverage Form Supplemental Declarations | HT9 05 004 04 08 | 04/08        | Declaration Replaced s/Schedule              | Replaced Form #:0.00 CA9 05 001 Previous Filing #: |             | HT9 05 004 04 08 - Hotel Program Bus Auto Suppl. Dec.pdf |
| Approved      | Hotel Program Schedule of Covered Autos You Own                     | HT9 05 005 04 08 | 04/08        | Declaration Replaced s/Schedule              | Replaced Form #:0.00 CA9 05 022 Previous Filing #: |             | HT9 05 005 04 08 - Schedule of Covered Autos You Own.pdf |
| Approved      | hotel Program Covered Autos You Own Changes                         | HT9 05 007 04 08 | 04/08        | Endorseme New nt/Amendm ent/Condi tions      |  | 0.00        | HT9 05 007 04 08 - Covered Autos You Own Changes.pdf     |
| Approved      | Hotel Program Miscellaneous Auto Changes                            | HT9 05 008 04 08 | 04/08        | Endorseme New nt/Amendm ent/Condi tions      |  | 0.00        | HT9 05 008 04 08 - Miscellaneous Autos Changes.pdf       |
| Approved      | Hotel Program Business Auto Amendatory Endorsement                  | HT9 01 007 03 08 | 03/08        | Endorseme Replaced nt/Amendm ent/Condi tions | Replaced Form #:0.00 CA9 04 010 Previous Filing #: |             | HT9 01 007 03 08 - Hotel Program Bus Auto Amendatory     |

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| Approval | Description   | Policy No        | Effective Date | Event/Condition                  | Amount   | File Name   |
|----------|---|------------------|----------------|----------------------------------|--|---|
| Approved | Hotel Program Business Auto Retention Endorsement   | HT9 01 008 03 08 | 03/08          | Endorsement/Amendment/Conditions | Replaced Form #:0.00 CA9 03 001 Previous Filing #: | End't.pdf<br>HT9 01 008 03 08 - Hotel Auto Business Retention.pdf |
| Approved | Deductible Liability Coverage (With Supplementary Payments Included Within The Deductible Amount) | CA9 03 003 01 05 | 01/05          | Endorsement/Amendment/Conditions | New 0.00   | CA9 03 003 01 05 - deductible liability coverage.pdf              |
| Approved | In Witness Page   | IL9 05 002 02 08 | 02/08          | Endorsement/Amendment/Conditions | Replaced Form #:0.00 IL9 05 002 Previous Filing #: | IL9 05 002 02 08 IN WITNESS.pdf                                   |
| Approved | Schedule of Named Insureds  | IL9 05 004 02 08 | 02/08          | Declaration of Schedule          | Replaced Form #:0.00 IL9 05 010 Previous Filing #: | IL9 05 004 02 08 Sched of Named Ins.pdf                           |
| Approved | Schedule of Taxes, Surcharges, Assessments or Fees  | IL9 05 005 02 08 | 02/08          | Declaration of Schedule          | Replaced Form #:0.00 IL9 05 005 Previous Filing #: | IL9 05 005 02 08 Schedule of Taxes, Fees.pdf                      |
| Approved | Schedule of Forms and Endorsements  | IL9 05 006 02 08 | 02/08          | Declaration of Schedule          | Replaced Form #:0.00 IL9 05 006 Previous Filing #: | IL9 05 006 02 08 Schedule of Forms and Endorsements.pdf           |
| Approved | Schedule of Locations   | IL9 05 008 02 08 | 02/08          | Declaration of Schedule          | Replaced Form #:0.00 IL9 05 008 Previous Filing #: | IL9 05 008 02 08 Schedule of Locations.pdf                        |

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|          |                               |                          |                                    |  |  |
|----------|-------------------------------|--------------------------|------------------------------------|--|--|
| Approved | Schedule of Installments      | IL9 05 01102/08<br>02 08 | Declaration Replaced<br>s/Schedule | Replaced Form #:0.00<br>IL9 05 011<br>Previous Filing #: | IL9 05 011<br>02 08<br>Installment<br>Schedule.pdf |
| Approved | Policy Changes<br>Endorsement | IL9 12 00302/08<br>02 08 | Endorsement/Amendment/Conditions   | Replaced Form #:0.00<br>IL9 12 003<br>Previous Filing #: | IL9 12 003<br>02 08 Policy<br>Changes<br>Endt.pdf  |



**TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)**  
230 Park Avenue, New York, NY 10169  
(212) 297-6600  
A New York Stock Company



**TOKIO MARINE MANAGEMENT, INC. UNITED STATES MANAGER**

## HOTEL PROGRAM COMMON POLICY DECLARATIONS

**POLICY NUMBER:**  
PRIOR POLICY NUMBER:

| NAMED INSURED AND MAILING ADDRESS | PRODUCER NAME AND MAILING ADDRESS            |
|-----------------------------------|--|
| CUSTOMER #:                       | PRODUCER CODE:<br>PRODUCER CONTACT (IF ANY): |

| DESCRIPTION OF BUSINESS                    |
|--|
| FORM OF BUSINESS:<br>BUSINESS DESCRIPTION: |

| POLICY PERIOD       |     |   |
|---------------------|-----|---|
| POLICY PERIOD FROM: | TO: | at 12:01 a.m. standard time at your mailing address |

| FORMS AND ENDORSEMENTS  |
|---|
| Forms and Endorsements attached to this policy: See <b>SCHEDULE OF FORMS AND ENDORSEMENTS</b> |

| STAMPS (if applicable) |
|------------------------|
|                        |



**HOTEL PROGRAM COMMON POLICY DECLARATIONS**  
 (continued)

**POLICY NUMBER:**

In return for the payment of the premium, and subject to all the terms of the 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, along with any taxes, surcharges, assessments or fees\* may be subject to audit.

| COVERAGE PART(S)   | PREMIUM |
|--|---------|
|  | \$      |
| <b>TOTAL ADVANCE COVERAGE PART PREMIUM</b>                                   | \$      |
| <b>TOTAL ADVANCE TAXES, SURCHARGES, ASSESSMENTS OR FEES* (if applicable)</b> | \$      |
| <b>TOTAL PREMIUM</b>   | \$      |

**PREMIUM SHOWN IS PAYABLE:**

\*NY: reference to surcharges, assessments or fees does not apply.

|                                    |  |
|------------------------------------|--|
| Countersigned<br>: _____<br>(Date) | By: _____<br>(Authorized Representative) |
| Servicing / Issuing Office: _____  |  |

**THESE COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS COMPLETE THIS POLICY.**



**HOTEL PROGRAM BUSINESS AUTO COVERAGE FORM  
SUPPLEMENTAL DECLARATIONS**

**POLICY NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE: at 12:01 a.m. standard time at your mailing address shown in the Policy  
Declarations

**DESCRIPTION OF BUSINESS**

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**FORMS AND ENDORSEMENTS**

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

**STAMPS (if applicable)**

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,  
COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**

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**HOTEL PROGRAM BUSINESS AUTO COVERAGE FORM  
SUPPLEMENTAL DECLARATIONS**

**POLICY NUMBER:**

**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.**

**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 of these coverages will apply only to those "autos" shown as covered "autos". Entry of one or more of the symbols in the "Covered Autos" column below show which autos are covered autos for each of the coverages listed. The meaning of these symbols is described in the COVERED AUTOS Section of the Business Auto Coverage Form.

| <b>Coverages</b>   | <b>Covered Autos</b> | <b>Limit</b>  | <b>Premium</b> |
|--|----------------------|---|----------------|
| Liability  |                      |   | \$             |
| Personal Injury Protection (or equivalent No-Fault Coverage)               |                      | Stated In Each Personal Injury Protection Endorsement Minus<br>\$ Deductible        | \$             |
| Added Personal Injury Protection (or equivalent Added No Fault Coverage)   |                      | Stated In Each Added Personal Injury Protection Endorsement                         | \$             |
| Property Protection Insurance (Michigan only)                              |                      | Stated In The Property Protection Insurance Endorsement Minus<br>\$ Deductible      | \$             |
| Auto Medical Payments  |                      |   | \$             |
| Medical Expense And Income Loss Benefits (Virginia Only)                   |                      | Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person |                |
| Uninsured Motorists  |                      |   | \$             |
| Underinsured Motorists (When not included in Uninsured Motorists Coverage) |                      |   | \$             |
| PREMIUM FOR ENDORSEMENTS:  |                      |   | \$             |
| ESTIMATED TOTAL PREMIUM:   |                      |   | \$             |
| PREMIUM SHOWN IS PAYABLE:  |                      |   |                |

**AUDIT PERIOD**

AUDIT PERIOD (if applicable):

\*NY: See New York Supplemental Declarations

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**HOTEL PROGRAM BUSINESS AUTO COVERAGE FORM  
 SUPPLEMENTAL DECLARATIONS**

**POLICY NUMBER:**

| <b>ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN</b> |   |
|---|---|
| <input type="checkbox"/>                              | When this box is checked, see SCHEDULE OF COVERED AUTOS YOU OWN for details.        |
| <input type="checkbox"/>                              | When this box is checked, the schedule of covered autos you own is on file with us. |
| TOTAL PREMIUMS FOR COVERED AUTOS YOU OWN*             |   |
| Liability   |   |
| Personal Injury Protection                            |   |
| Added Personal Injury Protection                      |   |
| Property Protection Insurance (MI only)               |   |
| Auto Medical Expense                                  |   |
| Medical Expense And Income Loss Benefits (VA only)    |   |
| Uninsured Motorists                                   |   |
| Underinsured Motorists                                |   |

\*NY: See New York Supplemental Declarations

| <b>ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS</b> |                         |                             |   |         |
|---|-------------------------|-----------------------------|---|---------|
| LIABILITY COVERAGE RATING BASIS, COST OF HIRE AND PREMIUMS                          |                         |                             |   |         |
| State   | Estimated Cost of Hire* | Rate Per \$100 Cost of Hire | Factor (if liability coverage is primary) | Premium |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             |   |         |
|   |                         |                             | Total Premium                             |         |

Cost of hire means the total amount you pay 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 or property or passengers.

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**HOTEL PROGRAM BUSINESS AUTO COVERAGE FORM  
 SUPPLEMENTAL DECLARATIONS**

**POLICY NUMBER:**

| <b>ITEM FIVE – SCHEDULE FOR NON-OWNERSHIP LIABILITY</b> |                      |               |         |
|---|----------------------|---------------|---------|
| 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 |         |

| <b>ITEM SIX – SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS</b> |      |               |
|--|------|---------------|
| Rates below apply: <input type="checkbox"/> Gross Receipts (Per \$100) <input type="checkbox"/> Mileage (Per Mile)           |      |               |
| Coverage   | Rate | Premium       |
| Liability  |      |               |
| Auto Medical Payments  |      |               |
| Medical Expense Benefits (VA only)   |      |               |
| Income Loss Benefits (VA only)   |      |               |
|  |      | Total Premium |

**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. 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.

Mileage means the total live or 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 which 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.

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**HOTEL PROGRAM SCHEDULE OF COVERED AUTOS YOU OWN**

**POLICY NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

**COVERED AUTO DESCRIPTION AND PURCHASE INFORMATION**

| Covered Auto # | Year, Make, Model, Vehicle Identification Number (VIN) | Original Cost New | Age Group |
|----------------|--|-------------------|-----------|
|                |  |                   |           |
|                |  |                   |           |
|                |  |                   |           |
|                |  |                   |           |
|                |  |                   |           |
|                |  |                   |           |
|                |  |                   |           |
|                |  |                   |           |

**COVERED AUTO PRINCIPAL GARAGE LOCATION AND CLASS CODE INFORMATION**

| Covered Auto # | Covered Auto Principal Garage Location |       |          |           | Class Code |
|----------------|--|-------|----------|-----------|------------|
|                | City                                   | State | Zip Code | Territory |            |
|                |  |       |          |           |            |
|                |  |       |          |           |            |
|                |  |       |          |           |            |
|                |  |       |          |           |            |
|                |  |       |          |           |            |
|                |  |       |          |           |            |
|                |  |       |          |           |            |
|                |  |       |          |           |            |

**COVERED AUTO CLASSIFICATION INFORMATION**

| Covered Auto # | Business Use Class | Radius Class | Size Class | Primary Rating Factor - Liability | Secondary Rating Factor |
|----------------|--------------------|--------------|------------|-----------------------------------|-------------------------|
|                |                    |              |            |                                   |                         |
|                |                    |              |            |                                   |                         |
|                |                    |              |            |                                   |                         |
|                |                    |              |            |                                   |                         |
|                |                    |              |            |                                   |                         |
|                |                    |              |            |                                   |                         |
|                |                    |              |            |                                   |                         |
|                |                    |              |            |                                   |                         |

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**

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**HOTEL PROGRAM COVERED AUTOS YOU OWN CHANGES**

**POLICY NUMBER:**

**ENDORSEMENT NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

**\*INFORMATION IS ADDED (A), DELETED (D) OR CHANGED (C) FOR THE COVERED AUTO # INDICATED BELOW.**

**COVERED AUTO DESCRIPTION AND PURCHASE INFORMATION**

| * Covered Auto # | Year, Make, Model, Vehicle Identification Number (VIN) | Original Cost New | Age Group |
|------------------|--|-------------------|-----------|
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |
|                  |  |                   |           |

**COVERED AUTO PRINCIPAL GARAGE LOCATION AND CLASS CODE INFORMATION**

| * Covered Auto # | Covered Auto Principal Garage Location |       |          |           | Class Code |
|------------------|--|-------|----------|-----------|------------|
|                  | City                                   | State | Zip Code | Territory |            |
|                  |  |       |          |           |            |
|                  |  |       |          |           |            |
|                  |  |       |          |           |            |
|                  |  |       |          |           |            |
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|                  |  |       |          |           |            |
|                  |  |       |          |           |            |
|                  |  |       |          |           |            |
|                  |  |       |          |           |            |

**COVERED AUTO CLASSIFICATION INFORMATION**

| * Covered Auto # | Business Use Class | Radius Class | Size Class | Primary Rating Factor - Liability | Secondary Rating Factor |
|------------------|--------------------|--------------|------------|-----------------------------------|-------------------------|
|                  |                    |              |            |                                   |                         |
|                  |                    |              |            |                                   |                         |
|                  |                    |              |            |                                   |                         |
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|                  |                    |              |            |                                   |                         |
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|                  |                    |              |            |                                   |                         |
|                  |                    |              |            |                                   |                         |
|                  |                    |              |            |                                   |                         |
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|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|



**HOTEL PROGRAM MISCELLANEOUS AUTO CHANGES**

**POLICY NUMBER:**

**ENDORSEMENT NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

**SCHEDULE OF HIRED OR BORROWED COVERAGE**

**THIS INFORMATION IS:**

| State | Estimated Cost of Hire* | Rate Per \$100 Cost of Hire | Factor (if liability coverage is primary) | Premium |
|-------|-------------------------|-----------------------------|---|---------|
|       |                         |                             |   |         |
|       |                         |                             |   |         |
|       |                         |                             |   |         |
|       |                         |                             |   |         |
|       |                         |                             | Total Premium                             |         |

**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

**THIS INFORMATION IS:**

| 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 |         |

**MISCELLANEOUS CHANGES**

**THIS INFORMATION IS:**

| Description | Premium |
|-------------|---------|
|             |         |

This endorsement changes policy \_\_\_\_\_ to which it is attached and is effective \_\_\_\_\_ at 12:01 a.m. standard time at the Insured's mailing address.

Issued to:  
Issued by:  
Producer:

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

## **HOTEL PROGRAM BUSINESS AUTO AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESS AUTO COVERAGE FORM**

#### **1. Earlier Notice of Cancellation**

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in COMMON POLICY CONDITIONS, a. CANCELLATION or as amended by an applicable state cancellation endorsement, is increased to 90 days.

#### **2. Fellow Employee Exclusion**

SECTION II – LIABILITY COVERAGE, B. Exclusions, 5. Fellow Employee is amended to read:

“Bodily injury” to any fellow “employee” of the “insured” arising out of and in the course of the fellow “employee’s” employment or while performing duties related to the conduct of your business. However, this exclusion does not apply to “bodily injury” caused by your “employee” to his or her fellow “employee” if the “bodily injury” results from the use of a covered “auto” you own or hire.

#### **3. Knowledge of an Accident, Claim, Suit or Loss**

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions is amended to include:

However, notwithstanding paragraphs 1., 2. and 3. above, you will not be considered to have knowledge of an “accident”, claim, “suit” or “loss” until such time as an:

- a. Executive officer or owner if you are a corporation;
- b. Any partner or member if you are a partnership or joint venture;
- c. any member or manager if you are a limited liability company; or
- d. You if you are an individual

#### 4. Mental Anguish and Emotional Distress

SECTION V – DEFINITIONS, C. “Bodily injury” is amended to read:

- C. “Bodily injury” means bodily injury, sickness or disease sustained by a person, including mental anguish, emotional distress or death resulting from any of these at any time.

#### 5. Named Insured - Amendments

SECTION II – LIABILITY COVERAGE, 1. Who Is An Insured, is amended to include:

- a. any organization and subsidiary thereof which is a legal entity of which you own with a financial interest of more than 50% of the stock. However, this insurance does not apply to:
- (1) “Bodily injury” or “property damage” with respect to which an “insured” under this Coverage Part is also an “insured” under another policy, or would be an “insured” under such policy but for its termination or the exhaustion of its limits of insurance; or
  - (2) “Bodily injury” or “property damage” that occurred before you acquired or formed the organization.
- b. Any organization you newly acquire or form during the policy period of which you own a financial interest of more than 50% of the voting stock other than a partnership or joint venture. However, this insurance does not apply to:
- (1) “Bodily injury” or “property damage” with respect to which an “insured” under this Coverage Part is also an “insured” under another policy, or would be an “insured” under such policy but for its termination or the exhaustion of its limits of insurance; or
  - (2) "Bodily injury" or "property damage" that occurred before you acquired or formed the organization.
- c. Any person or organization, if you are required to do so under a written contract, agreement or permit.

However, the insurance provided by this paragraph c. does not apply to:

- (1) Any written contract or agreement that was executed subsequent to the “bodily injury” or “property damage”;
  - (2) Any permit that was issued subsequent to the “bodily injury” or “property damage”; or
  - (3) “Bodily Injury” or “property damage” arising out of the sole negligence of the additional insured.
- d. Any of your “employees” while using a covered “auto” you do not own, hire or borrow.

#### 6. Supplementary Payments - Amendments

- a. SECTION II – LIABILITY COVERAGE, 2. Coverage Extensions, a. Supplementary Payments, paragraph (2) is amended to read:

(2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.

- b. SECTION II – LIABILITY COVERAGE, 2. Coverage Extensions, a. Supplementary Payments, paragraph (4) is amended to read:

All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$500 a day because of time off from work.

- c. SECTION II – LIABILITY COVERAGE, 2. Coverage Extensions, a. Supplementary Payments, paragraph (6) is amended to include:

We will pay the pre-judgment interest awarded against the “insured” in the same percentage as the amount of the judgment paid by us. But, if we make a settlement offer to pay the available limit of coverage, we will not pay the pre-judgment interest that accumulates after the date of our offer.

**7. Unintentional Errors and Omissions**

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 2. Concealment, Misrepresentation Or Fraud is amended to include:

However, coverage afforded by this policy will not be adversely affected by any inadvertent error or omission made by you in describing your premises, operations, or a covered “auto” for the purpose of obtaining this insurance.

This endorsement changes policy \_\_\_\_\_ to which it is attached and is effective \_\_\_\_\_ at 12:01 a.m. standard time at the Insured's mailing address.

Issued to:  
 Issued by:  
 Producer:

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

**HOTEL PROGRAM  
 BUSINESS AUTO RETENTION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|                        |                   |
|------------------------|-------------------|
| Endorsement Effective: |                   |
| Named Insured:         | Countersigned By: |

(Authorized Representative)

**SCHEDULE**

|                      |    |                |
|----------------------|----|----------------|
| Liability Retention: | \$ | Per "Accident" |
|----------------------|----|----------------|

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

LIABILITY COVERAGE is changed as follows:

**1. Liability Coverage Retention**

The damages caused in any one "accident" and any "claims expense" that would otherwise be payable will be reduced by the Liability Retention shown in the Schedule prior to the application of the LIMIT OF INSURANCE provisions.

We shall have the right but not the duty to participate with you at our own expense in the defense or settlement of any claim or "suit" seeking damage covered under this policy. In the event of a claim or "suit" which in our reasonable judgment may result in payments, including supplementary payments, in an amount in excess of the retention amount, we may assume control of the defense or settlement of such claim or "suit". You will continue to be responsible for the payment of the retention amount.

In the event there is any other insurance, whether or not collectible, applicable to an "occurrence", claim or "suit" within the retention amount, you will continue to be responsible for the full retention amount before the limits of insurance under this policy apply.

## 2. Our Right to Reimbursement

To settle any claim or "suit" we may pay all or any part of the Retention shown in the Schedule. You must reimburse us for the Retention or the part of the Retention we may pay.

Your bankruptcy, insolvency or inability to pay the retention amounts shall not increase our obligations under this policy.

## 3. Reporting

In addition to any duties in the event of "accident", claim or "suit" stated elsewhere in the policy, you must notify us in writing as soon as practicable but not later than 60 days after you receive notice, of any "occurrence", claim or "suit" involving:

- a. a fatality;
- b. dismemberment or amputation;
- c. Paraplegia or quadriplegia;
- d. loss or impairment of eyesight or hearing; or
- e. any loss which your reasonable judgment, taking into account past or anticipated supplementary payments in connection with the loss, may result in payments equal to or exceeding 50% of the retention amount.

On quarterly basis, you or your loss adjusting representative must provide us with a written summary of all "accidents", claims or "suits" which have or may result in payments within the retention amount. This written summary must show:

- a. the date of the "accident",
- b. the name(s) of the injured person(s) or identification of the damaged property;
- c. a description of the injury or damage; and
- d. the amount paid or set aside as a reserve, including "claims expense", resulting from the "accident", claim or "suit".

## 4. Additional Definition

"Claims expense" means the following fees, costs or expenses incurred by us or our designated claims service organization, that result directly from the investigation, defense or settlement of a specific claim or "suit":

- a. Fees, costs or expenses of attorneys;
- b. Court Reporter fees;
- c. Independent experts and special investigator's fees, costs or expenses; or
- d. Independent vendor's fees, costs or expenses.

"Claims expense" does not include:

- a. Our expenses, including salaries, wages or traveling expenses of our employees, other than fees, costs or expenses incurred by attorneys employed by us un connection with a specific claim or "suit";
- b. Our designated claims service organization's expenses, including salaries, wages, overhead or traveling expenses of their employees, other than fees, costs or expenses incurred in connection with a specific claim or "suit";

## Commercial Auto

- c. Adjuster's fees, other than those authorized by us or our designated claims service organization, paid to independent or public adjusters, investigators or attorneys for adjusting claims;
- d. Coverage opinions;
- e. Appeal expenses; or
- f. Our recovery expense.

### **5. Conformance With Law**

If any provision of this endorsement is in conflict with any state compulsory or financial responsibility law or any statutory coverage for Uninsured and/or Underinsured Motorists Coverage then the provisions of such laws or statutes shall apply.

This endorsement changes policy to which it is attached and is effective at 12:01 a.m. standard time at the Insured's mailing address.

Issued to:  
Issued by:  
Producer:

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

## **DEDUCTIBLE LIABILITY COVERAGE (WITH SUPPLEMENTARY PAYMENTS INCLUDED WITHIN THE DEDUCTIBLE AMOUNT)**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

|                       |                  |
|-----------------------|------------------|
| Endorsement Effective |                  |
| Named Insured         | Countersigned By |

(Authorized Representative)

### **SCHEDULE**

|                              |    |                |
|------------------------------|----|----------------|
| Liability Deductible:        | \$ | Per "Accident" |
| "Bodily Injury" Deductible:  | \$ | Per Person     |
|                              | \$ | Per "Accident" |
| "Property Damage" Liability: | \$ | Per "Accident" |

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

LIABILITY COVERAGE is changed as follows:

#### **A. LIABILITY COVERAGE DEDUCTIBLE**

The damages caused in any one "accident" that would otherwise be payable under LIABILITY COVERAGE will be reduced by the Liability Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

These deductibles include damages, judgments, settlements, defense costs and other Supplementary payments. The deductibles shall not include our indirect expenses such as salaries or other overhead expenses we incur.

**B. BODILY INJURY LIABILITY COVERAGE DEDUCTIBLES**

**1. Per Person**

The damages that would otherwise be payable under LIABILITY COVERAGE for "bodily injury" sustained by any one person, in any one "accident", will be reduced by the "Bodily Injury" Per Person Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

**2. Per Accident**

The damages that would otherwise be payable under LIABILITY COVERAGE for all "bodily injury" caused in any one "accident" will be reduced by the "Bodily Injury" Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

**C. PROPERTY DAMAGE LIABILITY COVERAGE DEDUCTIBLE**

The damages that would otherwise be payable under LIABILITY COVERAGE for "property damage" caused in any one "accident" will be reduced by the "Property Damage" Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

**D. OUR RIGHT TO REIMBURSEMENT**

To settle any claim or suit we will pay all or any part of any deductible shown in the Schedule. You must reimburse us for the deductible or the part of the deductible we paid.

**TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)**  
230 PARK AVENUE, NEW YORK, NY 10169  
(212) 297-6600  
A New York Stock Company



This policy has been executed for the Company by its President and witnessed by its Secretary. However, this policy shall not be valid unless the Policy Declarations is countersigned by our authorized representative.

---

Secretary

---

President



**SCHEDULE OF NAMED INSUREDS**

**POLICY NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

12:01 a.m. standard time at your mailing address shown in the Policy  
Declarations

Empty box for listing named insureds.



**SCHEDULE OF TAXES, SURCHARGES, ASSESSMENTS OR FEES\***

|                       |   |
|-----------------------|---|
| <b>POLICY NUMBER:</b> |   |
| NAMED INSURED:        |   |
| PRODUCER NAME:        | PRODUCER CODE:  |
| EFFECTIVE DATE:       | 12:01 a.m. standard time at your mailing address shown in the Policy Declarations |

| STATE | LINE | DESCRIPTION | AMOUNT |
|-------|------|-------------|--------|
|       |      |             | \$     |

\*NY: Reference to surcharges, assessments or fees does not apply



**SCHEDULE OF FORMS AND ENDORSEMENTS**

|                       |   |
|-----------------------|---|
| <b>POLICY NUMBER:</b> |   |
| NAMED INSURED:        |   |
| PRODUCER NAME:        | PRODUCER CODE:  |
| EFFECTIVE DATE:       | 12:01 a.m. standard time at your mailing address shown in the Policy Declarations |

| COVERAGE PART: |         |             |                   |
|----------------|---------|-------------|-------------------|
| FORM NUMBER    | EDITION | DESCRIPTION | APPLICABLE STATES |
|                |         |             |                   |



**SCHEDULE OF LOCATIONS**

|   |  |
|---|--|
| NAMED INSURED:<br><br>PRODUCER NAME:<br><br>EFFECTIVE DATE: | <p style="text-align: right;"><b>POLICY NUMBER:</b></p> <p style="text-align: right;">PRODUCER CODE:</p> <p style="text-align: right;">12:01 a.m. standard time at your mailing address shown in the Policy<br/>Declarations</p> |
|---|--|

| Location Number | Building Number | Location Address<br>(Street address, City, State, Zip Code) | Occupancy |
|-----------------|-----------------|---|-----------|
|                 |                 |   |           |



**SCHEDULE OF INSTALLMENTS**

|                       |   |
|-----------------------|---|
| <b>POLICY NUMBER:</b> |   |
| NAMED INSURED:        |   |
| PRODUCER NAME:        | PRODUCER CODE:  |
| EFFECTIVE DATE:       | 12:01 a.m. standard time at your mailing address shown in the Policy Declarations |

This policy is written on an installment payment option that you agreed to. Your premium is due and payable as shown in the SCHEDULE below. Taxes, surcharges, assessments or fees\* are payable in full with the first installment.

**SCHEDULE**

| DATE DUE      | PREMIUM DUE | TAXES, SURCHARGES,<br>ASSESSMENTS OR FEES* DUE | TOTAL INSTALLMENT<br>PREMIUM DUE |
|---------------|-------------|--|----------------------------------|
|               | \$          | \$   | \$                               |
| <b>TOTALS</b> | \$          | \$   | \$                               |

\*NY: Reference to surcharges, assessments or fees does not apply.



**POLICY CHANGES ENDORSEMENT**

**POLICY NUMBER:**

**ENDORSEMENT NUMBER:**

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE:

at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the request of the insured or as permitted by state regulations.

**COVERAGE PART(S) AFFECTED BY THIS POLICY CHANGES ENDORSEMENT**

Item(s) changed (See Policy Changes Description section for details):

|                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Insured's Name                          | <input type="checkbox"/> | Insured's Mailing Address                    |
| <input type="checkbox"/> | Policy Number                           | <input type="checkbox"/> | Company                                      |
| <input type="checkbox"/> | Effective / Expiration Date             | <input type="checkbox"/> | Insured's Legal Status / Business of Insured |
| <input type="checkbox"/> | Payment Plan                            | <input type="checkbox"/> | Premium Determination                        |
| <input type="checkbox"/> | Additional Interested Parties           | <input type="checkbox"/> | Coverage Forms and Endorsements              |
| <input type="checkbox"/> | Limits / Exposures                      | <input type="checkbox"/> | Deductibles                                  |
| <input type="checkbox"/> | Covered Property / Location Description | <input type="checkbox"/> | Classification / Class Codes                 |
| <input type="checkbox"/> | Rates                                   | <input type="checkbox"/> | Underlying Insurance                         |

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

No changes     To be adjusted at audit     Additional \$     Return \$

The above amendments result in a change in the taxes, surcharges, assessments or fees\* (if applicable) as follows:

No changes     To be adjusted at audit     Additional \$     Return \$

Countersigned

: \_\_\_\_\_  
(Date)

By: \_\_\_\_\_  
(Authorized Representative)

\*NY: reference to surcharges, assessments or fees does not apply.

**POLICY CHANGES DESCRIPTION**

Empty rectangular area for policy change descriptions.

*SERFF Tracking Number:* WESA-125662344 *State:* Arkansas  
*Filing Company:* Tokio Marine & Nichido Fire Insurance Co., Ltd. *State Tracking Number:* #29309 \$50  
*Company Tracking Number:* 08-AR-3-CA-29-1  
*TOI:* 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other  
*Product Name:* Premier Hotel Risk Purchasing Group - Commercial Automobile  
*Project Name/Number:* Premier Hotel Risk Purchasing Group - Commercial Automobile/08-AR-3-CA-29-1

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125662344 State: Arkansas  
Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd.State Tracking Number: #29309 \$50  
Company Tracking Number: 08-AR-3-CA-29-1  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other  
Product Name: Premier Hotel Risk Purchasing Group - Commercial Automobile  
Project Name/Number: Premier Hotel Risk Purchasing Group - Commercial Automobile/08-AR-3-CA-29-1

## Supporting Document Schedules

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

**Comments:**

**Attachment:**

AR NAIC - Forms.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 06/05/2008

**Comments:**

**Attachment:**

AR - F.pdf

**Satisfied -Name:** Explanatory Memo **Review Status:** Approved 06/05/2008

**Comments:**

**Attachments:**

Explanatory Memo - TMNF.pdf

Explanatory Memo - Deductible Liability Coverage.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 06/05/2008

**Comments:**

Attached is the Letter of Authorization.

**Attachment:**

TMNF (1-1-08).pdf

## Property & Casualty Transmittal Document

|   |   |
|---|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br>New Business<br>Renewal Business<br>f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes |
|---|---|

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
|                      |                     |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--------------------|----------|--------|--------|---------|
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

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

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
|    |                  |       |              |       |        |
|    |                  |       |              |       |        |

|  |  |
|--|--|
| 7. Signature of authorized filer         |  |
| 8. Please print name of authorized filer |  |

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

|  |   |
|--|---|
| 9. Type of Insurance (TOI)   |   |
| 10. Sub-Type of Insurance (Sub-TOI)  |   |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] |   |
| 12. Company Program Title (Marketing title)  |   |
| 13. Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested  | New: <input type="text"/> Renewal: <input type="text"/>   |
| 15. Reference Filing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 16. Reference Organization (if applicable)   |   |
| 17. Reference Organization # & Title   |   |
| 18. Company's Date of Filing   |   |
| 19. Status of filing in domicile   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

22. Filing Fees (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 #:  
Amount:

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

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

PC TD-1 pg 2 of 2

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---|--|

| 3. | Form Name<br>/Description/Synopsis | Form #<br>Include edition date | Replacement<br>Or<br>withdrawn?  | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
|----|------------------------------------|--------------------------------|--|---|--|
| 01 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 02 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 03 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 04 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 05 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 06 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 07 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 08 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 09 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 10 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |

PC FFS-1

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |  |
|-----------|--|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|--|--|

|            |   |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
|              |  |                       |   |  |                                  |                                   |                                   |
|              |  |                       |   |  |                                  |                                   |                                   |

|            |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|

| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|   |  |  |  |
|---|--|--|--|
| <b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b> |  |  |  |
|---|--|--|--|

|           |  | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| <b>5a</b> | <b>Overall percentage rate indication (when applicable)</b>            |             |           |
| <b>5b</b> | <b>Overall percentage rate impact for this filing</b>                  |             |           |
| <b>5c</b> | <b>Effect of Rate Filing – Written premium change for this program</b> |             |           |
| <b>5d</b> | <b>Effect of Rate Filing – Number of policyholders affected</b>        |             |           |

|           |   |  |
|-----------|---|--|
| <b>6.</b> | <b>Overall percentage of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>7.</b> | <b>Effective Date of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>8.</b> | <b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|---|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?  | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |



# WESTMONT ASSOCIATES, INC.

May 19, 2008

The Honorable Julie Benafield-Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

**RE: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)**  
**NAIC #: 3098-12904/FEIN #13-6108722**  
**Premier Hotel Risk Purchasing Group Program**  
**Commercial Automobile**  
**Addenda to General Liability Forms**  
**Company Filing Number: 08-AR-3-CA-29-1**  
**Effective Date: September 1, 2008**

Dear Commissioner Benafield-Bowman:

The Company is filing for your approval the enclosed addenda submission to the Commercial Automobile portion of its Premier Hotel Risk Purchasing Group Programs. A letter authorizing Westmont Associates, Inc., to submit this filing on the Company's behalf is enclosed.

The Company wishes to introduce as well as revise various Commercial Auto forms for the above-captioned purchasing group program. Through this filing, the Company wishes to make some cosmetic changes to their forms. Please refer to the attached explanatory memorandum for further detail.

Please note that the rating factors and rules associated with this filing have been filed under a separate cover letter as filing number 08-AR-2-CA-30-1.

Enclosed are the forms for your review and approval. Please be advised that the Company is requesting and effective date of **September 1, 2008**.

Your early approval of this submission is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval.

Respectfully Submitted,

***Sherri Penn***

Sherri Penn  
Senior Analyst  
[sherri@westmontlaw.com](mailto:sherri@westmontlaw.com)

Enc.

Cc: P. Olson – Tokio  
M. Nadler – Tokio  
J. Coleman - Tokio

**PREMIER HOTEL RISK PURCHASING GROUP  
COMMERCIAL AUTOMOBILE  
(Rates, Rules, Forms)  
Explanatory Memorandum**

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Regarding our Premier Hotel Risk Purchasing Group we wish to revise as well as introduce various rules, forms and rating factors for the Commercial Automobile line of this program. We will incorporate these in an updated Manual. These are all the revisions we are filing to this program.

Upon approval we wish to incorporate the Form and Rule changes into a Manual

**RULES**

**Additional Rules of A1. Eligibility in Hotel Program**

We are deleting these Additional Rules as they are superfluous to eligibility for the Commercial Automobile line for this Risk Purchasing Group.

**Additional Rule B.2. of A2. Mandatory Coverages and Limits**

We are deleting the wording "However, lower limits are available.", because Underinsured Motorist limits are only available at \$1,000,000 liability limit for this program.

**Additional Rule A6. Schedule Rating**

This section is being deleted as we are including Schedule Rating in the State Exception Pages. Please refer to Section III – Supplemental Rating Plan, Schedule Rating Plan in the State Exception Pages.

**Additional Rule A7. Terrorism Premium Determination**

The Department of the Treasury has excluded Commercial Automobile as a type of Insurance to be included under the TRIA extension. We are deleting the indication to refer to Terrorism Supplement , renumbered the heading and indicate that this rule no longer applies. Circular for this Department of the Treasury decision is located elsewhere in this filing.

**Additional Premium Changes**

General Rule 9., which pertains to additional premiums that can be waived, is being revised. Via an entry in Paragraph 9.B., we wish to increase the amount to be waived to \$100.

**Return Premium Changes**

General Rule 10., which pertains to return premiums that can be waived, is being revised. Via an entry in Paragraph 10.B., we wish to increase the amount to be waived to \$100.

**PREMIER HOTEL RISK PURCHASING GROUP  
COMMERCIAL AUTOMOBILE  
(Rates, Rules, Forms)  
Explanatory Memorandum**

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**Forms Portfolio Reference**

General Rule 12., which pertains to the construction of a Commercial Automobile policy for the Premier Hotel Program, is being revised.

The adoption of the 03/06 edition of the Business Auto Coverage Form (CA 00 01) necessitates a change in a mandatory endorsement. Form CA 00 38 - War Exclusion, is being withdrawn, as the wording is incorporated in the 03/06 edition of Form CA 00 01.

We want to offer more choices to the members of the Premier Hotel RPG, so we wish to provide these deductible alternatives to the Retention endorsement:

- Deductible Liability Coverage Endorsement (ISO) CA 03 01 or CA 03 02
- Deductible Liability Coverage Endorsement (TMM) CA9 03 003

A separate explanatory memorandum as well as a copy of each endorsement is provided elsewhere in this filing.

**Medical Payments, No-Fault Coverages, Uninsured Motorists Insurance**

Because we are creating a Countrywide Automobile Manual for this program, we are listing these requirements in separate state exceptions pages.

**Insured's Retention**

We wish to increase the number of retention options by offering two (2) more retention options.

**Deductible(s)**

We want to offer more choices to the members of the Premier Hotel RPG, so we wish to provide deductible alternatives to the Retention endorsement. As indicated above, a separate explanatory memorandum as well as a copy of each endorsement is provided elsewhere in this filing.

**State Exception pages**

This section contains various state specific items as well as the listing of current Commercial Auto Multistate Forms to be used in the program.

**PREMIER HOTEL RISK PURCHASING GROUP  
COMMERCIAL AUTOMOBILE  
(Rates, Rules, Forms)  
Explanatory Memorandum**

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**FORMS:**

**Hotel Program Common Declarations**

Form HP9 05 001, Hotel Program Common Declarations, is being re-numbered and re-named as HT9 05 003, Hotel Program Common Policy Declarations. The changes are cosmetic only. This form is not being revised but we had to change the "HP" prefix to "HT" due to a conflict because the "HP" prefix was already in use for some Company forms.

**Hotel Program Business Auto Retention Endorsement**

Form CA9 03 001, Hotel Program Business Auto Retention Endorsement, is being re-numbered as HT9 01 008, Hotel Program Business Auto Retention Endorsement. The changes are cosmetic only. This form is not being revised but we had to change the "HP" prefix to "HT" due to a conflict because the "HP" prefix was already in use for some Company forms.

**Hotel Program Business Auto Amendatory Endorsement**

Form CA9 04 010, Hotel Program Business Auto Amendatory Endorsement, is being re-numbered as HT9 01 007 and is being revised. A separate explanatory memorandum is provided elsewhere in this filing.

**Hotel Program Business Auto Coverage Declarations**

Form CA9 05 001, Hotel Program Business Auto Coverage Declarations, is being re-numbered as HT9 05 004 and re-titled Hotel Program Business Auto Coverage Form Supplemental Declarations. This form is not being revised and the changes are cosmetic only.

**Hotel Program Schedule of Covered Autos You Own**

Form CA9 05 022, Hotel Program Schedule of Covered Autos You Own, is being re-numbered as HT9 05 005. This form is not being revised and the changes are cosmetic only.

**Hotel Program Covered Autos You Own Changes**

HT9 05 007, Hotel Program Covered Autos You Own Changes, is being added in order to record any changes to owned vehicles.

**Hotel Program Miscellaneous Auto Changes**

HT9 05 008, Hotel Program Miscellaneous Auto Changes, is being added in order to be able to schedule Hired or Borrowed Coverage and/or Non-ownership Liability.

**Deductible Liability Coverage (With Supplementary Payments included within Deductible Amount)**

Form CA9 03 003, Deductible Liability Coverage (With Supplementary Payments included within Deductible Amount), is being offered as an option. A separate explanatory memorandum is provided elsewhere in this filing.

**PREMIER HOTEL RISK PURCHASING GROUP  
COMMERCIAL AUTOMOBILE  
(Rates, Rules, Forms)  
Explanatory Memorandum**

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**In Witness Page**

IL9 05 002, In Witness Page, is not being revised. The changes are cosmetic only.

**Schedule of Named Insureds**

IL9 05 010, Named Insured Certificate in being withdrawn in favor of IL9 05 004, Schedule of Named Insureds.

**Schedule of Taxes, Surcharges, Assessment or Fees**

IL9 05 005, Schedule of Taxes, Surcharges, Assessment or Fees, is not being revised. The changes are cosmetic only.

**Schedule of Forms and Endorsements**

IL9 05 006, Schedule of Forms and Endorsements, is not being revised. The changes are cosmetic only.

**Schedule of Locations**

IL9 05 008, Schedule of Locations, is not being revised. The changes are cosmetic only.

**Schedule of Installments**

IL9 05 011, Schedule of Installments, is not being revised. The changes are cosmetic only.

**Policy Changes Endorsement**

IL9 12 003, Policy Changes Endorsement, is not being revised. The changes are cosmetic only.

**MANUAL**

In conjunction with the coverage forms and endorsements, we wish to incorporate Form and Rule changes into a Manual which is provided elsewhere in this filing.

**PREMIER HOTEL RISK PURCHASING GROUP  
COMMERCIAL AUTOMOBILE PROGRAM FILING  
Deductible Liability Coverage  
(With Supplementary Payments Included  
Within The Deductible Amount)  
Explanatory Memorandum**

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We wish to introduce a new rule and endorsement in order to provide another deductible option under the commercial automobile bodily injury liability and property damage liability coverages.

CA9 03 003, Deductible Liability Coverage, is being offered as an added deductible option to the standard ISO deductible. A copy of CA9 03 003 is provided elsewhere in this filing.

A member of the Premier Risk Purchasing Group may wish to have Supplementary Payments be included in the deductible amount as a way of garnering the advantages of self insurance without the disadvantages of self administration.

We will settle the claim or suit. We will pay all or any part of any deductible amount. We will seek reimbursement from the member of the Premier Risk Purchasing Group for the deductible or the part of the deductible we paid. This assures the member of the Premier Risk Purchasing Group who choose this deductible option are treated no differently than other members of the Premier Risk Purchasing Group, who may choose a different deductible option.

Please refer to Section II – Coverages and Rating Procedures, 99. Deductible(s) in Manual.



Tokio Marine Management, Inc.  
U.S. Manager and/or Manager for  
Tokio Marine & Nichido Fire  
Insurance Co., Ltd. (U.S. Branch)  
Trans Pacific Insurance Company  
TM Casualty Insurance Company  
TNUS Insurance Company

230 Park Avenue  
New York, New York 10169  
Phone: (212) 297-6600  
Main Fax: (212) 297-6062  
Claims Fax: (212) 297-6064

MILLEA GROUP

January 1, 2008

Re: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)  
NAIC # 3098-12904  
FEIN # 13-6108722  
Letter of Authorization  
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanki, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson  
Vice President – Corporate Underwriting