

SERFF Tracking Number: ZURC-125699433 State: Arkansas  
First Filing Company: Universal Underwriters Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW ML 27438  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Equipment Dealer Unicover Policy - New Endorsement  
Project Name/Number: CW ML 27438 - Equipment Dealer Unicover Policy - New Endorsement/CW ML 27438

## Filing at a Glance

Companies: Universal Underwriters Insurance Company, Universal Underwriters of Texas Insurance Company  
Product Name: Equipment Dealer Unicover Policy - New Endorsement SERFF Tr Num: ZURC-125699433 State: Arkansas  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 05.0003 Commercial Package Co Tr Num: CW ML 27438 State Status: Fees verified and received  
Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Patricia Chudik Disposition Date: 06/18/2008  
Date Submitted: 06/17/2008 Disposition Status: Approved  
Effective Date Requested (New): 07/17/2008 Effective Date (New): 07/17/2008  
Effective Date Requested (Renewal): 07/17/2008 Effective Date (Renewal): 07/17/2008

State Filing Description:

## General Information

Project Name: CW ML 27438 - Equipment Dealer Unicover Policy - New Endorsement Status of Filing in Domicile: Pending  
Project Number: CW ML 27438 Domicile Status Comments:  
Reference Organization: NA Reference Number: NA  
Reference Title: NA Advisory Org. Circular: NA  
Filing Status Changed: 06/18/2008  
State Status Changed: 06/18/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

The purpose of this filing is to seek approval for a new endorsement for use with our Equipment Dealer Unicover Program.

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Please see the explanatory memorandum for a complete description of this filing.

We request that this filing becomes effective July 17, 2008, or as soon as statutes permit.

## Company and Contact

### Filing Contact Information

Patricia Chudik, Product Analyst pat.chudik@zurichna.com  
 1400 American Lane (847) 605-7714 [Phone]  
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

### Filing Company Information

Universal Underwriters Insurance Company	CoCode: 41181	State of Domicile: Kansas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North American	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 43-1249228	

Universal Underwriters of Texas Insurance Company	CoCode: 40843	State of Domicile: Texas
7045 College Blvd.	Group Code: 212	Company Type: Property and Casualty
Overland Park, KS 66211	Group Name: Zurich North America	State ID Number:
(800) 821-7803 ext. [Phone]	FEIN Number: 36-3139101	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Arkansas's fee is \$50 per form filing.  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Underwriters Insurance Company	\$50.00	06/17/2008	20949779
Universal Underwriters of Texas Insurance Company	\$0.00	06/17/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/18/2008	06/18/2008

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## Disposition

Disposition Date: 06/18/2008  
Effective Date (New): 07/17/2008  
Effective Date (Renewal): 07/17/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Explanatory memorandum	Approved	Yes
<b>Form</b>	Non-Reporting Form	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Non-Reporting Form	773	2-08	Endorsement/Amendment/Conditions		0.00	773EDU 02-08.pdf

ENDORSEMENT NO. 773  
NON-REPORTING FORM  
EQUIPMENT DEALER UNICOVER

PAGE 1 OF 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IF THIS ENDORSEMENT IS ATTACHED TO A COVERAGE PART IN THE POLICY DECLARATIONS, THE FOLLOWING APPLIES, BUT ONLY WITH RESPECT TO THAT COVERAGE PART:

- A. REPORTING REQUIREMENTS ARE DELETED; AND
- B. THE "FIXED" PREMIUM CONDITION IN THE GENERAL CONDITIONS IS REPLACED BY THE FOLLOWING:

"FIXED" – EACH MONTH \*WE WILL BILL \*YOU FOR A PORTION OF THE ANNUAL PREMIUM FOR WHICH THERE IS NO ANNUAL ADJUSTMENT. \*WE MUST RECEIVE THIS PREMIUM BY THE DATE SHOWN IN \*OUR BILLING. AT THE END OF THE POLICY PERIOD, \*WE MAY AUDIT \*YOUR RECORDS.

IF \*WE AUDIT \*YOUR RECORDS, \*WE WILL CALCULATE THE EARNED PREMIUM BASED ON \*OUR FINDINGS. IF THE EARNED PREMIUM IS MORE THAN \*YOU HAVE BEEN BILLED, \*YOU WILL PAY \*US THE DIFFERENCE. IF THE EARNED PREMIUM IS LESS THAN \*YOU HAVE BEEN BILLED, \*WE WILL REFUND THE DIFFERENCE TO \*YOU.

THE \* INDICATES THE WORD IS DEFINED IN THE  
COVERAGE PART TO WHICH THIS ENDORSEMENT APPLIES

EDITION 2-08

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	06/18/2008
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**Comments:**

**Attachment:**

NAIC transmittal.pdf

<b>Satisfied -Name:</b>	Explanatory memorandum	<b>Review Status:</b> Approved	06/18/2008
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**Comments:**

**Attachment:**

expl memo.pdf

### Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Universal Underwriters Insurance Company	KS	41181	43-1249228	
Universal Underwriters of Texas Insurance Company	TX	40843	36-3139101	

<b>5. Company Tracking Number</b>	CW ML 27438
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Patricia E. Chudik Regulatory Services Analyst Zurich North America 1400 American Lane Schaumburg, Illinois 60196	Regulatory Services Analyst	847 605-7714	847 605-7768	pat.chudik@zurichna.com
<b>7.</b>	Signature of authorized filer		<i>Patricia E. Chudik</i>		
<b>8.</b>	Please print name of authorized filer		Patricia E. Chudik		

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

<b>9. Type of Insurance (TOI)</b>	05.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	05.0003
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Equipment Dealers Uncover Program – New Endorsement
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 07-17-2008      Renewal: 07-17-2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NA
<b>17. Reference Organization # &amp; Title</b>	NA
<b>18. Company's Date of Filing</b>	06-17-2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW ML 27438
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In accordance with the filing requirements of your state, we enclose for your review and approval our new endorsement for use with our Equipment Dealers Unicover program.

Please see the explanatory memorandum for a complete description of this filing.

We request an effective date of July 17, 2008, for new and renewal business, or as soon as statutes permit.

<b>22.</b>	<b>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]
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**Check #: EFT**  
**Amount: \$50.00**

**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.)**

## 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>	CW ML 27438
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	NA
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<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	Non-Reporting Form	773 2-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	NA
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Equipment Dealer Unicover Program  
Non-Reporting Form  
773 2-08  
Company Filing Number – CW ML 27438

We have created Endorsement 773 - Non-reporting Form for our Equipment Dealer Unicover Policy to make unnecessary the insured's obligation to submit monthly reports to us and to clarify our intent that premium audits are optional. This endorsement will be attached to policies that are issued on our Adjustable Premium Payment Plan.

This is a new endorsement for the Equipment Dealer Unicover Policy, and does not replace an existing form.