

SERFF Tracking Number: ACEH-125714223 State: Arkansas  
Filing Company: Indemnity Insurance Company of North America State Tracking Number: EFT \$50  
Company Tracking Number: 08-CA-2007695  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: 08-CA-2007695  
Project Name/Number: Adoption of Independent Forms/08-CA-2007695

## Filing at a Glance

Company: Indemnity Insurance Company of North America

Product Name: 08-CA-2007695 SERFF Tr Num: ACEH-125714223 State: Arkansas  
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 20.0001 Business Auto Co Tr Num: 08-CA-2007695 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Authors: Ginny Boyles, Marlene Thomas, Viola McBride Disposition Date: 07/01/2008  
Date Submitted: 06/30/2008 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: Adoption of Independent Forms Status of Filing in Domicile: Authorized  
Project Number: 08-CA-2007695 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 07/01/2008  
State Status Changed: 07/01/2008 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to seek approval of several independent endorsements filed for use with our larger, more sophisticated accounts.

Most of these endorsements were previously filed for use and approved for another one of the companies within the ACE-INA Group, ACE American Insurance Company in most cases, and at this time, we wish to also seek approval to

SERFF Tracking Number: ACEH-125714223 State: Arkansas  
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use the same endorsements in another one of the companies within our insurance group, Indemnity Insurance Company of North America.

The purpose of each endorsement is identified on the excel forms list attached to this filing.

We are seeking approval effective 09/01/2008.

## Company and Contact

### Filing Contact Information

Viola McBride, Filing Technician  
 436 Walnut Street  
 Philadelphia, PA 19106  
 viola.mcbride@ace-ina.com  
 (215) 640-5238 [Phone]  
 (215) 640-4986[FAX]

### Filing Company Information

Indemnity Insurance Company of North America  
 PO Box 1000  
 436 Walnut Street  
 Philadelphia, PA 19106  
 (215) 640-5123 ext. [Phone]  
 CoCode: 43575  
 Group Code: 626  
 Group Name:  
 FEIN Number: 06-1016108  
 State of Domicile: Pennsylvania  
 Company Type:  
 State ID Number:  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Indemnity Insurance Company of North America	\$50.00	06/30/2008	21141357

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/01/2008	07/01/2008

*SERFF Tracking Number:*      *ACEH-125714223*                      *State:*                      *Arkansas*  
*Filing Company:*              *Indemnity Insurance Company of North America*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-CA-2007695*  
*TOI:*                      *20.0 Commercial Auto*                      *Sub-TOI:*                      *20.0001 Business Auto*  
*Product Name:*              *08-CA-2007695*  
*Project Name/Number:*      *Adoption of Independent Forms/08-CA-2007695*

## **Disposition**

Disposition Date: 07/01/2008

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: ACEH-125714223 State: Arkansas  
 Filing Company: Indemnity Insurance Company of North America State Tracking Number: EFT \$50  
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: 08-CA-2007695  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Supporting Document	Form List	Approved	Yes
Form	Aggregate Protection Endorsement Short Form	Approved	Yes
Form	Aggregate Protection Endorsement Long Form	Approved	Yes
Form	Difference in Conditions / Difference In Limits	Approved	Yes
Form	Port Authority of New York and New Jersey	Approved	Yes
Form	Joint Venture Endorse	Approved	Yes
Form	Non-Contributory for Additional Insureds	Approved	Yes
Form	Contractual Liability Coverage	Approved	Yes
Form	Definition of Bodily Injury	Approved	Yes
Form	Exclusion of Liability Insurance Afforded Under Another Policy	Approved	Yes
Form	Additional Insured - Designated Persons or Organization	Approved	Yes
Form	Additional Insured - Designated Persons or Organizations	Approved	Yes
Form	Renewal 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	Aggregate Protection Endorsement Short Form	ALL-18221	(04/05)	Endorsement/Amendment/Conditions	New	0.00	ALL 18221 - Aggregate Protection Endt-Short.pdf
Approved	Aggregate Protection Endorsement Long Form	ALL-18222	(04/05)	Endorsement/Amendment/Conditions	New	0.00	ALL 18222 - Aggregate Protection Endt.pdf
Approved	Difference in Conditions / Difference In Limits	ALL-18845	(10/05)	Endorsement/Amendment/Conditions	New	0.00	ALL18845_DIC Revised.pdf
Approved	Port Authority of New York and New Jersey	ALL-21858	(02/07)	Endorsement/Amendment/Conditions	New	0.00	ALL21858.pdf
Approved	Joint Venture Endorse	DA-20420	(06/06)	Endorsement/Amendment/Conditions	New	0.00	DA20420.pdf
Approved	Non-Contributory for Additional Insureds	DA-21886	(03/07)	Endorsement/Amendment/Conditions	New	0.00	DA21886.pdf
Approved	Contractual Liability Coverage	DA-21916	(03/07)	Endorsement/Amendment/Conditions	New	0.00	DA21916.pdf
Approved	Definition of Bodily Injury	DA-22185	(05/07)	Endorsement/Amendment/Conditions	New	0.00	DA22185.pdf

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Approved	Exclusion of Liability Insurance Afforded Under Another Policy	DA-22334 (05/07)	Endorsement/Amendment/Conditions	0.00	DA22334 Exclusion of liability insurance afforded under another policy.pdf
Approved	Additional Insured - Designated Persons or Organization	DA-9U74 (12/94)	Endorsement/Amendment/Conditions	0.00	DA9U74.pdf
Approved	Additional Insured - Designated Persons or Organizations	DA-22623 (06/07)	Endorsement/Amendment/Conditions	0.00	DA22623.pdf
Approved	Renewal Endorsement	ALL-10314 (12/04)	Endorsement/Amendment/Conditions	0.00	ALL10314.pdf



## AGGREGATE PROTECTION ENDORSEMENT SHORT FORM

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

- COMMERCIAL GENERAL LIABILITY COVERAGE FORM**
- EXCESS COMMERCIAL GENERAL LIABILITY COVERAGE FORM**
- COMMERCIAL AUTOMOBILE COVERAGE FORM**
- TRUCKERS COVERAGE FORM**
- MOTOR CARRIER COVERAGE FORM**
- GARAGE COVERAGE FORM**

This policy is subject to the terms of the Aggregate Protection Endorsement  
attached to Policy # \_\_\_\_\_.

\_\_\_\_\_  
Authorized Agent

## AGGREGATE PROTECTION ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
EXCESS COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL AUTOMOBILE COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
GARAGE COVERAGE FORM**

For the policies listed in the Schedule (such policies, including any endorsements thereto, referred to hereinafter as the "Policies"), you are responsible, in accordance with the terms and conditions of the Policies for (i) reimbursement of loss under a deductible; (ii) payment of losses within a loss limit for any Policy subject to retrospective rating; and/or (iii) retained loss as a self-insurer under any Policy subject to a self-insured retention.

Subject to the respective Per Occurrence Limitation and the ALAE Erosion Treatment applicable to each Policy, as shown in the Schedule, this endorsement limits the combined amount that you must pay or reimburse under the deductible, loss limitation, and/or self-insured retention provisions of the Policies to an aggregate amount of Combined Paid Losses, such aggregate amount hereinafter referred to as the "Aggregate Attachment". However, this endorsement is not valid and does not apply for any particular Policy unless the Scheduled is fully completed for such policy.

Once the Combined Paid Losses equal the Aggregate Attachment, we shall have the obligation to pay damages, and to pay ALAE if ALAE Aggregate Treatment "A" applies, up to an amount not to exceed our Aggregate Limit.

If the amount of the Aggregate Attachment is shown below as adjustable, then the adjustment of the Aggregate Attachment is subject to our audit, which we will complete in accordance with the Policies. Should you fail to cooperate with our audit, we will estimate your audited exposure to be 500% of the amount, or estimated amount, of exposure that we had on file at the commencement of the Policy period. In addition, the Aggregate Attachment is subject to the terms and conditions set out in the Schedule below.

#### Definitions

For purposes of this endorsement, the following definitions apply:

Aggregate Attachment has the meaning set out above.

ALAE means any expenses, costs, and interest incurred in connection with the investigation, administration, adjustment, settlement or defense of any claim or suit arising under a Policy which are directly allocated to a particular claim pursuant to and in accordance with the terms of the respective Policies, including all endorsements thereto.

ALAE Erosion Treatment means the inclusion or exclusion of ALAE in the Per Occurrence Limitation of a particular Policy.

ALAE Erosion Treatment "A" means that the Per Occurrence Limitation includes ALAE.

ALAE Erosion Treatment "B" means that the Per Occurrence Limitation does not include ALAE.

ALAE Aggregate Treatment means the inclusion or exclusion of ALAE in the Aggregate Limit.

ALAE Aggregate Treatment "A" means that ALAE is included in the Aggregate Limit.

ALAE Aggregate Treatment "B" means that ALAE is excluded from the Aggregate Limit.

Combined Paid Losses means all of the damages, and all of the ALAE if ALAE Erosion Treatment "A" applies, that have been paid under the Policies.

Per Occurrence Limitation means the amount of Combined Paid Losses per occurrence under each Policy, respectively, that is counted towards the Aggregate Attachment and the Aggregate Limit. If no amount is filled in for any Policy for the Per Occurrence Limitation, then the Per Occurrence Limitation is, respectively the deductible limit for each deductible Policy, the loss limitation for each retrospective Policy, and the self-insured retention (by whatever terminology described) under any self-insured retention Policy.

Aggregate Schedule

Aggregate Attachment:	\$		
Aggregate Limit	\$		
Aggregate Attachment subject to audit	YES <input type="checkbox"/>	NO	<input type="checkbox"/>
Minimum Aggregate Attachment	\$		
Aggregate Attachment Adjustment Rate	\$		
Adjustable per _____			
of _____			



## DIFFERENCE IN CONDITIONS/DIFFERENCE IN LIMITS

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies all insurance provided under the following:**

- BUSINESS AUTO COVERAGE PART**
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM**
- GARAGE COVERAGE PART**
- OWNERS CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM**
- RAILROAD PROTECTIVE LIABILITY COVERAGE FORM**
- TRUCKERS COVERAGE PART**
- EXCESS BUSINESS AUTO COVERAGE FORM**
- EXCESS COMMERCIAL GENERAL LIABILITY POLICY**
- EXCESS TRUCKERS COVERAGE FORM**

If this policy provides greater coverage, limits or conditions than any of the policies listed in the Schedule of Other Policies below (each such scheduled policy referred to as an "Other Policy"), then this policy will provide coverage for loss to the extent of the difference in the coverages, limits or conditions between this policy and the Other Policy, subject to the terms, limitations and conditions of this policy.

This policy provides such coverage on an excess basis for and only to the extent of any such difference in terms, limits and conditions. In no event will the coverage afforded under this policy, in combination with any one or more of such Other Policies, exceed the applicable Limit of Insurance of this policy. The most we will pay if this policy has higher limits than any Other Policy is the difference between the applicable Limit of Insurance of this policy and the limit of insurance for any such Other Policies.

Schedule of Other Policies:

Policy Issuing Company                      Policy Number

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Authorized Agent

## PORT AUTHORITY OF NEW YORK AND NEW JERSEY

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following.**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
EXCESS COMMERCIAL GENERAL LIABILITY POLICY  
BUSINESS AUTO COVERAGE FORM**

We shall not, without obtaining express advance permission from the General Counsel of the Port Authority of New York and New Jersey, raise any defense involving in any way the jurisdiction of the tribunal over the person of the Port Authority, the immunity of the Port Authority, its commissioners, officers, agents or employees, the governmental nature of the Port Authority or the provisions of any statutes respecting suits against the Port Authority.

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Authorized Agent

## JOINT VENTURE ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

#### This Endorsement modifies insurance provided under the following:

**Business Auto Coverage Part**  
**Excess Business Auto Coverage Form**  
**Garage Coverage Part**  
**Truckers Coverage Part**  
**Excess Truckers Coverage Part**

**Schedule:**

All of the following are called the "Scheduled Entities":

The Named Insured shown in the Declarations is amended to read as follows:

The Scheduled Entities, and/or any entity over which any one or more of the Scheduled Entities has more than fifty percent ownership interest, or over which any of the Scheduled Entities exercises active management control, during the policy period.

Each of the Scheduled Entities is also a Named Insured as respects the interest of such Scheduled Entity in the operations of any joint venture, co-venture, joint lease, joint operation agreement, limited liability company, partnership or any other organization, other than a direct or indirect subsidiary, division or affiliate of the Scheduled Entity (hereinafter collectively called "Joint Venture"), during the policy period, provided that:

- (a) The insurance available under this Policy (A) shall be the product of (i) the Scheduled Entity's percentage interest in the Joint Venture, and (ii) the Joint Venture's total liability to the claimant; and (B) shall be subject to the Limits of Insurance.
- (b) Notwithstanding the provisions of (a) above, if the Scheduled Entity has sole responsibility for the management or operation of the Joint Venture, or if the Scheduled Entity has agreed by contract to provide the insurance coverage for the Joint Venture, then this policy shall cover the Joint Venture in the same manner as the Scheduled Entity is covered hereunder.
- (c) Such coverage afforded for the Scheduled Entity in any Joint Venture, or for the Joint Venture itself if applicable under (b) above, shall apply in excess of any other insurance specifically maintained by or on behalf of the Joint Venture.
- (d) With respect to Joint Ventures that a Scheduled Entity newly forms or newly acquires an interest in during the policy period, the Scheduled Entity will be a Named Insured for its interest in such Joint Venture to the extent specified in (a) above, or the Joint Venture itself will be a Named Insured if so specified in (b) above, so long as you notify us of such acquisition or formation not later than 60 days after the end of the policy period. No coverage will be provided for such Joint Venture beyond 60 days after the policy period if you do not give us such notice. Such coverage afforded for the Scheduled Entity in any Joint Venture, or for the Joint Venture itself if applicable under (b) above, shall apply in excess of any other insurance specifically maintained by or on behalf of the Joint Venture.
- (e) As respects entities newly formed or acquired during the policy period, other than a Joint Venture, and over which a Scheduled Entity maintains ownership or a majority interest, or active management control, or has agreed by contract to provide insurance, such entities are also Named Insured's, provided:

- 1) there is no other similar insurance available to that organization; and
  - 2) you notify us of such formation or acquisition not later than \_\_\_ days after the end of the policy period. No coverage will be provided for such newly formed or acquired entity if you do not give us such notice.
- (f) As respects newly acquired or formed organizations, including Joint Ventures, no coverage is provided for, and this policy does not apply to, any "bodily injury", "property damage" and/or "covered pollution cost or expense" that occurred before you acquired or formed the organization.
- (g) The first Named Insured shown in the Declarations, by acceptance of this policy, is authorized to act and agrees to act on behalf of all persons or organizations insured under the policy with respect to all matters pertaining to the insurance afforded by the policy, including the giving or receipt of notice of cancellation, the payment of premiums and the receiving of return premiums, if any.

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Authorized Agent

## NON-CONTRIBUTORY ENDORSEMENT FOR ADDITIONAL INSURED

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. BUSINESS AUTO COVERAGE FORM

#### Schedule

Organization

Additional Insured Endorsement

*(If no information is filled in, the schedule shall read: "All persons or entities added as additional insureds through an endorsement with the term "Additional Insured" in the title)*

For organizations that are listed in the Schedule above that are also an Additional Insured under an endorsement attached to this policy, the following is added to Section IV.B.5.:

If other insurance is available to an insured we cover under any of the endorsements listed or described above (the "Additional Insured") for a loss we cover under this policy, this insurance will apply to such loss on a primary basis and we will not seek contribution from the other insurance available to the Additional Insured.

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Authorized Agent

## CONTRACTUAL LIABILITY COVERAGE

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This Endorsement modifies insurance provided under the following:**

**Business Auto Coverage Form**

It is agreed, Section II – Liability Coverage, Exclusion B. 2., Contractual, is deleted in its entirety.

All other terms and conditions remain unchanged.

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Authorized Agent

**DEFINITION OF BODILY INJURY**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM  
EXCESS TRUCKERS COVERAGE FORM**

It is agreed that the Definition of "Bodily Injury" is deleted and replaced by the following:

"Bodily Injury" means physical injury, sickness or disease sustained by a natural person, including:

- (1) death resulting from any of these at any time; or
- (2) mental injury that subsequently manifests itself after such physical injury, sickness or disease is sustained by a natural person.

\_\_\_\_\_  
Authorized Agent

## EXCLUSION OF LIABILITY INSURANCE AFFORDED UNDER ANOTHER POLICY

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTO COVERAGE FORM  
EXCESS BUSINESS AUTO COVERAGE FORM  
EXCESS TRUCKERS COVERAGE FORM**

This insurance does not apply to "bodily injury" or "property damage" for which liability insurance is afforded under the policy(ies) designated below, including any replacement, renewal or extension thereof, or would have been afforded but for the exhaustion of the limits of liability or cancellation or expiration of such policy(ies).

DESIGNATED POLICY(IES):

**ADDITIONAL INSURED –  
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period <b>to</b>	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTO POLICY  
TRUCKERS POLICY  
GARAGE POLICY**

Additional Insured(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A. For a covered "auto," Who Is Insured is changed to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts of omissions of:
  - 1. You.
  - 2. Any of your employees or agents.
  - 3. Any person operating a covered "auto" with permission from You, any of your employees or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

**ADDITIONAL INSURED –  
DESIGNATED PERSONS OR ORGANIZATIONS  
STATE OF LOUISIANA**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			<b>to</b>
Issued By (Name of Insurance Company)			

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTO POLICY  
TRUCKERS POLICY  
GARAGE POLICY**

Additional Insured(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- A. For a covered "auto," Who Is Insured is changed to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts of omissions of:
  - 1. You.
  - 2. Any of your employees or agents.
  - 3. Any person operating a covered "auto" with your express or implied permission.
  
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

## RENEWAL ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 COMMERCIAL AUTOMOBILE COVERAGE PART  
 BUSINESS AUTOMOBILE COVERAGE FORM  
 GARAGE COVERAGE FORM  
 TRUCKERS COVERAGE FORM  
 MOTOR CARRIER COVERAGE FORM**

You and we agree that the policy term is renewed for one year

A. Renewal term: \_\_\_\_\_ to \_\_\_\_\_

B. Renewal Premium \$ \_\_\_\_\_

C. Limits of Insurance for Renewal term:

#### SCHEDULE

Commercial General Liability

Each Occurrence Limit	\$ _____	
Fire Damage Limit	\$ _____	Any one fire
Medical Expense Limit	\$ _____	Any one person
Personal & Advertising Injury Limit	\$ _____	Any one person or organization
General Aggregate Limit		\$ _____
Products/Completed Operations Aggregate Limit		\$ _____

Commercial Automobile

Liability	\$ _____	Any one accident or loss
Auto Medical Payments	\$ _____	Any one accident or loss
Uninsured Motorists	\$ _____	Any one accident or loss
Underinsured Motorists (when Not Included in Uninsured Motorists Coverage)	\$ _____	Any one accident or loss

Coverage is provided if Limits of Liability are shown in the schedule above.

D. The following forms or endorsements are deleted and no longer apply as of \_\_\_\_\_:

E. The following forms or endorsements are added and become a part of the policy effective \_\_\_\_\_:

F. **All other terms, conditions, deductibles or limits applicable to this policy remain as expiring.**

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Authorized Agent



SERFF Tracking Number: ACEH-125714223 State: Arkansas  
Filing Company: Indemnity Insurance Company of North America State Tracking Number: EFT \$50  
Company Tracking Number: 08-CA-2007695  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: 08-CA-2007695  
Project Name/Number: Adoption of Independent Forms/08-CA-2007695

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 07/01/2008

**Comments:**

**Attachments:**

AR-NAIC PC TD-1.pdf  
Form Filing Schedule.pdf

**Satisfied -Name:** Filing Memo **Review Status:** Approved 07/01/2008

**Comments:**

**Attachment:**

filing memo.pdf

**Satisfied -Name:** Form List **Review Status:** Approved 07/01/2008

**Comments:**

**Attachment:**

CW form list for IND filing.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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>
ACE USA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
Indemnity Insurance Company of North America	PA	23575	06-1016108

<b>5. Company Tracking Number</b>	<b>08-CA-2007695</b>
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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
	Viola McBride 436 Walnut Street Philadelphia, PA 19106	Filing Analyst	215.640.5238	215.640.4986	<a href="mailto:viola.mcbride@ace-ina.com">viola.mcbride@ace-ina.com</a>
<b>7.</b>	Signature of authorized filer		<i>Viola McBride</i>		
<b>8.</b>	Please print name of authorized filer		Viola McBride		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	Commercial Automobile
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	Liability & Physical Damage
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	n/a
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	<b>Independent Endorsements</b>
<b>13.</b>	<b>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.</b>	<b>Effective Date(s) Requested</b>	New: 09/01/2008      Renewal: 09/01/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>		
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending
		<input checked="" type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-CA-2007695(R)
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<b>21.</b>	<b>Filing Description</b>
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The purpose of this filing is to seek approval of several independent endorsements filed for use with our larger, more sophisticated accounts.

Most of these endorsements were previously filed for use and approved for another one of the companies within the ACE-INA Group, ACE American Insurance Company in most cases (refer to attached Exhibit I for the filing numbers). Therefore, we wish to seek approval to use the same endorsements in another one of the companies within our insurance group, Indemnity Insurance Company of North America.

The purpose of each endorsement is identified on the forms list (Exhibit I) attached to this filing.

We are seeking approval effective 09/01/2008.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) Please see filing fee tab in SERFF [If a state requires you to show how you calculated your filing fees, place that calculation below]							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><b>Check #:</b> EFT</td> <td style="width: 30%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td><b>Amount:</b> \$50.00</td> <td style="text-align: center;"><b>Please see filing fee tab in SERFF</b></td> <td></td> </tr> </table> <p style="margin-top: 20px;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>			<b>Check #:</b> EFT			<b>Amount:</b> \$50.00	<b>Please see filing fee tab in SERFF</b>	
<b>Check #:</b> EFT								
<b>Amount:</b> \$50.00	<b>Please see filing fee tab in SERFF</b>							

**\*\*\*Refer to 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>		08-CA-2007695		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<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	Aggregate Protection Endorsement Short Form	ALL-18221 (04/05)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Aggregate Protection Endorsement Long Form	ALL-18222 (04/05)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Difference In Conditions / Difference In Limits	ALL-18845 (10/05)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Port Authority of New York and New Jersey	ALL-21858 (02/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Joint Venture Endorsement	DA-204020 (06/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Non-Contributory for Additional Insureds	DA-21886 (03/07)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Contractual Liability Coverage	DA-21916 (03/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Definition of Bodily Injury	DA-22185 (05/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Exclusion of Liability Insurance Afforded under Another Policy	DA-22334 (05/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Additional Insured – Designated Persons Or Organization	DA-9U74 (12/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Additional Insured – Designated Persons or Organizations	DA-22623 (06/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Renewal Endorsement	ALL-10314 (12/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## **Filing Memorandum**

The purpose of this filing is to seek approval of several independent endorsements filed for use with our larger, more sophisticated accounts.

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We are seeking approval effective 09/01/2008.

ACE American Insurance Company Prior Filing Numbers

Exhibit I

REQUIRED	FORM_NO	TITLE	DESCRIPTION	B/C/R	Prior Co. filing #
optional	ALL18221	AGGREGATE PROTECTION ENDORSEMENT SHORT FORM	These 2 forms together provide an aggregate layer of protection for the insured to limit the losses they retain	B	05CA132, 06-CA-29:
optional	ALL18222	AGGREGATE PROTECTION ENDORSEMENT LONG FORM			
optional	ALL18845	DIFFERENCE IN CONDITIONS / DIFFERENCE IN LIMITS	When we write multiple policies for an insured this endorsement provides that the limits do not aggregate but we will provide up to the highest limit on a difference in conditions basis.	C	05CA334:
optional	ALL21858	PORT AUTHORITY OF NEW YORK AND NEW JERSEY	This endorsement is required by the Port Authority for many of our insureds.	B	07CA088
optional	DA20420	JOINT VENTURE ENDORSEMENT	Provides broad named insured wording with specific provisions for joint ventures.	B	06CA197:
optional	DA21886	NON-CONTRIBUTORY FOR ADDITIONAL INSUREDS	States that coverage for additional insureds is primary and we will not seek contribution from other insurance available to additional insureds.	B	07CA95:
optional	DA21916	CONTRACTUAL LIABILITY COVERAGE	Removes the exclusion for contractual liability.	B	07CA95:
optional	DA22185	DEFINITION OF BODILY INJURY	Amends the definition of bodily injury to provide coverage for resulting mental injury.	B	07CA189:
optional	DA22334	EXCLUSION OF LIABILITY INSURANCE AFFORDED UNDER ANOTHER	When multiple policies are issued for an insured, this endorsement is used to exclude what is intended to be covered by another policy.	C	07CA189:
optional	DA9U74	ADDITIONAL INSURED - DESIGNATED PERSONS OR ORGANIZATI	Provides additional insured status for the scheduled organization.	B	06CA49, 07-CA-120:
optional	DA22623	ADDITIONAL INSURED - DESIGNATED PERSONS OR ORGANIZATIONS (LA specific version)	Provides additional insured status for the scheduled organization.	B	07CA120
optional	ALL10314	RENEWAL ENDORSEMENT	Allows for renewal by endorsement and outlines any changes for the renewal.	C	01CA87: