

SERFF Tracking Number: CAPC-125735706 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-GL-FO-CW-023-02
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: INFORMATIONAL RISK PURCHASING-Forms Only
Project Name/Number: INFORMATIONAL RISK PURCHASING-Forms Only /08-GL-FO-CW-023-02

Filing at a Glance

Company: Capitol Indemnity Corporation
Product Name: INFORMATIONAL RISK PURCHASING-Forms Only SERFF Tr Num: CAPC-125735706 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-GL-FO-CW-023-02 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Amanda Mullen Disposition Date: 07/17/2008
Date Submitted: 07/17/2008 Disposition Status: Approved
Effective Date Requested (New): 08/15/2008 Effective Date (New):
Effective Date Requested (Renewal): 08/15/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: INFORMATIONAL RISK PURCHASING-Forms Only Status of Filing in Domicile:
Project Number: 08-GL-FO-CW-023-02 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 07/17/2008
State Status Changed: 07/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
NOTE-THIS IS A REFILING OF 08-GL-RA/RU-FO-CW-023. THE FORMS ARE NOW BEING FILED SEPARATELY.

Informational Filing:
North American Retail Risk Purchasing Group - Push Cart and Flea Market Kiosk Program
NAIC Company Code: 10472
Filing Number: 08-GL-FO-CW-023-02

SERFF Tracking Number: CAPC-125735706 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
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Product Name: INFORMATIONAL RISK PURCHASING-Forms Only
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/17/2008	07/17/2008

SERFF Tracking Number: CAPC-125735706 *State:* Arkansas
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Disposition

Disposition Date: 07/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125735706 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Approved	Yes
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Approved	Yes
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 356	03-07	Endorsement/Amendment/Conditions New		0.00	CGL356 (03-07) Commercial GL AI North American RPG .pdf
Approved	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 357	03-07	Endorsement/Amendment/Conditions New		0.00	CGL357 (03-07) Commercial GL AI North American RPG 13r.pdf
Approved	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 358	03-07	Endorsement/Amendment/Conditions New		0.00	CGL358 (03-07) Commercial GL AI North American RPG 22 excluding products.pdf
Approved	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 359	03-07	Endorsement/Amendment/Conditions New		0.00	CGL359 (03-07) Commercial GL AI North American RPG 22.pdf
Approved	MEMBER INSURED - NORTH AMERICAN	CGL 360	03-07	Endorsement/Amendment/Conditions New		0.00	CGL360 (03-07) Commercial GL AI North

SERFF Tracking Number: CAPC-125735706 State: Arkansas
 Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
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 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: INFORMATIONAL RISK PURCHASING-Forms Only
 Project Name/Number: INFORMATIONAL RISK PURCHASING-Forms Only /08-GL-FO-CW-023-02

RETAIL RISK
 PURCHASING
 GROUP INC

American
 RPG 24
 excluding
 products.pdf

Approved	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 361	03-07	Endorseme New nt/Amendm ent/Condi ons	0.00	CGL361 (03- 07) Commercial GL AI North American RPG 24.pdf
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PREMIUMS

SCHEDULE

Additional Insured _____

General Aggregate Limit.....\$3,000,000
Product – Completed Operations Aggregate Limit.....\$Excluded
Personal & Advertising Injury Limit.....\$1,000,000
Each Occurrence Limit\$1,000,000

See declarations for other limits unless an entry is shown in the box below

Medical Expenses (Any One Person) Limit..... \$5,000 _____
 \$10,000 _____

Damage To Premises Rented to You (Any One Premises) Limit \$500,000 _____
 \$1,000,000 _____

Total _____

A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

1. Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

Throughout this policy the words “you” and “your” refer to (1) the named insured and/or (2) each person or organization qualifying as a Member Insured-North American Retail RPG, Inc. in this provision.

2. If you are designated in the Declarations as:

An association, you are an insured.

Any of your association members listed in the Location Schedule made a part of the policy to which this endorsement is attached are also insureds, but only with respect to their operations as retail storeowners or operators.

Any Manager or Lessors of Premises or organizations that you or your members are required to name as an additional insured under a written contract or agreement and shown in the Schedule above.

The written contract or agreement must:

- a. Currently be in effect or become effective during the term of the policy; and
- b. Be executed prior to the "bodily injury", "property damage", "personal injury" or "advertising injury".

The insurance provided by this endorsement is limited as follows:

- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

B. LIMITS OF INSURANCE

The Limits of Insurance shown in the Declarations are replaced by the limits designated above with respects to association members shown in the Location Schedule and described above, and any Additional Insured shown in the Schedule.

The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an "x" in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an "x" in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following 

PREMIUMS

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Additional Insured _____

General Aggregate Limit.....	\$3,000,000
Product – Completed Operations Aggregate Limit.....	\$3,000,000
Personal & Advertising Injury Limit.....	\$1,000,000
Each Occurrence Limit	\$1,000,000

See declarations for other limits unless an entry is shown in the box below

Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000	_____
	<input type="checkbox"/> \$10,000	_____

Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000	_____
	<input type="checkbox"/> \$1,000,000	_____

Total Premium _____

A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

- Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

Throughout this policy the words “you” and “your” refer to (1) the named insured and/or (2) each person or organization qualifying as a

Member Insured-North American Retail RPG, Inc. in this provision.

- If you are designated in the Declarations as:

An association, you are an insured.

Any of your association members listed in the Location Schedule made a part of the policy to which this endorsement is attached are also insureds, but only with respect to their operations as retail storeowners or operators.

Any Manager or Lessors of Premises or organizations that you or your members are required to name as an additional insured under a written contract or agreement and shown in the Schedule above.

The written contract or agreement must:

- a. Currently be in effect or become effective during the term of the policy; and
- b. Be executed prior to the "bodily injury", "property damage", "personal injury" or "advertising injury".

The insurance provided by this endorsement is limited as follows:

- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

B. LIMITS OF INSURANCE

The Limits of Insurance shown in the Declarations are replaced by the limits designated above with respects to association members shown in the Location Schedule and described above, and any Additional Insured shown in the Schedule.

The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an "x" in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an "x" in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUMS
Additional Insured	_____
General Aggregate Limit.....	\$2,000,000
Product – Completed Operations Aggregate Limit.....	\$Excluded
Personal & Advertising Injury Limit.....	\$2,000,000
Each Occurrence Limit	\$2,000,000
See declarations for other limits unless an entry is shown in the box below	
Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000 _____
	<input type="checkbox"/> \$10,000 _____
Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000 _____
	<input type="checkbox"/> \$1,000,000 _____
	Total _____

A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

- Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

Throughout this policy the words “you” and “your” refer to (1) the named insured and/or (2) each person or organization qualifying as a Member Insured-North American Retail RPG, Inc. in this provision.

- If you are designated in the Declarations as:

An association, you are an insured.

Any of your association members listed in the Location Schedule made a part of the policy to which this endorsement is attached are also insureds, but only with respect to their operations as retail storeowners or operators.

Any Manager or Lessors of Premises or organizations that you or your members are required to name as an additional insured under a written contract or agreement and shown in the Schedule above.

The written contract or agreement must:

- Currently be in effect or become effective during the term of the policy; and

- b. Be executed prior to the “bodily injury”, “property damage”, “personal injury” or “advertising injury”.

The insurance provided by this endorsement is limited as follows:

- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

B. LIMITS OF INSURANCE

The Limits of Insurance shown in the Declarations are replaced by the limits designated above with respects to association members shown in the Location Schedule and described above, and any Additional Insured shown in the Schedule.

The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an “x” in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an “x” in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PREMIUMS

Additional Insured _____

General Aggregate Limit.....\$2,000,000
Product – Completed Operations Aggregate Limit.....\$2,000,000
Personal & Advertising Injury Limit.....\$2,000,000
Each Occurrence Limit\$2,000,000

See declarations for other limits unless an entry is shown in the box below

Medical Expenses (Any One Person) Limit..... \$5,000 _____
 \$10,000 _____

Damage To Premises Rented to You (Any One Premises) Limit \$500,000 _____
 \$1,000,000 _____

Total _____

A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

1. Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

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An association, you are an insured.

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The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an “x” in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an “x” in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

	PREMIUMS
COMMERCIAL GENERAL LIABILITY COVERAGE PART	
Additional Insured	_____
General Aggregate Limit.....	\$4,000,000
Product – Completed Operations Aggregate Limit.....	\$Excluded
Personal & Advertising Injury Limit.....	\$2,000,000
Each Occurrence Limit	\$2,000,000
See declarations for other limits unless an entry is shown in the box below	
Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000 _____ <input type="checkbox"/> \$10,000 _____
Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000 _____ <input type="checkbox"/> \$1,000,000 _____
Total	_____

A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

1. Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

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An association, you are an insured.

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The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an “x” in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUMS
Additional Insured	_____
General Aggregate Limit.....	\$4,000,000
Product – Completed Operations Aggregate Limit.....	\$4,000,000
Personal & Advertising Injury Limit.....	\$2,000,000
Each Occurrence Limit	\$2,000,000

See declarations for other limits unless an entry is shown in the box below

Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000	_____
	<input type="checkbox"/> \$10,000	_____
Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000	_____
	<input type="checkbox"/> \$1,000,000	_____
Total		_____

A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

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- a. Currently be in effect or become effective during the term of the policy; and
- b. Be executed prior to the “bodily injury”, “property damage”,

“personal injury” or “advertising injury”.

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- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

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The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an “x” in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

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Filing Company: Capitol Indemnity Corporation *State Tracking Number:* EFT \$50
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TOI: 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2001 Commercial General Liability
Product Name: INFORMATIONAL RISK PURCHASING-Forms Only
Project Name/Number: INFORMATIONAL RISK PURCHASING-Forms Only /08-GL-FO-CW-023-02

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07/17/2008

Comments:

Attachment:

AR Kiosk Transmittal Doc.pdf

Property & Casualty Transmittal Document

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

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

5. Company Tracking Number	
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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

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 <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <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.)

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FORM FILING SCHEDULE

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

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

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