

SERFF Tracking Number: HRLV-125740972 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: COPSV06252008-1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: COP
Project Name/Number: Identity Theft - Auto Dealers/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: COP	SERFF Tr Num: HRLV-125740972	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: COPSV06252008-1	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Carol Zwoyer	Disposition Date: 07/28/2008
	Date Submitted: 07/22/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: Identity Theft - Auto Dealers

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07/28/2008

State Status Changed: 07/28/2008

Corresponding Filing Tracking Number:

Filing Description:

We wish to introduce new nonstandard endorsement CR-7109 Auto Dealers Employee Theft Extension .

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: HRLV-125740972 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: COPSV06252008-1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: COP
Project Name/Number: Identity Theft - Auto Dealers/

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

SERFF Tracking Number: HRLV-125740972 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: COPSV06252008-1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: COP
Project Name/Number: Identity Theft - Auto Dealers/

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$50.00	07/22/2008	21529204

SERFF Tracking Number: HRLV-125740972 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: COPSV06252008-1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: COP
Project Name/Number: Identity Theft - Auto Dealers/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/28/2008	07/28/2008

SERFF Tracking Number: HRLV-125740972 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: COPSV06252008-1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: COP
Project Name/Number: Identity Theft - Auto Dealers/

Disposition

Disposition Date: 07/28/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125740972 State: Arkansas
 Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: COPSV06252008-1
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: COP
 Project Name/Number: Identity Theft - Auto Dealers/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Form	Auto Dealers Employee Theft Extension	Approved	Yes

SERFF Tracking Number: HRLV-125740972 State: Arkansas
 Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: COPSV06252008-1
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: COP
 Project Name/Number: Identity Theft - Auto Dealers/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Auto Dealers Employee Theft Extension	CR-7109	5-08	Endorsement/Amendment/Conditions			CR-7109.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Auto Dealers Employee Theft Extension

This endorsement modifies insurance provided under the following:

COMMERCIAL OUTPUT POLICY CRIME COVERAGE PART (EMPLOYEE FRAUD AND DISHONESTY/ MONEY SECURITIES)

Coverage 1. Employee Fraud and Dishonesty is deleted and replaced by the following:

a. Employee Fraud and Dishonesty - "We" cover direct physical loss of and direct loss from damage to:

- a. "Money";
- b. "Securities"; and
- c. "Other covered property";

that "you" own, hold, or for which "you" are legally liable, including property inside the premises of a customer of "yours", that results from dishonest or fraudulent acts committed by any of "your" "employees", whether identified or not, while acting alone or in collusion with other individuals.

Dishonest or fraudulent acts include, but are not limited to, "theft", "computer fraud", and "forgery" or alteration.

The most "we" will pay in any one occurrence is the applicable Employee Fraud and Dishonesty "limit" indicated in the Crime Schedule. As respects Employee Fraud and Dishonesty coverage, an occurrence means all loss which results from one or a series of fraudulent or dishonest acts caused by one or more "employees".

- b. "We" will also pay up to \$25,000 for "expenses" incurred by "you" as the direct result of any "breach of security" of "data" containing "personal information" of a "third party" or "third parties" resulting directly from "theft" or "forgery" by your "employee". This coverage is additional insurance.
- c. "We" will also pay up to \$25,000 in the aggregate for "restoration expenses" incurred by all "third parties" that are actually affected by "identity fraud" arising out of a "breach of security" of "data" containing "personal information" of the "third party" that results directly from "theft" or "forgery" by your "employee". This coverage is additional insurance.

Additional Definitions

The following additional definitions are added:

a. "expenses" means:

- (1) The costs incurred by the insured to notify a "third party" of a "breach of security" and, if required by state law or regulation, to notify the appropriate governmental agencies and any consumer reporting agencies, by written notice or electronic notice.
- (2) Reasonable attorney fees incurred by the insured to comply with statute or regulation as a result of a "breach of security".

b. "Restoration expenses" means:

- (1) Costs for notarizing affidavits or similar documents attesting to fraud required by financial institutions or similar credit grantors or credit agencies.
- (2) Costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors.
- (3) Lost income resulting from:
 - (i) Time taken off work to complete fraud affidavits; or
 - (ii) Meeting with or talking to law enforcement agencies, credit agencies, and/or legal counsel;up to a maximum payment of \$200 per day. Total payment for lost income is not to exceed \$1,000 for any one "third party".
- (4) Loan application fees for reapplying for a loan or loans when the original application is rejected solely because the lender received incorrect credit information.

(5) Reasonable attorney fees incurred as a result of "identity fraud" to:

- (i) Defend lawsuits brought against a "third party" by merchants, financial institutions or their collection agencies;
- (ii) Remove any criminal or civil judgments wrongly entered against a "third party"; and
- (iii) Challenge the accuracy or completeness of any information in a consumer credit report.

(6) Charges incurred for long distance telephone calls to:

- (i) Merchants;
- (ii) Law enforcement agencies;
- (iii) Financial institutions or similar credit grantors; or
- (iv) Credit agencies to report or discuss an actual "identity fraud".

- c. "Third party" means customers of the insured, whether or not they actually purchased a vehicle from the insured.
- d. "Breach of security" means the unauthorized acquisition of unencrypted "data" or "encrypted" electronic "data" along with the confidential process or key that may compromise the security, confidentiality, or integrity of "personal information" maintained by the insured that creates a material risk of "identity fraud".
- e. "Data" means any material on which written, drawn, spoken, visual, or electromagnetic information is recorded or preserved.
- f. "Encrypted" means the transformation of data through the use of a 128-bit or higher algorithmic process into a form in which there is a low probability of assigning meaning without use of a confidential process or key.
- g. "Personal information" consists of a "third party's" first and last name, or first initial and last name, in combination with any one of the following:
 - (1) Social Security number;
 - (2) Driver's license number; or
 - (3) Financial account number, or credit card or debit card number with or without any required security code."Personal information" does not include information that is lawfully obtained from publicly available information.
- h. "Identity fraud" means the act of knowingly transferring or using, without lawful authority, a means of identification of an individual with the intent to commit, or to aid or abet another to commit, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law.

Additional Perils Excluded

The following apply to **1.b.** and **1.c.** only:

We do not pay for any loss that is caused by or results from:

- a. "Restoration expenses" incurred due to any fraudulent, dishonest or criminal act by a "third party" or any person aiding or abetting the "third party", whether acting alone or in collusion with others; or
- b. Loss other than "expenses" or "restoration expenses".

Additional Duties After Loss

The following additional duties after loss apply to **1.b.** and **1.c.** only:

"You" must send to us, within 60 days after our request, receipts, bills or other records that support your claim for "expenses" under "breach of security", or "restoration expenses" under "third party" "identity fraud" coverage.

All other provisions of this policy apply.

SERFF Tracking Number: *HRLV-125740972* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *COPSV06252008-1*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *COP*
Project Name/Number: *Identity Theft - Auto Dealers/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125740972 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: COPSV06252008-1
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: COP
Project Name/Number: Identity Theft - Auto Dealers/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/28/2008

Comments:

Attachment:

NAIC.pdf

Satisfied -Name: Cover letter **Review Status:** Approved 07/28/2008

Comments:

Attachment:

COP Form.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: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></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					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125740972
-----------------------------------	-----------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carol Zwoyer

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

9.	Type of Insurance (TOI)	Commercial General Liability
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 checked="" 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: 11/01/2008 Renewal: 11/01/2008

HARLEYSVILLE MUTUAL INSURANCE COMPANY

355 Maple Avenue
Harleysville PA 19438-2297
www.harleysvillegroup.com

July 21, 2008

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

NAIC # 14168
Commercial Output
Form Filing
Company File Number: 125740972

Dear Honorable Bowman:

We submit for your review and approval a revision to be applicable to our Commercial Output Program.

We wish to introduce new nonstandard endorsement CR-7109 Auto Dealers Employee Theft Extension which offers the following coverages:

- Theft Coverage – loss of “money”, “securities” and “other property”
- Expenses – resulting from “breach of security” to “third parties” Limit \$25,000
- Restoration Expense – resulting from “breach of security” to a “third party” or “third parties” - \$25000

Attached: CR-7109 (Ed. 05-08) Auto Dealers Employee Theft Extension

Rule of application: These revisions are applicable to all policies effective on or after November 1, 2008

Your favorable consideration will be appreciated.

Very truly yours



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com