

SERFF Tracking Number: MEAD-125746339 State: Arkansas
Filing Company: Star Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: STAR-AR-GEN-0708F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: Commercial Auto - Composite Rating Forms
Project Name/Number: /Star-AR-GEN-0708F

Filing at a Glance

Company: Star Insurance Company

Product Name: Commercial Auto - Composite SERFF Tr Num: MEAD-125746339 State: Arkansas

Rating Forms

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 20.0004 Truckers

Co Tr Num: STAR-AR-GEN-0708F

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Amanda Webster

Disposition Date: 07/28/2008

Date Submitted: 07/24/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07/28/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number: Star-AR-GEN-0708F

Domicile Status Comments:

Reference Organization: ISO

Reference Number: NA

Reference Title: NA

Advisory Org. Circular: NA

Filing Status Changed: 07/28/2008

State Status Changed: 07/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Star Insurance Company is authorized to write commercial lines coverage's in your state. In addition we are a member of ISO, who has authorization to file on our behalf.

At this time Star Insurance Company is filing two commercial auto forms. These forms will be used on a General Use basis. Forms 47 61 CA 0608 and 47 62 CA 0608 are both attached.

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Company and Contact

Filing Contact Information

Amanda Webster, Compliance Analyst awebster@meadowbrook.com
 26255 American Drive (248) 204-8594 [Phone]
 Southfield, MI 48034 (248) 358-1614[FAX]

Filing Company Information

Star Insurance Company CoCode: 18023 State of Domicile: Michigan
 26255 American Drive Group Code: 748 Company Type: property and
 Southfield, MI 48034 Group Name: Meadowbrook State ID Number:
 (248) 358-1100 ext. [Phone] FEIN Number: 38-2626205

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 forms x \$50 = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Star Insurance Company	\$100.00	07/24/2008	21572888

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *MEAD-125746339* *State:* *Arkansas*
Filing Company: *Star Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *STAR-AR-GEN-0708F*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0004 Truckers*
Product Name: *Commercial Auto - Composite Rating Forms*
Project Name/Number: */Star-AR-GEN-0708F*

Disposition

Disposition Date: 07/28/2008

Effective Date (New): 07/28/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEAD-125746339 State: Arkansas
 Filing Company: Star Insurance Company State Tracking Number: EFT \$100
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	COMPOSITE RATING – GROSS RECEIPTS	Approved	Yes
Form	COMPOSITE RATING – MILEAGE	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	COMPOSITE RATING – GROSS RECEIPTS	47 61CA	0608	Endorsement/Amendment/Conditions New		0.00	4761 CA 0608 Comp Rating - Gross Rcpts.pdf
Approved	COMPOSITE RATING – MILEAGE	47 62CA	0608	Endorsement/Amendment/Conditions New		0.00	4762 CA 0608 Comp Rating - Mileage.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPOSITE RATING – GROSS RECEIPTS

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM – CA 0012
TRUCKERS DECLARATIONS – CA DS 14

Item Seven of the Truckers Declarations is replaced with the following:

ITEM SEVEN

It is understood and agreed that the premium for this Coverage Form is based on Gross Receipts as shown in the Schedule and defined below.

SCHEDULE

Rate Per \$100 Gross Receipts:	\$
Estimated Annual Gross Receipts:	\$
Estimated Annual Premium:	\$
Minimum Annual Premium:	\$
Minimum Monthly Premium:	\$
Deposit Premium:	\$

1. A monthly report of Gross Receipts and payment is due by the 15th of the month following the month for which the report is due.
2. Application of the Minimum Monthly Premium will not serve to increase the Minimum Annual Premium.
3. When used as a premium basis:

“Gross Receipts” means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. “Gross Receipts” includes the total amount received from renting equipment, with or without drivers, to anyone who is not a “trucker” and 15% of the total amount received from renting any equipment to any “trucker”. “Gross Receipts” does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC, DMV or PUC permits.
 - B. Advertising Revenue.
 - C. Taxes which you collect as a separate item and remit directly to a governmental division.
 - D. C.O.D. collections for cost of mail or merchandise including collection fees.
 - E. Warehouse storage fees.
4. We may examine and audit you books and records as they relate to this policy at any time during the policy period and up to three (3) years afterward.

All other policy terms, conditions, definitions and exclusions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPOSITE RATING – MILEAGE

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM – CA 0012
TRUCKERS DECLARATIONS – CA DS 14

Item Seven of the Truckers Declarations is replaced with the following:

ITEM SEVEN

It is understood and agreed that the premium for this Coverage Form is based on Mileage as shown in the Schedule and defined below.

SCHEDULE

Rate Per 100 Miles:	\$
Estimated Annual Mileage:	\$
Estimated Annual Premium:	\$
Minimum Annual Premium:	\$
Minimum Monthly Premium:	\$
Deposit Premium:	\$

1. A monthly report of Mileage and payment is due by the 15th of the month following the month for which the report is due.
2. Application of the Minimum Monthly Premium will not serve to increase the Minimum Annual Premium.
3. When used as a premium basis:

“Mileage” means the total live and dead mileage of all revenue producing units operated during the policy period.

All other policy terms, conditions, definitions and exclusions remain unchanged.

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TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0004 Truckers*
Product Name: *Commercial Auto - Composite Rating Forms*
Project Name/Number: */Star-AR-GEN-0708F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MEAD-125746339 State: Arkansas
Filing Company: Star Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: STAR-AR-GEN-0708F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07/28/2008

Comments:

Attachment:
transmittals.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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="text-align: center;">New Business</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></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 #
Meadowbrook Insurance Group	0748

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Star Insurance Company	MI	18023	38-2626205	N/A

5. Company Tracking Number	Star-AR-GEN-0708F
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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
Amanda Webster	Compliance Analyst	(800) 482-2726 ext 8594 or (248) 204-8594	248-358-1614	Awebster@Meadowbrook.com

7. Signature of authorized filer	<i>Amanda Webster</i>
8. Please print name of authorized filer	Amanda Webster

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

9. Type of Insurance (TOI)	Commercial Auto
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)	General Use
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rule <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: On approval Renewal: On approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	
18. Company's Date of Filing	07/24/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Effective March 1, 2007

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	Star-AR-GEN-0708F
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

At this time Star Insurance Company is filing two commercial auto forms. These forms will be used on a General Use basis. Forms 47 61 CA 0608 and 47 62 CA 0608 are both attached.

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 #: EFT
Amount: 100.00

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.)

1.	This filing transmittal is part of Company Tracking #	Star-AR-GEN-0708F
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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	COMPOSITE RATING – GROSS RECEIPTS	4761CA 0608	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	COMPOSITE RATING – MILEAGE	4762CA 0608	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NA	