

SERFF Tracking Number: MXCC-125366382 State: Arkansas
Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-TRK-F-005
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: 2008 Forms Update
Project Name/Number: AR-TRK-F-005/

Filing at a Glance

Company: Maxum Casualty Insurance Company

Product Name: 2008 Forms Update

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

Filing Type: Form

Effective Date Requested (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

SERFF Tr Num: MXCC-125366382 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-TRK-F-005

Co Status:

Author: Belinda Randall

Date Submitted: 07/11/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 07/11/2008

Disposition Status: Approved

Effective Date (New): 11/01/2008

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: AR-TRK-F-005

Project Number:

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 07/11/2008

State Status Changed: 07/11/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

Maxum Casualty Insurance Company herewith files revision to our previously approved manual for our Commercial Auto Trucking Program.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: N/A

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

An explanation of new forms and changes to existing forms is as follows:

1. Service of Suit (E456 (09/2004)) - This form is being withdrawn.

<i>SERFF Tracking Number:</i>	<i>MXCC-125366382</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Maxum Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-TRK-F-005</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>2008 Forms Update</i>		
<i>Project Name/Number:</i>	<i>AR-TRK-F-005/</i>		
Fee Amount:	\$50.00		
Retaliatory?	No		
Fee Explanation:	\$50 per form filing		
Per Company:	No		

SERFF Tracking Number: MXCC-125366382 State: Arkansas
Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-TRK-F-005
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: 2008 Forms Update
Project Name/Number: AR-TRK-F-005/

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Maxum Casualty Insurance Company	\$50.00	07/11/2008	21363215

SERFF Tracking Number: MXCC-125366382 State: Arkansas
Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-TRK-F-005
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: 2008 Forms Update
Project Name/Number: AR-TRK-F-005/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/11/2008	07/11/2008

SERFF Tracking Number: MXCC-125366382 State: Arkansas
Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-TRK-F-005
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: 2008 Forms Update
Project Name/Number: AR-TRK-F-005/

Disposition

Disposition Date: 07/11/2008
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: MXCC-125366382 State: Arkansas
 Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-TRK-F-005
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: 2008 Forms Update
 Project Name/Number: AR-TRK-F-005/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	SERVICE OF SUIT	Withdrawn	Yes
Form	COMMERCIAL AUTO COVERAGE FORM DECLARATION	Approved	Yes
Form	MONTHLY REPORT	Approved	Yes
Form	MONTHLY REPORT NON-TRUCKING	Approved	Yes
Form	COMMERCIAL POLICY JACKET	Approved	Yes
Form	FINAL PREMIUM AUDIT ENDORSEMENT	Approved	Yes

SERFF Tracking Number: MXCC-125366382 State: Arkansas
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: 2008 Forms Update
 Project Name/Number: AR-TRK-F-005/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	SERVICE OF SUIT	E456	09 04	Endorsement/Amendment/Conditions	Replaced Form #: AR-TRK-F-001 Previous Filing #: AR-TRK-F-001		E456 (09 04) SERVICE OF SUIT.pdf
Approved	COMMERCIAL AUTO COVERAGE FORM DECLARATION	DECAC	06 07	Declaration Replaced	Replaced Form #: DECAC (09 04) Previous Filing #: AR-TRK-F-001		DECAC (06 07) COMMERCIAL AUTO COVERAGE FORM DECLARATIONS.pdf DECAC (09 04) COMMERCIAL AUTO COVERAGE FORM DECLARATIONS.pdf
Approved	MONTHLY REPORT	E504	01 08	Election/Rejection/Supplemental Applications	Replaced Form #: E504 (09 04) Previous Filing #: AR-TRK-F-001		E504 (01 08) MONTHLY REPORT.pdf E504 (09 04) MONTHLY REPORT.pdf
Approved	MONTHLY REPORT NON-TRUCKING	E504	01 08	Election/Rejection/Supplemental Applications	Replaced Form #: E505 (09 04) Previous Filing #: AR-TRK-F-001		E505 (01 08) MONTHLY REPORT - NON-TRUCKING.pdf E505 (09 04)

SERFF Tracking Number: MXCC-125366382 State: Arkansas
 Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-TRK-F-005
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
 Product Name: 2008 Forms Update
 Project Name/Number: AR-TRK-F-005/

MONTHLY
 REPORT -
 NON-
 TRUCKING.
 pdf

Approved	COMMERCIAL POLICY JACKET	PJ02	05 08	Policy/Cove rage Form	Replaced Form #: PJ02 (09 04) Previous Filing #: AR-TRK-F-001	PJ02 (05 08) POLICY JACKET.pdf PJ02 (09 04) POLICY JACKET.pdf
Approved	FINAL PREMIUM AUDIT ENDORSEMENT	E755	06 08	Endorseme New nt/Amendm ent/Condi ons		E755 (06 08) FINAL PREMIUM AUDIT ENDORSEM ENT.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective * at 12:01 a.m. standard time, forms a part of Policy Number
* issued to * by Maxum
Casualty Insurance Company. This endorsement applies to all coverage parts.

SERVICE OF SUIT

Pursuant to any statute of any state, territory or district of the United States which makes provision therefore, the Company hereby designates the Commissioner, Superintendent or Director of Insurance or other officer specified for that purpose in the statute, and his successor or successors in office, as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted in any Court of competent jurisdiction by or on behalf of the Insured or any beneficiary hereunder arising out of this contract of insurance, and hereby designates the person listed below as the person to whom said officer is authorized to mail such process or a true copy thereof:

**Randall D. Jones
President and CEO
Maxum Casualty Insurance Company
6455 East Johns Crossing
Suite 325
Duluth Georgia 30097**

*If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.

**MAXUM CASUALTY INSURANCE COMPANY
COMMERCIAL AUTO COVERAGE FORM DECLARATIONS**

Check here if PART 2 is attached
 Filings

ITEM ONE – NAMED INSURED AND ADDRESS	POLICY PERIOD From: _____ To: _____ 12:01 A.M. Standard Time at Named "Insured's" Garaging Address _____	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Ventures <input type="checkbox"/> LLC <input type="checkbox"/> Other	POLICY NO. SOURCE
Garaging Address if different:	Business of Named "Insured":		
Commodities hauled:			

ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as Covered "Autos." "Autos" are shown as Covered "Autos" for a particular coverage by the entry of one or more of the Symbols listed in Section 1A of the Coverage Form next to the name of the coverage.

	Covered "Autos"	COVERAGES	LIMITS OF LIABILITY	PREMIUM
LIABILITY		(1) BODILY INJURY – BI	\$ _____ each person \$ _____ each "accident"	\$ _____
		(2) PROPERTY DAMAGE – PD	\$ _____ each "accident"	\$ _____
		COMBINED (1) AND (2) - CSL	\$ _____ each "accident"	\$ _____
ADDITIONAL COVERAGES BY ENDORSEMENT		PERSONAL INJURY PROTECTION – PIP (or equivalent No – Fault Coverage)	Separately Stated in each PIP endorsement	\$ _____
		ADDED PIP (or equivalent No – Fault coverage)	Separately Stated in each added PIP endorsement	\$ _____
		Property Protection – PPI (Michigan Only)	Separately Stated in PPI endorsement	\$ _____
		"AUTO" MEDICAL PAYMENTS*	\$ _____ each person	\$ _____
		UNINSURED MOTORISTS - UM <input type="checkbox"/> Incl. UIM Underinsured Motorists	Separately Stated in UM endorsement	\$ _____
PHYSICAL DAMAGE		UNDERINSURED MOTORISTS – UIM	Separately Stated in UIM endorsement	\$ _____
		COMPREHENSIVE	Stated Amount, Actual Cash Value, or Cost of Repairs, whichever is less minus the deductible.	\$ _____
		SPECIFIED PERILS		\$ _____
		COLLISION		\$ _____
		TRAILER INTERCHANGE		\$ _____
	RENTAL REIMBURSEMENT	\$ _____		
ADDITIONAL PREMIUM PER ENDORSEMENTS:				\$ _____
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: <small>Per Schedule of Forms and Endorsements E494</small>				\$ _____
			ESTIMATED TOTAL PREMIUM	\$ _____

ITEM THREE – HIRED AUTO LIABILITY INSURANCE

		ESTIMATED COST OF HIRE		\$ _____
Rate per \$100	\$ _____ BI	Minimum	\$ _____ BI	Cost of hire means the total cost you incur for the hire of "autos" you don't own (see covered "auto" symbol).
Cost of Hire	\$ _____ PD	Premium	\$ _____ PD	
	\$ _____ CSL		\$ _____ CSL	
		Advance Premium (incl. in ITEM TWO LIABILITY)		\$ _____

ITEM FOUR – SCHEDULE OF COVERED AUTOS YOU OWN (Refer to the Schedule of Autos attached to the Common Policy Declarations)

ITEM FIVE – NAMED LESSEE(S) AND ADDRESS:

**MAXUM CASUALTY INSURANCE COMPANY
COMMERCIAL AUTO COVERAGE FORM DECLARATIONS**

Check here if PART 2 is attached
 Filings

ITEM ONE – NAMED INSURED AND ADDRESS	POLICY PERIOD From: _____ To: _____ 12:01 A.M. Standard Time at Named "Insured's" Garaging Address _____	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Ventures <input type="checkbox"/> LLC <input type="checkbox"/> Other	POLICY NO. SOURCE
Garaging Address if different:	Business of Named "Insured":		
Commodities hauled:			

ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as Covered "Autos." "Autos" are shown as Covered "Autos" for a particular coverage by the entry of one or more of the Symbols listed in Section 1A of the Coverage Form next to the name of the coverage.

	Covered "Autos"	COVERAGES	LIMITS OF LIABILITY	PREMIUM
LIABILITY		(1) BODILY INJURY – BI	\$ _____ each person \$ _____ each "accident"	\$ _____
		(2) PROPERTY DAMAGE – PD	\$ _____ each "accident"	\$ _____
		COMBINED (1) AND (2) - CSL	\$ _____ each "accident"	\$ _____
ADDITIONAL COVERAGES BY ENDORSEMENT		PERSONAL INJURY PROTECTION – PIP (or equivalent No – Fault Coverage)	Separately Stated in each PIP endorsement	\$ _____
		ADDED PIP (or equivalent No – Fault coverage)	Separately Stated in each added PIP endorsement	\$ _____
		Property Protection – PPI (Michigan Only)	Separately Stated in PIP endorsement	\$ _____
		"AUTO" MEDICAL PAYMENTS*	\$ _____ each person	\$ _____
		UNINSURED MOTORISTS - UM <input type="checkbox"/> Incl. UIM Underinsured Motorists	Separately Stated in UM endorsement	\$ _____
PHYSICAL DAMAGE		UNDERINSURED MOTORISTS – UIM	Separately Stated in UIM endorsement	\$ _____
		COMPREHENSIVE	Stated Amount, Actual Cash Value, or Cost of Repairs, whichever is less minus the deductible.	\$ _____
		SPECIFIED PERILS		\$ _____
		COLLISION		\$ _____
		TRAILER INTERCHANGE		\$ _____
	RENTAL REIMBURSEMENT	\$ _____		
ADDITIONAL PREMIUM PER ENDORSEMENTS:				\$ _____
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: <small>Per Schedule of Forms and Endorsements E494</small>				\$ _____
			ESTIMATED TOTAL PREMIUM	\$ _____

ITEM THREE – HIRED AUTO LIABILITY INSURANCE

		ESTIMATED COST OF HIRE		\$ _____
Rate per \$100	\$ _____ BI	Minimum Premium	\$ _____ BI	Cost of hire means the total cost you incur for the hire of "autos" you don't own (see covered "auto" symbol).
Cost of Hire	\$ _____ PD		\$ _____ PD	
	\$ _____ CSL		\$ _____ CSL	

ITEM FOUR – SCHEDULE OF COVERED AUTOS YOU OWN (Refer to the Schedule of Autos attached to the Common Policy Declarations)

ITEM FIVE – NAMED LESSEE(S) AND ADDRESS:



CASUALTY INSURANCE COMPANY

MONTHLY REPORTING FORM

Insured: _____ Policy Number: _____

For the Period Beginning: _____ and Ending: _____

Beginning # of Power Units: _____ Beginning Values: _____

Coverage	Monthly Rate	X	<input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage <input type="checkbox"/> Units (Ending Count) <input type="checkbox"/> Ending Values (Phys)	=	Earned Premium	Monthly Minimum	Monthly Payment (Greater of Earned or Monthly Minimum)
Liability							
Cargo							
Physical Damage							
Other							
Taxes/Fees							
Total Monthly Payment Due							\$

The schedule of covered autos is amended as shown below. Physical damage coverage is added/deleted for only those "autos" where a stated amount is shown.

A – Added D – Deleted	Deletion Reason Code*	Model Year	Trade Name	Serial Number	Stated Amount	Loss Payee = LP Additional Insured = AI

* S (Sold); LT (Lease Terminated); TL (Total Loss)

I (We) hereby certify that the above are true statements in accordance with the provisions of the policy. These figures are given with the understanding my (our) books and records are subject to inspection by the representative of Maxum Casualty Insurance Company at any time as provided by policy conditions.

_____ Dated _____ Named Insured or Authorized Representative _____ Title _____

GENERAL AGENT:

MONTHLY REPORT

- Liability
- Cargo
- Physical Damage

Insured:

Policy Number:

For the Period Beginning:

and Ending:

Beginning # of Power Units:

Beginning Values:

The schedule of covered autos is amended as shown below. Physical damage coverage is added/deleted for only those "autos" where a stated amount is shown:

LIABILITY/CARGO

Coverage	Monthly Rate	X	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> Units	=	Earned Premium	Monthly Minimum Premium
Liability						
Cargo						
Total Earned Premium Due					\$	\$

PHYSICAL DAMAGE

Autos Added						
UNIT NO.	MODEL YEAR	TRADE NAME	*TR *TL *TK	SERIAL NUMBER	STATED AMOUNT	LOSS PAYEE= ADDITIONAL INSURED= AI

Autos Deleted						
UNIT NO.	MODEL YEAR	TRADE NAME	*TR *TL *TK	SERIAL NUMBER	STATED AMOUNT	LOSS PAYEE= ADDITIONAL INSURED= AI

Total values at end of period _____ X monthly rate _____ = Earned Premium\$ _____

Total Premium Due: \$

I certify the above report is true and correct.

Dated _____

Insured _____

Agent _____

*If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.



MONTHLY REPORT NON-TRUCKING

Insured: _____

Policy Number: _____

For the Period Beginning: _____

and Ending: _____

Beginning # of Power Units: _____

Beginning Values: _____

The schedule of covered "autos" is amended as shown below. Physical Damage coverage is added/deleted for only those "autos" where a stated amount is shown.

A -Added D-Deleted	Model Year	Trade Name	Serial Number	Stated Amount	Owner/Operator	Loss Payee/Additional Insured

PREMIUM CALCULATION

Liability: Total power units at end of period _____ x monthly rate _____ = Earned Premium _____

Physical Damage: Total values at end of period _____ x monthly rate _____ = Earned Premium _____

Dated

Named Insured or Authorized Representative Signature

Title

**MONTHLY REPORT
NON-TRUCKING**

Insured:

Policy Number:

The schedule of covered "autos" is amended as shown below. Physical Damage coverage is added/deleted for only those "autos" where a stated amount is shown.

Autos Added:

UNIT NO.	MODEL YEAR	TRADE NAME	*TR *TL *TK	SERIAL NUMBER	STATED AMOUNT	OWNER/OPERATOR

LOSS PAYEE/ADDITIONAL INSURED:

--	--	--	--	--	--	--

LOSS PAYEE/ADDITIONAL INSURED:

--	--	--	--	--	--	--

LOSS PAYEE/ADDITIONAL INSURED:

--	--	--	--	--	--	--

LOSS PAYEE/ADDITIONAL INSURED:

Autos Deleted:

UNIT NO.	MODEL YEAR	TRADE NAME	*TR *TL *TK	SERIAL NUMBER	STATED AMOUNT	OWNER/OPERATOR

LOSS PAYEE/ADDITIONAL INSURED:

--	--	--	--	--	--	--

LOSS PAYEE/ADDITIONAL INSURED:

--	--	--	--	--	--	--

LOSS PAYEE/ADDITIONAL INSURED:

--	--	--	--	--	--	--

LOSS PAYEE/ADDITIONAL INSURED:

PREMIUM CALCULATION

Liability:

Total power units at end of period _____ x monthly rate _____ = Earned Premium _____

Physical Damage:

Total values at end of period _____ x monthly rate _____ = Earned Premium _____

Dated _____ Agent _____

*TR (Tractor); TL (Trailer); TK (Truck)

*If no entry is shown, the effective date of the endorsement is the same as the effective date of the policy.



Insurance Policy for

**Promptly report claims to
Maxum Casualty Insurance Company
at 1-800-598-6324**

Maxum Casualty Insurance Company
6455 East Johns Crossing
Suite 325
Duluth, Georgia 30097
Telephone: 678 597 4500
Fax: 678 597 4501

Common Policy Conditions

All Coverage Parts included in this policy are subject to the following conditions:

A) CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B) CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C) EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D) INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and survey at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization that makes insurance inspections, surveys, reports or recommendations.

E) PREMIUMS

The first Named Insured shown in the Declarations:

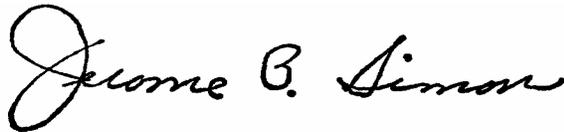
1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F) TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

IN WITNESS WHEREOF, Maxum Casualty Insurance Company has caused this policy to be signed by its President and Secretary at Duluth, Georgia, but it is not binding unless signed on the Declarations Page by our Authorized Representative.



Secretary



President



Insurance Policy for

**Promptly report claims to
Maxum Casualty Insurance Company
at 1-800-598-6324**

Maxum Casualty Insurance Company
6455 East Johns Crossing
Suite 325
Duluth, Georgia 30097
Telephone: 678 597 4500
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2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
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1. Make inspections and survey at any time;
2. Give you reports on the conditions we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization that makes insurance inspections, surveys, reports or recommendations.

E) PREMIUMS

The first Named Insured shown in the Declarations:

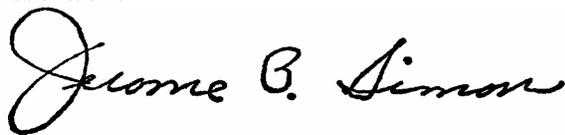
1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F) TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

IN WITNESS WHEREOF, Maxum Casualty Insurance Company has caused this policy to be signed by its President and Secretary at Duluth, Georgia, but it is not binding unless signed on the Declarations Page by our Authorized Representative.



Secretary



President

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective * at 12:01 a.m. standard time, forms a part of Policy Number
 * issued to * by Maxum
 Casualty Insurance Company. This endorsement applies to all coverage parts.

FINAL PREMIUM AUDIT ENDORSEMENT

AUDIT TERM

From: _____ To: _____

Final Audit Has Been Completed and Audit is Even.

Final Audit Has Been Waived.

Audit Results:

Coverage	Period	Audited Exposure	Rate	Premium	Annual Minimum

Total Auditable Premium Amount:	
Total Annual Minimum Premium:	
Total Advanced Auditable Premium:	
<input type="checkbox"/> Additional Premium <input type="checkbox"/> Return Premium	

Other Non-Auditable Coverages Due:	
Deposit Amount:	
TOTAL <input type="checkbox"/> Additional <input type="checkbox"/> Return Due:	

SERFF Tracking Number: *MXCC-125366382* *State:* *Arkansas*
Filing Company: *Maxum Casualty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR-TRK-F-005*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0004 Truckers*
Product Name: *2008 Forms Update*
Project Name/Number: *AR-TRK-F-005/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MXCC-125366382 State: Arkansas
Filing Company: Maxum Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-TRK-F-005
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers
Product Name: 2008 Forms Update
Project Name/Number: AR-TRK-F-005/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/11/2008

Comments:

Attached please find Transmittal Document for filing.

Attachment:

AZ Transmittal Document.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 07/11/2008

Comments:

Attached please find Filing memorandum.

Attachment:

AR Filing Memorandum.pdf

Property & Casualty Transmittal Document

Reset Form

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 #:

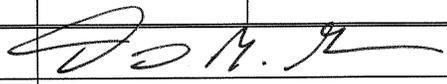
h. Subject Codes

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Maxum Casualty Insurance Company	DE	10784	58-2281249	

5. Company Tracking Number	AR-TRK-F-005
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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
David M. Green	Vice President / General Counsel	678-597-4670	678-597-4501	dgreen@mxmsig.com
6455 E. Johns Crossing, Suite 325 Duluth, GA 30097				
7. Signature of authorized filer				
8. Please print name of authorized filer	David M. Green			

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0004 Truckers
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
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 # AR-TRK-F-005

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

I. FILING BASIS

This memorandum is an explanation of new forms and changes to existing forms.

II. FORMS CHANGES

E456 (09/04) SERVICE OF SUIT FORM is withdrawn

DECAC (06/07) COMMERCIAL AUTO COVERAGE FORM DECLARATION replaces DECAC (09/04)
Correction – Amended Limits of Liability for Property Protection – PPI (Michigan Only) to read "Separately Stated in PPI endorsement".

E504 (01/08) MONTHLY REPORT replaces E504 (09/04)
This page has been modified in an effort to simplify and clarify the selection choices. Information remains the same.

E505 (01/08) MONTHLY REPORT – NON-TRUCKING replaces E505 (09/04)
This page has been modified in an effort to simplify and clarify the selection choices. Information remains the same.

PJ02 (05/08) COMMERCIAL POLICY JACKET replaces PJ02 (09/04)
This policy jacket has been updated to reflect the signature of Maxum's new president, F. Marshall Turner, II.

E755 (06/08) FINAL PREMIUM AUDIT ENDORSEMENT is new.
This form tracks details of final premium audits.

[View Complete Filing Description](#)

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.)**

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 #	AR-TRK-F-005			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	SERVICE OF SUIT	E456 (09 04)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		AR-TRK-F-001
02	COMMERCIAL AUTO COVERAGE FORM DECLARATION	DECAC (06 07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	DECAC (09 04)	AR-TRK-F-001
03	MONTHLY REPORT	E504 (01 08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	E504 (09 04)	AR-TRK-F-001
04	MONTHLY REPORT - NON-TRUCKING	E505 (01 08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	E505 (09 04)	AR-TRK-F-001
05	COMMERCIAL POLICY JACKET	PJ02 (05 08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PJ02 (09 04)	AR-TRK-F-001
06	FINAL PREMIUM AUDIT ENDORSEMENT	E755 (06 08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	

**MAXUM CASUALTY INSURANCE COMPANY
TRANSPORTATION PROGRAM
FILING MEMORANDUM
ARKANSAS**

I. FILING BASIS

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