

SERFF Tracking Number: NTIN-125728972 State: Arkansas  
First Filing Company: National Indemnity Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CA-3-3373  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: Policy Level UM/CA-3-3373

## Filing at a Glance

Companies: National Indemnity Company, National Liability & Fire Insurance Company

|  |                              |  |
|--|------------------------------|--|
| Product Name: Commercial Automobile            | SERFF Tr Num: NTIN-125728972 | State: Arkansas                              |
| TOI: 20.0 Commercial Auto                      | SERFF Status: Closed         | State Tr Num: EFT \$50                       |
| Sub-TOI: 20.0001 Business Auto                 | Co Tr Num: CA-3-3373         | State Status: Fees verified and received     |
| Filing Type: Form                              | Co Status:                   | Reviewer(s): Betty Montesi, Llyweyia Rawlins |
|  | Author: Mary Nielsen         | Disposition Date: 07/14/2008                 |
|  | Date Submitted: 07/11/2008   | Disposition Status: Approved                 |
| Effective Date Requested (New): 08/11/2008     |                              | Effective Date (New): 08/11/2008             |
| Effective Date Requested (Renewal): 08/11/2008 |                              | Effective Date (Renewal): 08/11/2008         |

State Filing Description:

## General Information

|   |  |
|---|--|
| Project Name: Policy Level UM   | Status of Filing in Domicile: Not Filed  |
| Project Number: CA-3-3373   | Domicile Status Comments: Forms have not yet been filed in either domiciliary state. |
| Reference Organization:   | Reference Number:  |
| Reference Title:  | Advisory Org. Circular:  |
| Filing Status Changed: 07/14/2008   | Deemer Date:   |
| State Status Changed: 07/14/2008  |  |
| Corresponding Filing Tracking Number:   |  |
| Filing Description:   |  |
| National Indemnity Company and National Liability & Fire Insurance Company request approval of these forms in order to write policy-level uninsured motorists coverage. |  |
| M 5168 (6/2004) - Change of Auto Endorsement will be used when adding or deleting an auto. It will be used with manually issued policies.                               |  |
| M 5169a (4/2006) - Garage Auto Dealers' Supplementary Schedule. This form has been modified to properly   |  |

|                          |                                 |                        |                       |
|--------------------------|---------------------------------|------------------------|-----------------------|
| SERFF Tracking Number:   | NTIN-125728972                  | State:                 | Arkansas              |
| First Filing Company:    | National Indemnity Company, ... | State Tracking Number: | EFT \$50              |
| Company Tracking Number: | CA-3-3373                       |                        |                       |
| TOI:                     | 20.0 Commercial Auto            | Sub-TOI:               | 20.0001 Business Auto |
| Product Name:            | Commercial Automobile           |                        |                       |
| Project Name/Number:     | Policy Level UM/CA-3-3373       |                        |                       |

incorporate a single charge for policy level uninsured motorists coverage. It replaces M 5126a (3/2006).  
M 5170a (4/2006) - Garage Nondealers' and Trailer Dealers' Supplementary Schedule. This form has been modified to properly incorporate a single charge for policy level uninsured motorists coverage. It replaces M 5127a (3/2006).  
M 5171 (6/2004) - Schedule of Covered Autos. The schedule incorporates the single uninsured motorists policy level coverage. It replaces M 4959a (3/2002).

## Company and Contact

### Filing Contact Information

Mary Nielsen, Industry & Regulatory Relations [mynielsen@nationalindemnity.com](mailto:mynielsen@nationalindemnity.com)  
Analyst  
3024 Harney Street (402) 536-3478 [Phone]  
Omaha, NE 68131 (402) 536-3445[FAX]

### Filing Company Information

|                             |                                |                                   |
|-----------------------------|--------------------------------|-----------------------------------|
| National Indemnity Company  | CoCode: 20087                  | State of Domicile: Nebraska       |
| 3024 Harney Street          | Group Code: 31                 | Company Type: Property & Casualty |
| Omaha, NE 68131             | Group Name: Berkshire Hathaway | State ID Number:                  |
| (402) 536-3000 ext. [Phone] | FEIN Number: 47-0355979        |                                   |

|   |                                |                                   |
|---|--------------------------------|-----------------------------------|
| National Liability & Fire Insurance Company | CoCode: 20052                  | State of Domicile: Connecticut    |
| 3024 Harney Street                          | Group Code: 31                 | Company Type: Property & Casualty |
| Omaha, NE 68131                             | Group Name: Berkshire Hathaway | State ID Number:                  |
| (402) 536-3000 ext. [Phone]                 | FEIN Number: 36-2403971        |                                   |

## Filing Fees

|                  |                         |
|------------------|-------------------------|
| Fee Required?    | Yes                     |
| Fee Amount:      | \$50.00                 |
| Retaliatory?     | No                      |
| Fee Explanation: | Fee is \$50 per filing. |
| Per Company:     | No                      |

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Product Name: Commercial Automobile  
Project Name/Number: Policy Level UM/CA-3-3373

| COMPANY                                     | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| National Indemnity Company                  | \$50.00 | 07/11/2008     | 21370877      |
| National Liability & Fire Insurance Company | \$0.00  | 07/11/2008     |               |

SERFF Tracking Number: NTIN-125728972 State: Arkansas  
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: Policy Level UM/CA-3-3373

## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 07/14/2008 | 07/14/2008     |

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Product Name: Commercial Automobile  
Project Name/Number: Policy Level UM/CA-3-3373

## Disposition

Disposition Date: 07/14/2008  
Effective Date (New): 08/11/2008  
Effective Date (Renewal): 08/11/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

|   |        |
|---|--------|
| Overall Percentage Rate Indicated For This Filing             | 0.000% |
| Overall Percentage Rate Impact For This Filing                | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0    |
| Effect of Rate Filing - Number of Policyholders Affected      | 0      |

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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: Commercial Automobile  
 Project Name/Number: Policy Level UM/CA-3-3373

| Item Type           | Item Name  | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty               | Approved    | Yes           |
| Form                | Change of Auto Endorsement                                     | Approved    | Yes           |
| Form                | Garage Auto Dealers' Supplementary Schedule                    | Approved    | Yes           |
| Form                | Garage Nondealers' and Trailer Dealers' Supplementary Schedule | Approved    | Yes           |
| Form                | Schedule of Covered Autos                                      | Approved    | Yes           |

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## Form Schedule

| Review Status | Form Name  | Form #  | Edition Date | Form Type Action                             | Action Specific Data                                    | Readability | Attachment |
|---------------|--|---------|--------------|--|---|-------------|------------|
| Approved      | Change of Auto Endorsement                                     | M 5168  | 6/2004       | Endorsement/New<br>Amendment/Conditions      |   |             | M5168.pdf  |
| Approved      | Garage Auto Dealers' Supplementary Schedule                    | M 5169a | 4/2006       | Endorsement/Replacement/Amendment/Conditions | Replaced Form #: M 5126a (3/2006)<br>Previous Filing #: |             | M5169a.pdf |
| Approved      | Garage Nondealers' and Trailer Dealers' Supplementary Schedule | M 5170a | 4/2006       | Endorsement/Replacement/Amendment/Conditions | Replaced Form #: M 5127a (3/2006)<br>Previous Filing #: |             | M5170a.pdf |
| Approved      | Schedule of Covered Autos                                      | M 5171  | 6/2004       | Declaration/Replacement/Schedule             | Replaced Form #: M 4959a (3/2002)<br>Previous Filing #: |             | M5171.pdf  |

### CHANGE OF AUTO ENDORSEMENT

The following endorsement modifies ITEM SEVEN of the GARAGE NONDEALERS AND TRAILER DEALERS SUPPLEMENTARY SCHEDULE, ITEM NINE of the GARAGE AUTO DEALERS SUPPLEMENTARY SCHEDULE, or ITEM THREE of the BUSINESS AUTO or TRUCKERS COVERAGE DECLARATIONS – SCHEDULE OF COVERED AUTOS:

**It is agreed that the policy CEASES to cover**

| Covered Auto No. | Year Model | Trade Name | Type of Body | Serial, Motor or Vehicle I.D. Number (VIN) |
|------------------|------------|------------|--------------|--|
|                  |            |            |              |  |

**and that the policy EXTENDS to cover**

| Covered Auto No. | Year Model | Trade Name | Type of Body | Serial, Motor or VIN | Factory List Price | Actual Cost To Insured Incl. Equipment | Purchased (Mo./Yr.) | New Used |
|------------------|------------|------------|--------------|----------------------|--------------------|--|---------------------|----------|
|                  |            |            |              |                      |                    |  |                     |          |

**ADDED VEHICLES - Loss Payee**

| Auto No. |   |
|----------|---|
|          | EXCEPT FOR towing all physical damage loss is payable to you and the loss payee named below as interest may appear at the time of loss. |

**ADDED VEHICLES - Rating Information**

| Covered Auto No. | Radius Operation (in miles) | Business Uses<br>s = service<br>r = retail<br>c = comm'l | Size GVW, GCW, or Vehicle Seating Cap. | Primary Rating Factor | Secondary Rating Factor | Total Rating Factor | State Code | Zone Code | Terr. or Regional Zone Code | TERRITORY: Town and State where the Covered Auto will be principally garaged. |
|------------------|-----------------------------|--|--|-----------------------|-------------------------|---------------------|------------|-----------|-----------------------------|---|
|                  |                             |  |  |                       |                         |                     |            |           |                             |   |

| Coverages                 | Limits of Liability | Amount Deductible | UNIT(S) ADDED  |                    | UNIT(S) DELETED |                |
|---------------------------|---------------------|-------------------|----------------|--------------------|-----------------|----------------|
|                           |                     |                   | Annual Premium | Additional Premium | Annual Premium  | Return Premium |
| Bodily Injury Liability   |                     |                   |                |                    |                 |                |
| Property Damage Liability |                     |                   |                |                    |                 |                |
| Liability (CSL)           |                     |                   |                |                    |                 |                |
| Medical Payments          |                     |                   |                |                    |                 |                |
| PIP                       |                     |                   |                |                    |                 |                |
| Additional PIP            |                     |                   |                |                    |                 |                |
| Comprehensive             |                     |                   |                |                    |                 |                |
| Specified Causes of Loss  |                     |                   |                |                    |                 |                |
| Collision                 |                     |                   |                |                    |                 |                |
|                           |                     |                   | Subtotal       |                    | Subtotal        |                |
|                           |                     |                   | Total          |                    |                 |                |

All other terms, conditions and agreements of the policy shall remain unchanged.

|               |                       |
|---------------|-----------------------|
| Company Name  | Policy Number         |
|               | Endorsement Effective |
| Named Insured | Countersigned by      |

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

## GARAGE – AUTO DEALERS SUPPLEMENTARY SCHEDULE

### Locations

**ITEM THREE – LOCATIONS**

Locations where you conduct "garage operations". The main business location is stated as location Number 1. See the LOCATION AND LIABILITY SCHEDULE below.

**ITEM FOUR – LIABILITY COVERAGE PREMIUMS – DEFINITIONS**

**Class I – Employees**

- **Regular Operator:** Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers; any employee whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".
- **All Others:** All other employees.
- **NOTE:**
  1. Part-time employees working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
  2. Part-time employees working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

**Class II – Non-Employees:** Any of the following persons who are regularly furnished with a covered "auto": inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

**ITEM FIVE – LIABILITY COVERAGE FOR YOUR CUSTOMERS**

In accordance with paragraph a.(2)(d) of WHO IS AN INSURED under SECTION II – LIABILITY COVERAGE, Liability coverage for your customers is limited unless indicated below by "☒".

- If this box is checked, paragraph a.(2)(d) of WHO IS AN INSURED under SECTION II – LIABILITY COVERAGE does not apply.

**LOCATION AND LIABILITY SCHEDULE**

| Loc # | Location         | Liability Coverage  |                          |                    |                   |                                    |                             |
|-------|------------------|---------------------|--------------------------|--------------------|-------------------|------------------------------------|-----------------------------|
|       | Street Address   | Class I – Employees | Class II – Non-employees | Total Rating Units | Liability Premium | Personal Injury Protection Premium | Property Protection Premium |
|       | City, State, Zip | Rating Units        | Rating Units             |                    |                   |                                    |                             |
|       |                  |                     |                          |                    |                   |                                    |                             |
|       |                  | TOTAL PREMIUMS      |                          |                    |                   |                                    |                             |

## GARAGE – AUTO DEALERS SUPPLEMENTARY SCHEDULE

### Garagekeepers Insurance

### ITEM SIX - GARAGEKEEPERS INSURANCE – COVERAGE AND PREMIUMS

GARAGEKEEPERS COVERAGE applies on a legal liability basis unless one of the direct coverage options is indicated below by "☒".

#### DIRECT COVERAGE OPTIONS

- EXCESS INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is excess over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the covered "auto's" owner.
- PRIMARY INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

| Loc #                | Coverages                | Limit of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies) |          | Premium                               |    |
|----------------------|--------------------------|---|----------|---------------------------------------|----|
| 1                    | Specified Causes of Loss | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
|                      | Comprehensive            | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
|                      | Collision                | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
| 2                    | Specified Causes of Loss | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
|                      | Comprehensive            | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
|                      | Collision                | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
| 3                    | Specified Causes of Loss | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
|                      | Comprehensive            | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
|                      | Collision                | \$  | MINUS \$ | DEDUCTIBLE FOR EACH "CUSTOMERS AUTO". | \$ |
| <b>TOTAL PREMIUM</b> |                          |   |          | <b>\$</b>                             |    |

## GARAGE – AUTO DEALERS SUPPLEMENTARY SCHEDULE

### Physical Damage

**ITEM SEVEN – PHYSICAL DAMAGE COVERAGE – TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS – PREMIUMS – REPORTING OR NONREPORTING BASIS.**

Each of the following PHYSICAL DAMAGE coverages which is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below "☒".

| Coverages                | Types of "Autos"         |  | Interests Covered                        |  |  | All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale |
|--------------------------|--------------------------|--|--|--|--|---|
|                          | New "autos"              | Used "autos", demonstrators and service vehicles | Your interest in covered "autos" you own | Your interest only in financed covered "autos" | Your interest and the interest of any creditor named as a loss payee |   |
| Comprehensive            | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/>                 | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Specified Causes of Loss | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/>                 | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Collision                | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/>                 | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |

| Loc #   | Coverages        | Limit of Insurance For Each Location |                       |                                     | Rates                               | Premium           |  |  |
|---|------------------|--------------------------------------|-----------------------|-------------------------------------|-------------------------------------|-------------------|--|--|
| 1   | Specified Causes | \$                                   | MINUS \$              | DEDUCTIBLE FOR EACH COVERED "AUTO". |                                     | \$                |  |  |
|   | Comp.            | \$                                   | MINUS \$              | DEDUCTIBLE FOR EACH COVERED "AUTO". |                                     | \$                |  |  |
| 2   | Specified Causes | \$                                   | MINUS \$              | DEDUCTIBLE FOR EACH COVERED "AUTO". |                                     | \$                |  |  |
|   | Comp.            | \$                                   | MINUS \$              | DEDUCTIBLE FOR EACH COVERED "AUTO". |                                     | \$                |  |  |
| 3   | Specified Causes | \$                                   | MINUS \$              | DEDUCTIBLE FOR EACH COVERED "AUTO". |                                     | \$                |  |  |
|   | Comp.            | \$                                   | MINUS \$              | DEDUCTIBLE FOR EACH COVERED "AUTO". |                                     | \$                |  |  |
| All   | Collision        | \$                                   |                       | MINUS \$                            | DEDUCTIBLE FOR EACH COVERED "AUTO". | Adjustment Factor |  |  |
|   |                  | BLANKET ANNUAL COLLISION RATES       |                       |                                     |                                     |                   |  |  |
|   |                  | FIRST \$50,000                       | \$50,001 to \$100,000 | Over \$100,000                      |                                     |                   |  |  |
|   |                  |                                      |                       |                                     |                                     | \$                |  |  |
| Our limit of insurance for "loss" at locations other than those stated in ITEM THREE. |                  |                                      |                       |                                     | TOTAL PREMIUM                       | \$                |  |  |

\$ Additional Locations where you store covered "autos" \$ In transit

**PREMIUM BASIS – Reporting (Quarterly or Monthly) or Nonreporting** (Indicate Basis Agreed Upon by "☒").

- REPORTING BASIS** (Quarterly or Monthly as indicated below by "☒").  
 You must report to us on our form the locations of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1 you must include the total value of all covered autos you have furnished or made available to yourself, your executives, your employees or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. For your main sales location you must include the total value of all service vehicles.

**YOUR REPORTING BASIS IS:**

- QUARTERLY** – You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the values for the last business day of every third month coming within the policy period.
- MONTHLY** – You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

- NONREPORTING BASIS.** Stated limit of insurance shown above applies.

**LOSS PAYEES** – Any loss is payable as interest may appear to you and:

**GARAGE – AUTO DEALERS SUPPLEMENTARY SCHEDULE**  
Additional Information

**ITEM EIGHT – MEDICAL PAYMENTS COVERAGE**

| Coverage   | Premium Determination   | Premium |
|--|---|---------|
| Auto Medical Payments Only   | Auto Medical Payments Premium equals %                                | \$      |
| Premises and Operations Medical Payments<br>(Does not apply to "bodily injury" caused by any "auto") | Premises and Operations<br>Medical Payments Premium equals %          | \$      |
| Premises and Operations and Auto Medical Payments  | Premises and Operations and<br>Auto Medical Payments Premium equals % | \$      |

**ITEM NINE – SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS**

Refer to the SCHEDULE OF COVERED AUTOS for specified "autos". Refer to the Schedule below for "autos" furnished to someone other than a Class I or Class II Operator.

| Auto # | Person or Organization to which the Covered "auto" has been furnished<br>(Do not include Covered "autos" which have been furnished to Class I or Class II operators). |
|--------|---|
|        |   |

**ITEM TEN – UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE – PREMIUMS**

|                                | Premium |
|--------------------------------|---------|
| Uninsured Motorist Coverage    | \$      |
| Underinsured Motorist Coverage | \$      |

## GARAGE NONDEALERS' AND TRAILER DEALERS' SUPPLEMENTARY SCHEDULE

### ITEM THREE – LOCATIONS

Locations where you conduct "garage operations". The main business location is stated as location Number 1. See the SCHEDULE below.

### ITEM FOUR – LIABILITY COVERAGE PAYROLL RATING BASIS

For your premises and operations and nonowned "autos" used in your business. Refer to ITEM SIX for the LIABILITY PREMIUMS FOR THE COVERED AUTOS YOU HIRE OR BORROW. Refer to ITEM SEVEN for COVERED AUTOS YOU OWN.

### ITEM FIVE – GARAGEKEEPERS COVERAGES AND PREMIUMS

The Limit of Insurance for each location of "garage operations" is listed in the SCHEDULE below. (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)

GARAGEKEEPERS COVERAGE deductible applies to each "Customer's auto".

GARAGEKEEPERS COVERAGE applies on a legal liability basis unless one of the direct coverage options is indicated below by "☒".

#### DIRECT COVERAGE OPTIONS

- EXCESS INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is excess over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the covered "auto's" owner.
  
- PRIMARY INSURANCE. If this box is checked, GARAGEKEEPERS COVERAGE is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.

### SCHEDULE

| Loc # | Address          | Payroll Rating            | Garagekeepers Liability Coverage |              |                                   |            |
|-------|------------------|---------------------------|----------------------------------|--------------|-----------------------------------|------------|
|       |                  | Estimated Payroll         | Limit of Insurance               | S<br>or<br>C | Specified Causes or Comprehensive | Collision  |
|       | City, State, Zip | Rate per \$100 of Payroll |                                  |              | Deductible                        | Deductible |
|       |                  | Premium                   |                                  |              | Premium                           | Premium    |
|       |                  |                           |                                  |              |                                   |            |

## GARAGE NONDEALERS' AND TRAILER DEALERS' SUPPLEMENTARY SCHEDULE

### ITEM SIX – SCHEDULE OF HIRED OR BORROWED AUTO COVERAGE AND PREMIUMS

#### LIABILITY COVERAGE – RATING BASIS, COST OF HIRE

| STATE   | ESTIMATED "COST OF HIRE"<br>FOR EACH STATE | RATE PER EACH \$100<br>"COST OF HIRE" | PREMIUM                    |
|---|--|---------------------------------------|----------------------------|
|   |  |                                       |                            |
| "Cost of hire" means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). "Cost of hire" does not include charges for services performed by motor carriers of property or passengers. |  |                                       | <b>TOTAL PREMIUM</b><br>\$ |

PHYSICAL DAMAGE COVERAGE for covered "autos" you hire or borrow is excess unless indicated by "".

- If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

#### PHYSICAL DAMAGE COVERAGE

| COVERAGES        | LIMIT OF INSURANCE – THE MOST WE WILL PAY, DEDUCTIBLE |    | RATE  | MINIMUM PREMIUM      | PREMIUM |
|------------------|---|----|---|----------------------|---------|
| COMPREHENSIVE    | ACTUAL CASH VALUE, COST OF REPAIRS OR                 | \$ | WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED "AUTO." Ded. | \$                   | \$      |
| SPECIFIED PERILS |   | \$ | WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED "AUTO." Ded. | \$                   | \$      |
| COLLISION        |   | \$ | WHICHEVER IS LESS, MINUS \$ FOR EACH COVERED "AUTO." Ded. | \$                   | \$      |
|                  |   |    |   | <b>TOTAL PREMIUM</b> | \$      |

### ITEM SEVEN – COVERED AUTOS

Refer to the SCHEDULE OF COVERED AUTOS.

### ITEM EIGHT – MEDICAL PAYMENTS COVERAGE – PREMISES AND OPERATIONS – NONOWNED AUTOS USED IN YOUR BUSINESS. REFER TO ITEM SEVEN FOR MEDICAL PAYMENTS PREMIUMS FOR COVERED AUTOS.

| Coverage   | Premium Determination  | Premium |
|--|--|---------|
| Auto Medical Payments Only   | Auto Medical Payments Premium equals %                             | \$      |
| Premises and Operations Medical Payments<br>(Does not apply to "bodily injury" caused by any "auto") | Premises and Operations Medical Payments Premium equals %          | \$      |
| Premises and Operations and Auto Medical Payments  | Premises and Operations and Auto Medical Payments Premium equals % | \$      |

### ITEM NINE – UNINSURED AND UNDERINSURED MOTORIST COVERAGE PREMIUMS

|                                | Premium |
|--------------------------------|---------|
| Uninsured Motorist Coverage    | \$      |
| Underinsured Motorist Coverage | \$      |

# SCHEDULE OF COVERED AUTOS

M-5171 (06/2004)

POLICY NUMBER:

EFFECTIVE DATE:

NAMED INSURED:

|                                 |  |
|---------------------------------|--|
| <b>Policy-Level Coverages</b>   |  |
| Uninsured Motorist Coverage:    |  |
| Underinsured Motorist Coverage: |  |
| Other:                          |  |

| Vehicle # | Year                | Make & Model                      | VIN                                       | Use (C/S/R)                                  | Radius | Garaging Territory | Garaging City, State | GVW or Seating Cap. |
|-----------|---------------------|-----------------------------------|---|--|--------|--------------------|----------------------|---------------------|
|           | Liability Premium   | Medical Payments Premium          | Personal Injury Protection Premium        | Additional Insured Premium                   |        | In-Tow Premium     | Cargo Premium        |                     |
|           | Stated Limit or ACV | Specified Causes or Comprehensive | Specified Causes or Comprehensive Premium | Specified Causes or Comprehensive Deductible |        | Collision Premium  | Collision Deductible |                     |
|           |                     |                                   |   |  |        |                    |                      |                     |

C = Commercial, S = Service, R = Retail

|                                 |  |                               |                              |
|---------------------------------|--|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>NTIN-125728972</i>                  | <i>State:</i>                 | <i>Arkansas</i>              |
| <i>First Filing Company:</i>    | <i>National Indemnity Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i>              |
| <i>Company Tracking Number:</i> | <i>CA-3-3373</i>                       |                               |                              |
| <i>TOI:</i>                     | <i>20.0 Commercial Auto</i>            | <i>Sub-TOI:</i>               | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i>            | <i>Commercial Automobile</i>           |                               |                              |
| <i>Project Name/Number:</i>     | <i>Policy Level UM/CA-3-3373</i>       |                               |                              |

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NTIN-125728972 State: Arkansas  
First Filing Company: National Indemnity Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CA-3-3373  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: Commercial Automobile  
Project Name/Number: Policy Level UM/CA-3-3373

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 07/14/2008

**Comments:**

Transmittal Document is attached.

**Attachment:**

PC TD-1.pdf



|  |   |
|--|---|
| 16. Reference Organization (if applicable) | Insurance Services Office (service purchaser)   |
| 17. Reference Organization # & Title       |   |
| 18. Company's Date of Filing               | 7/11/2008   |
| 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 # | CA-3-3373 |
|---|-----------|

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

National Indemnity Company and National Liability & Fire Insurance Company request approval of the forms on the Form Filing Schedule effective 8/15/08. The forms will facilitate the issuance of policy-level uninsured motorists coverage.

|  |
|--|
| 22. Filing Fees (Filer must provide check # and fee amount if applicable)<br>[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.**