

SERFF Tracking Number: PERR-125703508 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: #? \$50
Company Tracking Number: SUA-CA-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: SUA-CA-AR-08-01-F/SUA-CA-AR-08-01-F

Filing at a Glance

Company: SUA Insurance Company
Product Name: Commercial Automobile
TOI: 20.0 Commercial Auto
Sub-TOI: 20.0003 Other
Filing Type: Form

SERFF Tr Num: PERR-125703508 State: Arkansas
SERFF Status: Closed State Tr Num: #? \$50
Co Tr Num: SUA-CA-AR-08-01-F State Status: Fees verified
Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins
Authors: Faviola Jimenez, Laura Jennette
Disposition Date: 07/01/2008
Date Submitted: 06/30/2008

Effective Date Requested (New): On Approval
Effective Date Requested (Renewal): On Approval

Disposition Status: Approved
Effective Date (New): 08/01/2008
Effective Date (Renewal):
08/01/2008

State Filing Description:

General Information

Project Name: SUA-CA-AR-08-01-F
Project Number: SUA-CA-AR-08-01-F
Reference Organization:
Reference Title:
Filing Status Changed: 07/01/2008
State Status Changed: 07/01/2008
Corresponding Filing Tracking Number: N/A

Status of Filing in Domicile: Pending
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

Filing Description:

On behalf of SUA Insurance Company (the "Company"), we are introducing the following new optional endorsements. Please note that these endorsements do not entail a debit or credit to premium, and there is no expected rate impact as a result of this filing.

- Schedule of Additional Insureds and Loss Payees, SUA 2004 (04/08)

Coverage Effect: Clarifies

SERFF Tracking Number: PERR-125703508 *State:* Arkansas
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Purpose: The form provides a listing of additional insureds and loss payees by vehicle thus allowing the insured and claims to quickly determine which loss payee/additional insured applies to which vehicle(s).

- Interim Reporting Period – Liability, SUA 5203 (06/08)

Coverage Effect: Clarifies

Purpose: The form describes the interim reporting/ auditing function and how exposures will be reporting and premiums paid when commercial automobile liability coverage is written on a reporting basis.

- Interim Reporting Period – Physical Damage, SUA 5204 (06/08)

Coverage Effect: Clarifies

Purpose: The form describes the interim reporting/ auditing function and how exposures will be reporting and premiums paid when commercial automobile physical damage coverage is written on a reporting basis.

- Non-Stacking of Limits, SUA 5209 (05/08)

Coverage Effect: Restricts

Purpose: This form prevents additional coverage on a single accident through the stacking of limits when SUA issues more than one policy form for a single insured.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We respectfully request that this filing be implemented on the earliest possible date upon approval/acknowledgement.

Please do not hesitate to contact us if you have any questions.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

SERFF Tracking Number: PERR-125703508 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: SUA-CA-AR-08-01-F/SUA-CA-AR-08-01-F

Laura Jennette, State Filings Analyst doi@perrknight.com
881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]
Pacific Palisades, CA 90272

Filing Company Information

SUA Insurance Company CoCode: 40134 State of Domicile: Illinois
222 S. Riverside Plaza Group Code: -99 Company Type:
Chicago, IL 60606 Group Name: State ID Number:
(312) 277-1600 ext. [Phone] FEIN Number: 23-2182777

SERFF Tracking Number: *PERR-125703508* *State:* *Arkansas*
Filing Company: *SUA Insurance Company* *State Tracking Number:* *#? \$50*
Company Tracking Number: *SUA-CA-AR-08-01-F*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Commercial Automobile*
Project Name/Number: *SUA-CA-AR-08-01-F/SUA-CA-AR-08-01-F*

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SUA Insurance Company	\$0.00	06/30/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103061	\$50.00	06/20/2008

SERFF Tracking Number: PERR-125703508 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: SUA-CA-AR-08-01-F/SUA-CA-AR-08-01-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/01/2008	07/01/2008

SERFF Tracking Number: PERR-125703508 *State:* Arkansas
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TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: SUA-CA-AR-08-01-F/SUA-CA-AR-08-01-F

Disposition

Disposition Date: 07/01/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Schedule of Additional Insureds and Loss Payees	Approved	Yes
Form	Interim Reporting Period – Liability	Approved	Yes
Form	Interim Reporting Period – Physical Damage	Approved	Yes
Form	Non-Stacking of Limits	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Schedule of Additional Insureds and Loss Payees	SUA 2004	04 08	Declaration New s/Schedule		0.00	Schedule of Additional Insureds and Loss Payees.pdf
Approved	Interim Reporting Period – Liability	SUA 5203	06 08	Endorsement/Amendment/Conditions		0.00	SUA 5203_0608_InterimReporting.pdf
Approved	Interim Reporting Period – Physical Damage	SUA 5204	06 08	Endorsement/Amendment/Conditions		0.00	SUA 5204_0608_InterimReporting.pdf
Approved	Non-Stacking of Limits	SUA 5209	05 08	Endorsement/Amendment/Conditions		0.00	SUA 5209 05 08 - NON-STACKING OF LIMITS _AUTO_.pdf

Important: In all columns having double captions, show information in the same order as captioned.

Vehicle #	DESCRIPTION OF AUTO		Endorsement		Additional Insured or Loss Payee	
	Model Year - Trade Name	Serial No.	Form No. Ed. Date	Form Name	Name	Address 1, Address 2 City, State Zip Code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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15						
16						
17						
18						
19						
20						

DATED

ENDT NO

INTERIM REPORTING BASIS FORM

This endorsement modifies insurance provided under the following.

**BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

This endorsement forms a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

The endorsement applies to Commercial **Auto LIABILITY** Coverages as scheduled in Item Two of the Declarations.

The following is added to the CONDITIONS section of the Coverage Form on your policy.

Reporting Provisions

1. The policy to which this endorsement is attached is a reporting form policy. You must send written reports to us on the Reporting Basis indicated below, of your actual exposure for the Exposure Basis indicated below.

REPORTING BASIS: Monthly
 Quarterly
 Semi-Annual

EXPOSURE BASIS: Gross Receipts
 Mileage
 Power Units
 Units
 Other _____

2. You must file a written report with us no later than the 10th calendar day following the end of each "Reporting Period". These are the "Report Due Date". Each report must show the total actual exposures that existed on the dates required by the "Reporting Period".

3. Regardless of the exposure basis reported, you must provide us with a record of all 'units' you own, lease, hire, rent or borrow when the policy begins.

4. You must also maintain a record of all additions and deletions of "units" during the policy period, which includes for each "unit" the date of acquisition, the date of disposition or sale and the description as required by the policy. You must provide to us a written report of these records on the selected interim reporting basis.

5. You agree that we or our authorized representative shall be permitted to examine your records, at all reasonable times during business hours, pertaining to this insurance.

6. You may not correct inaccurate reports after loss, injury or damage.

Failure To Submit Reports

If reports and payments are not received by the "Report Due Date", this policy is subject to cancellation.

Premium Adjustment

1. The premium charged at the inception of your policy is an initial advance premium. We will calculate premiums based upon the actual total exposures reported for each "Reporting Period".

2. If this insurance is cancelled prior to expiration, you must file a written report with us by no later than the 10th day following the cancellation date. The report must show the total actual exposures that existed from the end of the most recent prior "Reporting Period" received up to and including the date of cancellation. We will calculate premiums based upon the actual total exposures reported for the period.

3. The estimated premium for this Coverage Form is based on the exposures you told us. We will compute the final premium due when we determine your actual exposures through a final audit of your records.

Definitions

1. "**Gross Receipts**" see definition per Truckers Declaration CA DS 14 or Motor Carrier Declaration CA DS 21.

2. "**Mileage**" means the total live and dead miles traveled, loaded or unloaded, by all covered "units" operating during the "reporting period", regardless of whether you or any other carrier originate the shipment or transportation. Mileage includes miles traveled by rented "units", with or without drivers.

3. "Power Units" means any land motor vehicle designed for travel on public roads; or any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. However, "power units" does not include trailers, semi-trailers or mobile equipment.

4. "Report Due Date" means that the report is due in our office on or before the 10th calendar day following the end of the "Reporting Period".

5. "Reporting Period" means the period of time for which a report of actual exposure is due. If reporting basis is:

- a. Monthly, the "Reporting Period" ends on the last day of each month; and reports must show actual exposures as of the last day of the month.
- b. Quarterly, the "Reporting Period" ends on the last day of each quarter; and reports must show actual exposures as of the last day of the quarter.
- c. Semi-Annually, the "Reporting Period" ends on the last day of each semi-annual term; and reports must show the actual exposures as of the last day of the semi-annual term.

6. "Units" means any "Power Unit", trailer or semi-trailer.

The initial premium of \$ _____ charged for this insurance is an advance premium. Interim premiums will be charged for each interim "Reporting Period".

Each interim premium will be calculated by applying a rate of \$ _____ per _____ (application of rate) of _____ (Exposure Basis). For Exposure Basis of Power Units or Units see Schedule below.

___ Schedule of Rates for "Power Unit" or "Unit" Exposure Basis:

	<u>RATE</u>	<u>REPORTING BASIS</u>
Tractors	\$ _____ per _____	(month / quarter / semi-annual)
Trucks	\$ _____ per _____	(month / quarter / semi-annual)
Trailers	\$ _____ per _____	(month / quarter / semi-annual)
Light Service	\$ _____ per _____	(month / quarter / semi-annual)
PPT	\$ _____ per _____	(month / quarter / semi-annual)
Other	\$ _____ per _____	(month / quarter / semi-annual)

All other terms, conditions, coverages and limitations of this policy to which this endorsement is attached shall remain unchanged.

INTERIM REPORTING BASIS FORM

This endorsement modifies insurance provided under the following.

**BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

This endorsement forms a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

The endorsement applies to Commercial **Auto PHYSICAL DAMAGE** Coverages as scheduled in Item Two of the Declarations.

The following is added to the CONDITIONS section of the Coverage Form on your policy.

Reporting Provisions

1. The policy to which this endorsement is attached is a reporting form policy. You must send written reports to us on the Reporting Basis indicated below, of your actual exposure for the Exposure Basis indicated below.

- REPORTING BASIS:** ___ Monthly
 ___ Quarterly
 ___ Semi-Annual
- EXPOSURE BASIS:** ___ Original Cost New
 ___ Stated Amount
 ___ Power Units
 ___ Units
 ___ Other _____

2. You must file a written report with us no later than the 10th calendar day following the end of each "Reporting Period". These are the "Report Due Date". Each report must show the total actual exposures that existed on the dates required by the "Reporting Period".

3. Regardless of the exposure basis reported, you must provide us with a record of all 'units' you own, lease, hire, rent or borrow when the policy begins.

4. You must also maintain a record of all additions and deletions of "units" during the policy period, which includes for each "unit" the date of acquisition, the date of disposition or sale and the description as required by the policy. You must provide to us a written report of these records on the selected interim reporting basis.

5. You agree that we or our authorized representative shall be permitted to examine your records, at all reasonable times during business hours, pertaining to this insurance.

6. You may not correct inaccurate reports after loss, injury or damage.

Failure To Submit Reports

If reports and payments are not received by the "Report Due Date", this policy is subject to cancellation.

Premium Adjustment

1. The premium charged at the inception of your policy is an initial advance premium. We will calculate premiums based upon the actual total exposures reported for each "Reporting Period".

2. If this insurance is cancelled prior to expiration, you must file a written report with us by no later than the 10th day following the cancellation date. The report must show the total actual exposures that existed from the end of the most recent prior "Reporting Period" received up to and including the date of cancellation. We will calculate premiums based upon the actual total exposures reported for the period.

3. The estimated premium for this Coverage Form is based on the exposures you told us. We will compute the final premium due when we determine your actual exposures through a final audit of your records.

Definitions

1. "**Original Cost New**" means the retail cost the original purchaser paid for the auto and its equipment, including the value of any trade-in autos and any federal, state, local sales taxes or any other taxes charged in place of sales taxes. In addition, the cost of any special equipment attached to the auto and the cost of special modifications or specially designed bodies must be included.

2. "Power Units" means any land motor vehicle designed for travel on public roads; or any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. However, "power units" does not include trailers, semi-trailers or mobile equipment.

3. "Report Due Date" means that the report is due in our office on or before the 10th calendar day following the end of the "Reporting Period".

4. "Reporting Period" means the period of time for which a report of actual exposure is due. If reporting basis is:

- a. Monthly, the "Reporting Period" ends on the last day of each month; and reports must show actual exposures as of the last day of the month.

- b. Quarterly, the "Reporting Period" ends on the last day of each quarter; and reports must show actual exposures as of the last day of the quarter.

- c. Semi-Annually, the "Reporting Period" ends on the last day of each semi-annual term; and reports must show the actual exposures as of the last day of the semi-annual term.

5. "Stated Amount" means the stated limit of value for an auto agreed upon by the insured and the insurer at the issuance of the policy. In the event of a loss, the stated amount is less than the actual cash value and the cost of repair or replacement.

6. "Units" means any "Power Unit", trailer or semi-trailer.

The initial premium of \$ _____ charged for this insurance is an advance premium. Interim premiums will be charged for each interim "Reporting Period".

Each interim premium will be calculated by applying a rate of \$ _____ per _____ (application of rate) of _____ (Exposure Basis). For Exposure Basis of Power Units or Units see schedule below

___ Schedule of Rates for "Power Unit" or "Unit" Exposure Basis:

	<u>RATE</u>	<u>REPORTING BASIS</u>
Tractors	\$ _____ per _____	(month / quarter / semi-annual)
Trucks	\$ _____ per _____	(month / quarter / semi-annual)
Trailers	\$ _____ per _____	(month / quarter / semi-annual)
Light Service	\$ _____ per _____	(month / quarter / semi-annual)
PPT	\$ _____ per _____	(month / quarter / semi-annual)
Other	\$ _____ per _____	(month / quarter / semi-annual)

All other terms, conditions, coverages and limitations of this policy to which this endorsement is attached shall remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-STACKING OF LIMITS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

The following is added at the end of Paragraph C Limit Of Insurance of Section II – Liability Coverage:

If this policy and another policy issued by us or an affiliated company each provide coverage for an “insured” under this policy, the total that will be paid under all policies for all damages and “covered pollution cost or expense” combined, resulting from any one “accident” and regardless of the number of covered “autos” “insureds,” premiums paid, claims made or vehicles involved in the “accident,” is limited to the highest Limit of Insurance for Liability Coverage shown in the Declarations pages of the policies providing coverage for the “insured.”

This endorsement does not apply to any policy that is written as specific excess insurance.

<i>SERFF Tracking Number:</i>	<i>PERR-125703508</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SUA Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>SUA-CA-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>SUA-CA-AR-08-01-F/SUA-CA-AR-08-01-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125703508 State: Arkansas
Filing Company: SUA Insurance Company State Tracking Number: #? \$50
Company Tracking Number: SUA-CA-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Commercial Automobile
Project Name/Number: SUA-CA-AR-08-01-F/SUA-CA-AR-08-01-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/01/2008

Comments:

Attachment:
2007 NAIC FFS.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 07/01/2008

Comments:

Attachment:
SUA 2008 LOA.pdf

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 #	SUA-CA-AR-08-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Schedule of Additional Insureds and Loss Payees	SUA 2004 (04/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Interim Reporting Period - Liability	SUA 5203 (06/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Interim Reporting Period - Physical Damage	SUA 5204 (06/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Non-Stacking of Limits	SUA 5209 (05/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



*G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM
Director of Regulatory Affairs and Legal Compliance*

January 1, 2008

Re: SUA Insurance Company
NAIC Company Code 40134
Rate, Rule, and Form Filings

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rates, rule, and form filings on behalf of SUA Insurance Company. This authorization includes providing additional information and responding to questions regarding the filing on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquires related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-8529

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in blue ink, appearing to read "G. Michael Gooding", is written over a large, light blue circular scribble.

G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM
Director of Regulatory Affairs and Legal Compliance

GMG/lp