

SERFF Tracking Number: TRAX-125742950 State: Arkansas  
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50  
Company Tracking Number: CR AR0805001F01  
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft  
Product Name: 2008 Commercial Crime - Revised Endorsements  
Project Name/Number: 2008 Commercial Crime - Revised Endorsements/CR AR0805001F01

## Filing at a Glance

Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Product Name: 2008 Commercial Crime - Revised Endorsements SERFF Tr Num: TRAX-125742950 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CR AR0805001F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: SPI Transguard

Disposition Date: 07/28/2008

Date Submitted: 07/22/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New): 04/01/2009

Effective Date Requested (Renewal):

Effective Date (Renewal): 04/01/2009

State Filing Description:

## General Information

Project Name: 2008 Commercial Crime - Revised Endorsements

Status of Filing in Domicile:

Project Number: CR AR0805001F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/28/2008

State Status Changed: 07/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsements which replace a previously filed edition as noted.

| FORM EDITION | TITLE | REPLACED EDITION |
|--------------|-------|------------------|
|--------------|-------|------------------|

SERFF Tracking Number: TRAX-125742950 State: Arkansas  
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 Product Name: 2008 Commercial Crime - Revised Endorsements  
 Project Name/Number: 2008 Commercial Crime - Revised Endorsements/CR AR0805001F01  
 034001 11/08 Commercial Crime Enhancements 01/07  
 094023 01/08 Installment Payment Endorsement 06/04  
 094025 02/05 Combined Rate Endorsement 06/04

Please refer to the attached Explanatory Memorandum for a detailed description of this filing.

These items may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, these items will not be refiled unless otherwise requested by your Department in response to this filing.

We kindly request an effective date of January 1, 2009.

## Company and Contact

### Filing Contact Information

Robert Goddard, Compliance Analyst Robert.Goddard@Transguard.com  
 215 Shuman Blvd (630) 864-3476 [Phone]  
 Naperville, IL 60563 (630) 864-3579[FAX]

### Filing Company Information

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. CoCode: 28886 State of Domicile: Illinois  
 215 Shuman Blvd Group Code: 225 Company Type: Property & Casualty  
 Suite 400  
 Naperville, IL 60563 Group Name: IAT Reinsurance State ID Number:  
 Company Group  
 (800) 796-2480 ext. [Phone] FEIN Number: 36-3529298  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00

SERFF Tracking Number: TRAX-125742950 State: Arkansas  
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Retaliatory? No  
Fee Explanation:  
Per Company: No

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| COMPANY                                       | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. | \$50.00 | 07/22/2008     | 21532865      |

SERFF Tracking Number: TRAX-125742950 State: Arkansas  
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## Correspondence Summary

### Dispositions

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

### Filing Notes

| Subject   | Note Type | Created By     | Created On | Date Submitted |
|---|-----------|----------------|------------|----------------|
| December 15, 2008/ CR AR0805001F01/Note To Reviewer Effective Date Change |           | SPI Transguard | 12/15/2008 | 12/15/2008     |

*SERFF Tracking Number:* TRAX-125742950 *State:* Arkansas  
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*Product Name:* 2008 Commercial Crime - Revised Endorsements  
*Project Name/Number:* 2008 Commercial Crime - Revised Endorsements/CR AR0805001F01

## **Disposition**

Disposition Date: 07/28/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal): 04/01/2009

- Effective Date (New) changed from 01/01/2009 to 04/01/2009 and Effective Date (Renewal) changed from 01/01/2009 to 04/01/2009 by Rawlins, Llyweyia on 12/16/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125742950 State: Arkansas  
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| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty  | Approved    | Yes           |
| Supporting Document | COMPARE 034001 11/08 to 01/07,<br>COMPARE 094023 01/08 to 06/04,<br>COMPARE 094025 02/05 to 06/04 | Approved    | Yes           |
| Supporting Document | 08050 CR Forms 2008 Updates - Explanatory Memo  | Approved    | Yes           |
| Supporting Document | Cover Letter  | Approved    | Yes           |
| Form                | Commercial Crime Enhancements   | Approved    | Yes           |
| Form                | Installment Payment Endorsement   | Approved    | Yes           |
| Form                | Combined Rate Endorsement   | Approved    | Yes           |

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**Note To Reviewer**

**Created By:**

SPI Transguard on 12/15/2008 04:10 PM

**Subject:**

December 15, 2008/ CR AR0805001F01/ Effective Date Change

**Comments:**

Thank you for your recent approval of this filing with a January 1, 2009 effective date. At this time, please accept this "Note to Reviewer" as notification that we will be revising the implementation effective date of this filing due to system limitations. We kindly request an effective date of April 1, 2009.

SERFF Tracking Number: TRAX-125742950 State: Arkansas  
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## Form Schedule

| Review Status | Form Name                       | Form # | Edition Date | Form Type Action                          | Action Specific Data                                 | Readability | Attachment |
|---------------|---------------------------------|--------|--------------|---|--|-------------|------------|
| Approved      | Commercial Crime Enhancements   | 034001 | 11/08        | Endorsement/Amendment/Conditions Replaced | Replaced Form #:0.00<br>034001<br>Previous Filing #: |             | 034001.PDF |
| Approved      | Installment Payment Endorsement | 094023 | 01/08        | Endorsement/Amendment/Conditions Replaced | Replaced Form #:0.00<br>094023<br>Previous Filing #: |             | 094023.PDF |
| Approved      | Combined Rate Endorsement       | 094025 | 02/05        | Endorsement/Amendment/Conditions Replaced | Replaced Form #:0.00<br>094025<br>Previous Filing #: |             | 094025.PDF |

## COMMERCIAL CRIME ENHANCEMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM  
 COMMERCIAL CRIME POLICY

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

|                  |                  |
|------------------|------------------|
| Name of Insured: | Policy Number:   |
| Effective Date:  | Countersigned by |

(Authorized Representative)

### SCHEDULE

|   |    |
|---|----|
| PREMIUM CHARGE FOR ENHANCEMENT COVERAGES: | \$ |
|---|----|

| COVERAGE DESCRIPTION                                      | LIMIT OF INSURANCE        |
|---|---------------------------|
| <b>I.</b> Independent Contractors Included as "Employees" | " Included " Not Included |
| <b>II.</b> Credit Debit or Charge Card Forgery            | \$                        |
| <b>III.</b> Warehouse Receipts Forgery                    | \$                        |
| <b>IV.</b> Warehouse Receipts Coverage                    | \$                        |
| <b>V.</b> Unauthorized Reproduction of Computer Software  | \$                        |

The items listed in the **SCHEDULE** above are provided as additions to your insurance program.

The following provisions are added to the **Commercial Crime Coverage Form** or **Policy** to which this endorsement is attached:

**I. Independent Contractors Included as "Employees"**

Form **CR 25 41** is included with the terms "contract drivers or owner operators" shown in the Schedule section as Persons or Classes of Persons.

**II. Credit, Debit or Charge Card Forgery**

Form **CR 25 20** is included with the Limit of Insurance shown in the Schedule above. Basis of Covered Instruments is "includes".

**III. Warehouse Receipts Forgery**

Form **CR 25 21** is included with the Limit of Insurance shown in the Schedule above. Basis of Covered Instruments is "includes".

**IV. Warehouse Receipts Coverage**

Form **CR 25 17** is included with the Limit of Insurance shown in the Schedule above.

**V. Unauthorized Reproduction of Computer Software**

Form **CR 04 14** is included with the Limit of Insurance shown in the Schedule above.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## INSTALLMENT PAYMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
 COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
 COMMERCIAL UMBRELLA COVERAGE PART

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

|                  |                  |
|------------------|------------------|
| Name of Insured: | Policy Number:   |
| Effective Date:  | Countersigned by |

(Authorized Representative)

**A. Installments**

In consideration of the issuance of this policy, the Insured agrees that the Annual Premium for this policy is to be paid in installments. Down Payment and any applicable state taxes or fees are due at the inception of coverage. Future Installment Payments are due as shown in the **INSTALLMENT SCHEDULE**.

Return premiums due for Endorsements issued after inception may be refunded on a cash basis or deducted from future installments.

Any change to the PAYMENT SCHEDULE resulting from such endorsements will be reflected on the **INSTALLMENT SCHEDULE**.

**B. Endorsements**

Additional premiums due for Endorsements issued after inception may be paid on a cash basis or added to future installments due.

**C. Cancellation Provisions**

Non-Payment of any original Installment or revised Installment resulting from endorsement changes will result in the Company mailing Notice of Cancellation in accordance with the policy terms and conditions.

## COMBINED RATE ENDORSEMENT

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**This endorsement applies only to the premium developed for those Coverage Parts marked by  below.**

|  | Estimated Annual Premium |       |
|--|--------------------------|-------|
| <input type="checkbox"/> Commercial Property Coverage Part                 | \$                       | _____ |
| <input type="checkbox"/> Commercial General Liability Coverage Part        | \$                       | _____ |
| <input type="checkbox"/> Crime and Fidelity Coverage Part                  | \$                       | _____ |
| <input type="checkbox"/> Commercial Inland Marine Coverage Part            | \$                       | _____ |
| <input type="checkbox"/> Truckers Coverage Part – Liability Coverage       | \$                       | _____ |
| <input type="checkbox"/> Truckers Coverage Part – Physical Damage Coverage | \$                       | _____ |
| <input type="checkbox"/> _____   | \$                       | _____ |
| <b>Total Estimated Annual Premium</b>                                      | <b>\$</b>                | _____ |

It is agreed that the estimated annual premium for the Coverage Parts indicated above by  may be combined and charged on the basis shown below, which shall be applied to the actual:

- Gross Transportation Revenue
- Gross Receipts from Direct Operations
- Number of Vehicles
- Other Basis

Reported by the insured during the policy period.

| Basis                                 | Estimated Annual Basis | Combined Rate | Combined Premium at Inception |
|---------------------------------------|------------------------|---------------|-------------------------------|
| Gross Transportation Revenue          |                        |               | \$                            |
| Gross Receipts from Direct Operations |                        |               | \$                            |
| Number of Vehicles                    |                        |               | \$                            |
| Other Basis                           |                        |               | \$                            |
| <b>Total Combined Premium</b>         |                        |               | <b>\$</b>                     |

**A. Terms and Conditions:**

The premiums stated above are the estimated premiums only. Upon completion of each annual period, or upon the termination of the policy, an audit will be conducted.

At our discretion, the audit may be either voluntary or an actual on-site audit of physical exposures. In either case, the audit must be completed no later than 45 days after termination or expiration of the policy.

The earned premium will be computed by applying the actual annual basis to the combined rate. If the earned premium thus computed exceeds the premium paid, you shall pay the excess to us. If less, we shall return to you the unearned portion.

**B. Definitions:**

1. **Gross Transportation Revenue** means the total amount to which you are entitled for shipment, transportation or handling of property during the policy period regardless of operating authority. **Gross Transportation Revenue** also includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker", and 15% of the total amount received from renting any equipment to any "trucker".

**Gross Transportation Revenue** does not include advertising revenue, taxes which you collect as a separate item and remit directly to a governmental division, or revenue from packing operations not connected with transportation.

2. **Gross Receipts from Direct Operations** means the amount to which you are entitled for shipment, transportation or handling of property under your own operating authority or contract.

**Gross Receipts from Direct Operations** does not include any remuneration for similar operations while you are acting as an agent of a national van line or as a sub-hauler for another transportation company.

3. The **Number of Vehicles** means the average number of vehicles you own or lease during the policy period. The average number will be determined by adding the number of units at inception to the number of units at the termination or expiration of the policy and dividing the sum by two for each annual policy term.

4. **Other Basis** of the Combined Rate is described at the end of this endorsement.

**C. Adjustments**

It is further agreed that a complete re-survey of exposures will be made annually, or at any time at our request or at your request. If the re-survey results in determination of exposure changes of greater than 15% and these changes would not be reflected by application of the chosen basis, the Combined Rate may be adjusted.

Such adjustment at the end of an annual period will be at our discretion. Adjustment during any annual policy period must be at our mutual agreement.

**Other Basis:**

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**Other Clarifications:**

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*Product Name:* 2008 Commercial Crime - Revised Endorsements  
*Project Name/Number:* 2008 Commercial Crime - Revised Endorsements/CR AR0805001F01

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: TRAX-125742950 State: Arkansas  
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Company Tracking Number: CR AR0805001F01  
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## Supporting Document Schedules

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

**Comments:**  
See attached NAIC Transmittal Document and Form Filing Schedule.

**Attachments:**  
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** COMPARE 034001 11/08 to 01/07,  
COMPARE 094023 01/08 to 06/04,  
COMPARE 094025 02/05 to 06/04 **Review Status:** Approved 07/28/2008

**Comments:**  
See attached comparison of submitted and replaced forms.

**Attachments:**  
COMPARE 034001 11\_08 to 01\_07.PDF  
COMPARE 094023 01\_08 to 06\_04.PDF  
COMPARE 094025 02\_05 to 06\_04.PDF

**Satisfied -Name:** 08050 CR Forms 2008 Updates - Explanatory Memo **Review Status:** Approved 07/28/2008

**Comments:**  
See attached explanatory memorandum.

**Attachment:**  
08050 CR Forms 2008 Updates - Explanatory Memo.PDF

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

**Comments:**  
See attached cover letter.

*SERFF Tracking Number:* TRAX-125742950                      *State:* Arkansas  
*Filing Company:* TRANSGUARD INSURANCE COMPANY OF      *State Tracking Number:* EFT \$50  
AMERICA, INC.  
*Company Tracking Number:* CR AR0805001F01  
*TOI:* 26.0 Burglary & Theft                      *Sub-TOI:* 26.0001 Commercial Burglary & Theft  
*Product Name:* 2008 Commercial Crime - Revised Endorsements  
*Project Name/Number:* 2008 Commercial Crime - Revised Endorsements/CR AR0805001F01

**Attachment:**  
Cover Letter.PDF



## Property & Casualty Transmittal Document

|   |   |              |  |                  |  |
|---|---|--------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br><table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes | New Business |  | Renewal Business |  |
| New Business                                    |   |              |  |                  |  |
| Renewal Business                                |   |              |  |                  |  |

|                               |                     |
|-------------------------------|---------------------|
| <b>3. Group Name</b>          | <b>Group NAIC #</b> |
| IAT Reinsurance Company Group | 0225                |

| 4. Company Name(s)                            | Domicile | NAIC # | FEIN #     | State # |
|---|----------|--------|------------|---------|
| TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. | IL       | 28886  | 36-3529298 |         |
|   |          |        |            |         |
|   |          |        |            |         |
|   |          |        |            |         |
|   |          |        |            |         |
|   |          |        |            |         |

|                                   |                 |
|-----------------------------------|-----------------|
| <b>5. Company Tracking Number</b> | CR AR0805001F01 |
|-----------------------------------|-----------------|

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

| 6. | Name and address  | Title              | Telephone #s                | FAX #        | e-mail                        |
|----|---|--------------------|-----------------------------|--------------|-------------------------------|
|    | Robert E. Goddard<br>215 Shuman Blvd, Suite<br>400<br>Naperville IL 60563 | Compliance Analyst | (800)-796-2480<br>Ext. 3476 | 630-864-3579 | Robert.Goddard@Transguard.com |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | Signature of authorized filer         |  |
| 8. | Please print name of authorized filer | Robert E. Goddard  |

**Filing Information** (see General Instructions for descriptions of these fields)

|     |  |  |
|-----|--|--|
| 9.  | Type of Insurance (TOI)  | 26.0 Burglary & Theft  |
| 10. | Sub-Type of Insurance (Sub-TOI)  | 26.0001 Commercial Burglary & Theft  |
| 11. | State Specific Product code(s) (if applicable) [See State Specific Requirements] |  |
| 12. | Company Program Title (Marketing Title)  | 2008 Enchancementrs  |
| 13. | Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. | Effective Date(s) Requested  | New: 01/01/2009      Renewal: 01/01/2009   |
| 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   | 07/22/2008   |
| 19. | Status of filing in domicile   | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document

|            |  |                 |
|------------|--|-----------------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b> | CR AR0805001F01 |
|------------|--|-----------------|

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

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsements which replace a previously filed edition as noted.

| FORM   | EDITION | TITLE                           | REPLACED EDITION |
|--------|---------|---------------------------------|------------------|
| 034001 | 11/08   | Commercial Crime Enhancements   | 01/07            |
| 094023 | 01/08   | Installment Payment Endorsement | 06/04            |
| 094025 | 02/05   | Combined Rate Endorsement       | 06/04            |

Please refer to the attached Explanatory Memorandum for a detailed description of this filing.

These items may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, these items will not be refiled unless otherwise requested by your Department in response to this filing.

We kindly request an effective date of January 1, 2009.

|            |  |
|------------|--|
| <b>22.</b> | <p><b>Filing Fees</b> (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]</p> <p><b>Check #:</b><br/> <b>Amount:</b></p> <p>A \$50.00 filing fee was paid by EFT with this submission.</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> |
|------------|--|

\*\*\*Refer to 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.)

|           |  |                 |
|-----------|--|-----------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | CR AR0805001F01 |
|-----------|--|-----------------|

|           |   |                 |
|-----------|---|-----------------|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | Not applicable. |
|-----------|---|-----------------|

| 3. | Form Name<br>/Description/Synopsis | Form #<br>Include edition date | Replacement<br>Or<br>Withdrawn?   | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
|----|------------------------------------|--------------------------------|---|---|--|
| 01 | Commercial Crime Enhancements      | 034001 11/08                   | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | 034001 01/07                                  |  |
| 02 | Installment Payment Endorsement    | 094023 01/08                   | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | 094023 06/04                                  |  |
| 03 | Combined Rate Endorsement          | 094025 02/05                   | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | 094025 06/04                                  |  |
| 04 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 05 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 06 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 07 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 08 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 09 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 10 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 11 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |

# COMMERCIAL CRIME ENHANCEMENTS

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM  
COMMERCIAL CRIME POLICY

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

|                  |                  |
|------------------|------------------|
| Name of Insured: | Policy Number:   |
| Effective Date:  | Countersigned by |

(Authorized Representative)

## SCHEDULE

|   |    |
|---|----|
| PREMIUM CHARGE FOR ENHANCEMENT COVERAGES: | \$ |
|---|----|

| COVERAGE DESCRIPTION                                       | LIMIT OF INSURANCE |              |
|--|--------------------|--------------|
|  | Included           | Not Included |
| <u>I.</u> Independent Contractors Included as "Employees"  |                    |              |
| <u>II.</u> Credit Debit or Charge Card Forgery             | \$                 |              |
| <u>III.</u> Warehouse Receipts <del>Forgery Coverage</del> | \$                 |              |
| <u>IV.</u> Warehouse Receipts <del>Coverage Forgery</del>  | \$                 |              |
| <u>V.</u> Unauthorized Reproduction of Computer Software   | \$                 |              |

The items listed in the **SCHEDULE** above are provided as additions to your insurance program.

The following provisions are added to the **Commercial Crime Coverage Form** or **Policy** to which this endorsement is attached:

**I. Independent Contractors Included as "Employees"**

Form **CR 25 41** is included with the terms "contract drivers or owner operators" shown in the Schedule section as Persons or Classes of Persons.

**II. Credit, Debit or Charge Card Forgery**

Form **CR 25 20** is included with the Limit of Insurance shown in the Schedule above. ~~–~~ Basis of Covered Instruments is "includes".

**III. Warehouse Receipts Coverage \***

Form **CR 25 ~~24~~ 21** is included with the Limit of Insurance shown in the Schedule above. ~~–~~~~Basis of Covered Instruments is "includes".~~

**IV. Warehouse Receipts Forgery \***

Form **CR 25 ~~17~~ 24** is included with the Limit of Insurance shown in the Schedule above. Basis of Covered Instruments is "includes".

**V. Unauthorized Reproduction of Computer Software**

Form **CR 04 14** is included with the Limit of Insurance shown in the Schedule above.

Note: The order of items III. and IV. have been reversed for consistency.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## INSTALLMENT PAYMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
 COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
[COMMERCIAL UMBRELLA COVERAGE PART](#)

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

|                  |                  |
|------------------|------------------|
| Name of Insured: | Policy Number:   |
| Effective Date:  | Countersigned by |

(Authorized Representative)

**A. Installments**

In consideration of the issuance of this policy, the Insured agrees that the Annual Premium for this policy is to be paid in installments. Down Payment and any applicable state taxes or fees are due at the inception of coverage. Future Installment Payments are due as shown in the **INSTALLMENT SCHEDULE**.

Return premiums due for Endorsements issued after inception may be refunded on a cash basis [at the option of this Company or deducted from future installments](#).

Any change to the PAYMENT SCHEDULE resulting from such endorsements will be reflected on the **INSTALLMENT SCHEDULE**.

**B. Endorsements**

Additional premiums due for Endorsements issued after inception may be paid on a cash basis or added to future installments due.

**C. Cancellation Provisions**

Non-Payment of any original Installment or revised Installment resulting from endorsement changes will result in the Company mailing Notice of Cancellation in accordance with the policy terms and conditions.

## COMPOSITECOMBINED RATE ENDORSEMENT

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

This endorsement applies only to the premium developed for those Coverage Parts marked by  below

|  | <del>Minimum Earned</del> <u>Estimated</u><br><u>Annual</u> Premium |
|--|---|
| <input type="checkbox"/> <a href="#">Commercial Property Coverage Part</a> | \$ _____  |
| <input type="checkbox"/> Commercial General Liability Coverage Part        | \$ _____  |
| <input type="checkbox"/> <a href="#">Crime and Fidelity Coverage Part</a>  | \$ _____  |
| <input type="checkbox"/> Commercial Inland Marine Coverage Part            | \$ _____  |
| <input type="checkbox"/> Truckers Coverage Part – Liability Coverage       | \$ _____  |
| <input type="checkbox"/> Truckers Coverage Part – Physical Damage Coverage | \$ _____  |
| <input type="checkbox"/> _____   | \$ _____  |
| <b>Total Estimated Annual Premium</b>                                      | <b>\$ _____</b>   |

It is agreed that the estimated annual premium for the Coverage Parts indicated above by  may be combined and charged on the basis shown below, which shall be applied to the actual:

- Gross Transportation Revenue
- Gross Receipts from Direct Operations
- Number of Vehicles
- Other: [Basis](#)

Reported by the insured during the policy period, ~~subject to a minimum earned premium shown above.~~

| Basis                                 | Estimated Annual Basis | <u>Composite</u> <u>Combined</u><br>Rate | <u>Estimated Annual</u><br><u>Premium</u> <u>Combined</u><br><u>Premium at Inception</u> |
|---------------------------------------|------------------------|--|--|
| Gross Transportation Revenue          |                        |  | \$   |
| Gross Receipts from Direct Operations |                        |  | \$   |
| Number of Vehicles                    |                        |  | \$   |
| Other: <a href="#">Basis</a>          |                        |  | \$   |

Total Combined Premium \$ \_\_\_\_\_

**A. Terms and Conditions:**

The ~~premium~~premiums stated above ~~is~~are the estimated ~~premium~~premiums only. Upon completion of each annual period, or upon the termination of the policy, an audit will be conducted. ~~If the earned premium thus computed exceeds the estimated advance premium paid, you shall pay the excess to us. If less, we shall return to you the unearned portion paid subject to the minimum earned premium.~~

At our discretion, the audit may be either voluntary or an actual on-site audit of physical exposures. In either case, the audit must be completed no later than 45 days after termination or expiration of the policy.

The earned premium will be computed by applying the actual annual basis to the combined rate. If the earned premium thus computed exceeds the premium paid, you shall pay the excess to us. If less, we shall return to you the unearned portion.

**B. Definitions:**

**1. Gross Transportation Revenue** means the total amount to which you are entitled for shipment, transportation or handling of property during the policy period regardless of operating authority. **Gross Transportation Revenue** also includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker", and 15% of the total amount received from renting any equipment to any "trucker".

**Gross Transportation Revenue** does not include advertising revenue, taxes which you collect as a separate item and remit

directly to a governmental division, or revenue from packing operations not connected with transportation.

**2. Gross Receipts from Direct Operations** means the amount to which you are entitled for shipment, transportation or handling of property under your own operating authority or contract.

**Gross Receipts from Direct Operations** does not include any remuneration for similar operations while you are acting as an agent of a national van line or as a sub-hauler for another transportation company.

**3. The Number of Vehicles** means the average number of vehicles you own or lease during the policy period. The average number will be determined by adding the number of units at inception to the number of units at the termination or expiration of the policy and dividing the sum by two for each annual policy term.

**4. Other Basis** of the ~~Composite~~Combined Rate is described at the end of this endorsement.

**C. Adjustments**

It is further agreed that a complete re-survey of exposures will be made annually, or at any time at our request or at your request. If the re-survey results in determination of exposure changes of greater than 15% and these changes would not be reflected by application of the chosen basis, the ~~Composite~~Combined Rate may be adjusted.

Such adjustment at the end of an annual period will be at our discretion. Adjustment during any annual policy period must be at our mutual agreement.

**Other Basis:**

**Other Clarifications:**

**TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.**

**CRIME & FIDELITY  
EXPLANATORY MEMORANDUM  
Revised Endorsements**

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. (TRANSGUARD) is submitting this filing for your review and acceptance. This filing contains independent material that has been developed to compliment the standard **ISO Division Three** forms and endorsements currently on file with your state.

TRANSGUARD is a subscriber of Insurance Services Office, Inc. (ISO), and we are affiliated with them for Crime & Fidelity forms and endorsements. TRANSGUARD specializes in providing insurance for businesses that focus on the Relocation, Transportation and Storage industries and we write both monoline and package policies using the ISO program in conjunction with our independent forms and endorsements.

**ENDORSEMENTS**

**034001 11/08 – COMMERCIAL CRIME ENHANCEMENTS:** This revised optional endorsement replaces the 01/07 edition. The minor editorial revisions include:

- Updating the Coverage Description items in the schedule and the corresponding provisions in the endorsement itself to include the numbering of each item for easier identification.

**094023 01/08 – INSTALLMENT PAYMENT ENDORSEMENT:** This revised optional endorsement replaces the 06/04 edition. Other than updating the revision date, the only other change is to add the reference to Commercial Umbrella as a type of insurance it can be used with.

**094025 02/05 – COMBINED RATE ENDORSEMENT:** This revised optional endorsement replaces the 094025, Composite Rate Endorsement, 06/04 edition. The revisions include:

- Renaming the endorsement to clarify its use;
- Adding references to Commercial Property and Crime and Fidelity Coverage Parts; and
- Editorial and clarifying language.

Comparisons are provided which show the changes to each endorsement when compared to the current approved editions. Underlined matter is new, ~~struck through matter~~ has been deleted.



215 Shuman Blvd., Suite 400  
Naperville, IL 60563

July 22, 2008

Commissioner Julie Benafield Bowman  
Attn: Property & Casualty Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

*Submitted Via SERFF*

RE: **Crime & Fidelity**  
2008 Commercial Crime - Revised Endorsements  
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.  
NAIC#: 0225-28886 FEIN: 36-3529298  
Filing#: CR AR0805001F01

Dear Property & Casualty Division:

In accordance with the filing requirements of your state, we hereby submit the captioned filing for your review and acceptance. This filing contains the following endorsements which replace a previously filed edition as noted.

| <u>FORM</u> | <u>EDITION</u> | <u>TITLE</u>                    | <u>REPLACED EDITION</u> |
|-------------|----------------|---------------------------------|-------------------------|
| 034001      | 11/08          | Commercial Crime Enhancements   | 01/07                   |
| 094023      | 01/08          | Installment Payment Endorsement | 06/04                   |
| 094025      | 02/05          | Combined Rate Endorsement       | 06/04                   |

Please refer to the attached Explanatory Memorandum for a detailed description of this filing.

These items may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, these items will not be refiled unless otherwise requested by your Department in response to this filing.

This filing is being submitted under your state's prior approval provision. We kindly request an effective date of **January 1, 2009**.

Your prompt attention to this matter is appreciated. If you have any questions or require additional information, please do not hesitate to contact me directly.

Sincerely,

Robert E. Goddard  
Compliance Analyst  
Phone: 800-796-2480 Ext. 3476  
Fax: 630-864-3576  
Email: Robert.Goddard@Transguard.com  
Enclosure(s)