

SERFF Tracking Number: UTCX-125737746 State: Arkansas
 First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CMLAR09919CGF01
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Printers Program
 Project Name/Number: Printers Program/CMLAR09919CGF01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
 Product Name: Printers Program SERFF Tr Num: UTCX-125737746 State: Arkansas
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
 Sub-TOI: 05.0003 Commercial Package Co Tr Num: CMLAR09919CGF01 State Status: Fees verified and received
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Author: SPI UticaNational Disposition Date: 07/18/2008
 Date Submitted: 07/17/2008 Disposition Status: Approved
 Effective Date Requested (New): 12/01/2008 Effective Date (New): 12/01/2008
 Effective Date Requested (Renewal): Effective Date (Renewal): 12/01/2008

State Filing Description:

General Information

Project Name: Printers Program Status of Filing in Domicile:
 Project Number: CMLAR09919CGF01 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 07/18/2008 Deemer Date:
 State Status Changed: 07/18/2008
 Corresponding Filing Tracking Number:

Filing Description:

Our companies have revised our Graphic Arts Industries Extension Endorsement to remove coverage for Backup of Sewers or Drains. Coverage for Backup of Sewers or Drains exposure will now be provided in a separate independent endorsement, which has been filed concurrently under separate cover.

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Company and Contact

Filing Contact Information

Julie Garrabrant, Senior State Filings Coordinator
 180 Genesee Street
 New Hartford, NY 13413
 julie.garrabrant@uticanational.com
 (315) 734-2000 [Phone]
 (315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company 180 Genesee Street New Hartford, NY 13413 (315) 734-2000 ext. [Phone]	CoCode: 25976 Group Code: 201 Group Name: Utica National Insurance Group FEIN Number: 15-0476880 -----	State of Domicile: New York Company Type: State ID Number:
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Graphic Arts Mutual Insurance Company 180 Genesee Street New Hartford, NY 13413 (315) 734-2000 ext. [Phone]	CoCode: 25984 Group Code: 201 Group Name: Utica National Insurance Group FEIN Number: 13-5274760 -----	State of Domicile: New York Company Type: State ID Number:
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	07/17/2008	21460893

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/18/2008	07/18/2008

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Disposition

Disposition Date: 07/18/2008
Effective Date (New): 12/01/2008
Effective Date (Renewal): 12/01/2008
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Graphic Arts Industries Extension Endorsement	Approved	Yes
Form	Policyholders Notice - Graphic Arts Industries Extension Endorsement - Removal of Backup of Sewers or Drains	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Graphic Arts Industries Extension Endorsement	8-E-1473	Ed. 7-2008	Endorsement Replaced/Amendment/Conditions	Replaced Form #:0.00 8-E-1473 Previous Filing #: AR-PC-07-023424		8-E-1473.PDF
Approved	Policyholders Notice - Graphic Arts Industries Extension Endorsement - Removal of Backup of Sewers or Drains	8-L-2203	Ed. 7-2008	Policy/Coverage New Form		0.00	8-L-2203.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GRAPHIC ARTS INDUSTRIES EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART

Coverage Outline		
<u>Section</u>	<u>Coverage</u>	<u>Limit</u>
A.1.	Foundations	Per Commercial Property Declarations
A.2.a.	Fire Extinguisher Recharge	\$250
A.2.b.	Extra Expense	\$2,000
A.2.c.	Currency Fluctuation	Lesser of \$100,000 or 20% of BPP Limit
A.3.	Extended Period For Newly Acquired or Constructed Property	60 days replaces 30 days
B.1.	Temperature and Humidity	Per Commercial Property Declarations, except Postage Stamps - see Schedule below
B.2.	Marring and Scratching	Per Commercial Property Declarations
B.4.	Patterns, Dies, Molds & Forms	Per Commercial Property Declarations
D.	Broadened Period for Extended Business Income	120 days replaces 30 days

Schedule

Postage Stamps - Temperature or Humidity Limit of Insurance: Either \$10,000 each occurrence OR the revised limit shown: \$

Premiums: \$

(If no entry appears above, information required to complete this endorsement will be shown on the Declarations as applicable to this endorsement.)

A. The following changes apply to the Building and Personal Property Coverage Form:

- 1.** Under Section **A - Coverage**, Furniture and fixtures in **Your Business Personal Property** is replaced by: Furniture, fixtures, machinery, equipment and tanks;

Machinery and equipment is replaced by: Foundations for any fixtures, machinery, equipment or tanks or connections for tanks, if such foundations, tanks, or tank connections are below the lowest basement floor, or the surface of the ground if there is no basement;

The provision for Foundations of buildings, structures, machinery or boilers under Property Not Covered is replaced by:

Foundations of buildings, structures other than tanks, or boilers; if their foundations are below:

- (1) The lowest basement floor; or
- (2) The surface of the ground, if there is no basement;

- 2.** The following are added under **Additional Coverages**:

a. Fire Extinguisher Recharge

We will pay up to \$250 for the cost to recharge fire extinguishers used by you in an attempt to save property covered by this policy from a covered cause of loss. No deductible will apply to this coverage.

b. Extra Expense

We will pay up to \$2,000 as an additional amount of insurance to cover necessary expenses you incur during the "period of restoration" that you would not have incurred; if there had been no direct physical loss or damage to property caused by or resulting from a Covered Cause of Loss.

- (1) We will pay any Extra Expense to avoid or minimize the suspension of business and to continue "operations."
 - (a) At the described premises; or
 - (b) At replacement premises or at temporary locations including:
 - (i) Relocation expenses; and
 - (ii) Costs to equip and operate the replacement or temporary locations.
- (2) We will pay any Extra Expense to minimize the suspension of business if you cannot continue "operations."

- (3) We will pay any Extra Expense to:

- (a) Repair or replace any property; or
- (b) Research, replace or restore the lost information on damaged valuable papers and records;

to the extent it reduces the amount of loss that otherwise would have been payable under this policy.

c. Currency Fluctuation Coverage For Business Personal Property of Foreign Manufacture

(1) Replacement Cost

If you have coverage for Business Personal Property of foreign manufacture written on a replacement cost basis, we will provide additional insurance for such replacement cost as needed up to the lesser of \$100,000 or 20% of the Limit of Insurance for Business Personal Property if the conditions in (3) and (4) below are met; and

(2) Coinsurance

If you have coverage for Business Personal Property of foreign manufacture which is subject to a coinsurance clause, we will not apply a coinsurance penalty if the conditions in (3) and (4) are met.

- (3) The Limit of Insurance on the effective date of the policy was adequate for such replacement, or to meet the coinsurance requirement; and

- (4) The Limit of Insurance on the date of loss was inadequate for such replacement, or to meet the coinsurance requirement; due to subsequent foreign currency valuation changes which affected the price of the lost or damaged Business Personal Property.

- 3.** Under the **Coverage Extension for Newly Acquired Or Constructed Property**, the **Period of Coverage** provision that addresses the number of days that must expire after you acquire the property or begin construction of that part of the building that would qualify as covered property is revised to 60 days.

B. The following changes apply to the Causes of Loss - Special Form:

1. Exclusion **B.2.d.(7)** is deleted and replaced with the following:
 - (7) The following causes of loss to business personal property if damage results from power interruption at your direction or request, or from your failure to pay utility bills:
 - (a) Dampness or dryness of atmosphere; or
 - (b) Changes in or extremes of temperature.
2. The following Exclusion is added under **B.2.d.:**

Loss to business personal property caused by marring or scratching of property other than plates.
3. The exclusions in **B.1.** and **B.2.** above are subject to the exception for loss or damage by "specified causes of loss" or building glass breakage.
4. Under part **C. Limitations**, the provision for patterns, dies, molds and forms is deleted.
5. Under part **C. Limitations**, the provision for stamps, tickets, including lottery tickets held for sale, and letters of credit is replaced by the following:
 - d. \$250 for stamps, other than postage stamps (whether represented by actual stamps or unused value in a meter); tickets, including lottery tickets held for sale; and letters of credit.

- C.**
1. The most we will pay for loss or damage to postage stamps in any one occurrence because of the provisions in **B.1.** above, is the Postage Stamps - Temperature or Humidity Limit of Insurance shown in the Declarations or Schedule above.
 2. For loss or damage to postage stamps covered under provision **B.1.**, we will not pay in any one occurrence until the amount of loss or damage exceeds \$250. We will then pay the amount of loss or damage in excess of that deductible, up to the Postage Stamps - Temperature or Humidity Limit of Insurance shown in the Declarations or Schedule above.

D. The following change applies to Business Income Coverage Form, CP 00 30 or CP 00 32, if either is attached:

Under the Extended Business Income Additional Coverage, the number of consecutive days provision for Business Income Other Than "Rental Value" and "Rental Value" is increased to 120 days.

E. ADDITIONAL DEFINITIONS

1. "Operations" means your business activities occurring at the described premises.
 2. "Period of Restoration" means the period of time that:
 - a. Begins:
 - (1) 72 hours after the time of direct physical loss or damage for Business Income coverage; or
 - (2) Immediately after the time of direct physical loss or damage for Extra Expense coverage; caused by or resulting from any Covered Cause of Loss at the described premises; and
 - b. Ends on the earlier of:
 - (1) The date when the property at the described premises should be repaired, rebuilt or replaced with reasonable speed and similar quality; or
 - (2) The date when business is resumed at a new permanent location.
- "Period of restoration" does not include any increased period required due to the enforcement of any ordinance or law that:
- (1) Regulates the construction, use, or repair, or requires the tearing down of any property; or
 - (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize, or in any way respond to or assess the effects of any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals, and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

The expiration date of this policy will not cut short the "period of restoration."

POLICYHOLDERS NOTICE - GRAPHIC ARTS INDUSTRIES EXTENSION ENDORSEMENT - REMOVAL OF BACKUP OF SEWERS OR DRAINS COVERAGE

THIS POLICYHOLDERS NOTICE PROVIDES A SUMMARY OF RECENT COVERAGE CHANGES THAT APPLY TO YOUR POLICY. THIS NOTICE PROVIDES NO COVERAGE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISION OF YOUR POLICY. FOR COMPLETE INFORMATION ON YOUR COVERAGES, READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS SUMMARY, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

THIS NOTICE HIGHLIGHTS THE SIGNIFICANT CHANGES IN COVERAGE BUT DOES NOT REFERENCE EVERY EDITORIAL CHANGE MADE IN THE FORM AND NOT ALL COVERAGE FORMS MAY BE INCLUDED IN YOUR POLICY.

PLEASE READ THIS NOTICE CAREFULLY.

Reduction of Coverage

If your policy includes the Graphic Arts Industries Extension Endorsement

- This endorsement previously contained a coverage enhancement that provided coverage for damage due to backup of sewers or drains. This Backup of Sewers or Drains enhancement has been deleted.

Please consult with your agent or broker if you have any questions.



Utica Mutual Insurance Company and its affiliated companies, New Hartford, N.Y. 13413

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Liability
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 07/18/2008

Comments:

Attachments:

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

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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 #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

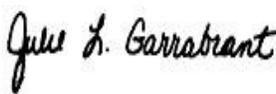
3. Group Name	Group NAIC #
Utica National Insurance Group	0201

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

5. Company Tracking Number	CMLAR09919CGF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Julie L. Garrabrant 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2324	315-734-2252	julie.garrabrant@uticanational.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Julie L. Garrabrant

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

9.	Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0003 Commercial Package
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Graphic Arts Industries Extension Endorsement Revision
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12/01/2008 Renewal: 12/01/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	7/17/2008
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

20.	This filing transmittal is part of Company Tracking #	CMLAR09919CGF01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Our companies have revised our Graphic Arts Industries Extension Endorsement to remove coverage for Backup of Sewers or Drains. Coverage for Backup of Sewers or Drains exposure will now be provided in a separate independent endorsement, which has been filed concurrently under separate cover.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	Check #: Amount: \$50.00 sent Via EFT Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***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.)

1.	This filing transmittal is part of Company Tracking #	CMLAR09919CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Graphic Arts Industries Extension Endorsement	8-E-1473 Ed. 7-2008	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	8-E-1473 Ed. 1-2007	AR-PC-07-023424
02	Policyholders Notice - Graphic Arts Industries Extension Endorsement - Removal of Backup of Sewers or Drains	8-L-2203 Ed. 7-2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		