

<i>SERFF Tracking Number:</i>	<i>ARGN-125757367</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Argonaut Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>KW08F-195</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Inland Marine Loggers Program</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Argonaut Insurance Company

Product Name: Inland Marine Loggers Program SERFF Tr Num: ARGN-125757367 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: KW08F-195

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Nila Davis, Kimberle Williams

Disposition Date: 08/04/2008

Date Submitted: 08/01/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments: Illinois, our state of domicile, is pending

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/04/2008

State Status Changed: 08/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The intent of the Inland Marine Loggers Program is to write physical damage policies associated with logging equipment. This is an independent program, utilizing limited ISO forms (policy conditions), and currently approved for use in your state.

We are filing to better clarify the intent of our aggregate deductible form, AG 5133 Aggregate Deductible, by changing

SERFF Tracking Number: ARGN-125757367 State: Arkansas  
 Filing Company: Argonaut Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: KW08F-195  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
 Product Name: Inland Marine Loggers Program  
 Project Name/Number: /

the title only of the form. Copies of both the revised form, as well as the currently approved version in markup format are attached to this filing.

## Company and Contact

### Filing Contact Information

Kimberle Williams, Regulatory Analyst Kwilliams@argonautgroup.com  
 3625 N. Sheridan Road (309) 686-2406 [Phone]  
 Peoria, IL 61633 (309) 688-4780[FAX]

### Filing Company Information

Argonaut Insurance Company CoCode: 19801 State of Domicile: Illinois  
 225 West Washington Street Group Code: 457 Company Type: Property/Casualty  
 6th Floor  
 Chicago, IL 60606 Group Name: State ID Number:  
 (312) 201-7600 ext. [Phone] FEIN Number: 94-1390273  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: per submission (not per form) - \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Argonaut Insurance Company	\$50.00	08/01/2008	21731998

SERFF Tracking Number: ARGN-125757367

State: Arkansas

Filing Company: Argonaut Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: KW08F-195

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Inland Marine Loggers Program

Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/04/2008	08/04/2008

SERFF Tracking Number: ARGN-125757367

State: Arkansas

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Company Tracking Number: KW08F-195

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Inland Marine Loggers Program

Project Name/Number: /

## Disposition

Disposition Date: 08/04/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: ARGN-125757367

State: Arkansas

Filing Company: Argonaut Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: KW08F-195

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Inland Marine Loggers Program

Project Name/Number: /

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PER OCCURRENCE DEDUCTIBLE	AG 5133 5-08	5-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: Previous Filing #: State Tr Num: AR-PC-07-023235		AG_5133_5-08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PER OCCURRENCE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART

**SECTION D – DEDUCTIBLE**, item 1. **SCHEDULED EQUIPMENT OR MACHINERY** is amended to include the following:

The deductible amount as shown on the Schedule of Covered Property will apply to each “loss” to each item of Covered Property after all other adjustments and limitations of coverage have been made, subject to an aggregate deductible of \_\_\_\_\_ for any one “loss” occurrence.

This endorsement forms a part of and is for attachment to the following described policy issued by the company designated therein, takes effect on the effective date of said policy, unless another effective date is shown below, at the hour stated in said policy and expires concurrently with said policy.

POLICY NO.	ISSUED TO:	EFFECTIVE DATE
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*SERFF Tracking Number:*     *ARGN-125757367*

*State:*                         *Arkansas*

*Filing Company:*           *Argonaut Insurance Company*

*State Tracking Number:*     *EFT \$50*

*Company Tracking Number:*   *KW08F-195*

*TOI:*                         *09.0 Inland Marine*

*Sub-TOI:*                    *09.0005 Other Commercial Inland Marine*

*Product Name:*             *Inland Marine Loggers Program*

*Project Name/Number:*        /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ARGN-125757367

State: Arkansas

Filing Company: Argonaut Insurance Company

State Tracking Number: EFT \$50

Company Tracking Number: KW08F-195

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Inland Marine Loggers Program

Project Name/Number: /

## Supporting Document Schedules

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

**Review Status:**

Approved

08/04/2008

**Comments:**

**Attachment:**

KW08F-195\_Transmittal Document.pdf

**Satisfied -Name:** Explanatory Memorandum

**Review Status:**

Approved

08/04/2008

**Comments:**

**Attachment:**

Form Explanatory Memorandum MASTER.pdf

**Satisfied -Name:** Markup Version

**Review Status:**

Approved

08/04/2008

**Comments:**

**Attachment:**

AG\_5133\_5-08 markup.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 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 #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input 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>	
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<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]
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<b>22.</b>	<b>Filing Fees</b> (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]
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**Check #:**  
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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## 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>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

## RATE/RULE FILING SCHEDULE

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

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

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

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

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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

# **INLAND MARINE LOGGERS PROGRAM**

## **FORM EXPLANATORY MEMORANDUM**

The intent of the Inland Marine Loggers Program is to write physical damage policies associated with logging equipment. This is an independent program, utilizing limited ISO forms (policy conditions), and currently approved for use in your state.

We are filing to better clarify the intent of our aggregate deductible form, AG 5133 Aggregate Deductible, by changing the title only of the form. Copies of both the revised form, as well as the currently approved version in markup format are attached to this filing.

### **AG 5133 (5-08) PER OCCURRENCE DEDUCTIBLE**

This is an optional endorsement providing aggregate deductible per occurrence.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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**PER OCCURRENCE DEDUCTIBLE**

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This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART

**SECTION D – DEDUCTIBLE**, item 1. **SCHEDULED EQUIPMENT OR MACHINERY** is amended to include the following:

The deductible amount as shown on the Schedule of Covered Property will apply to each “loss” to each item of Covered Property after all other adjustments and limitations of coverage have been made, subject to an aggregate deductible of \_\_\_\_\_ for any one “loss” occurrence.

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This endorsement forms a part of and is for attachment to the following described policy issued by the company designated therein, takes effect on the effective date of said policy, unless another effective date is shown below, at the hour stated in said policy and expires concurrently with said policy.

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POLICY NO.	ISSUED TO:	EFFECTIVE DATE

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