Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CR	SERFF Tr Num: HRLV-125763875	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: CRSV01112008-2	State Status: Fees verified and received
Filing Type: Form	Co Status: Product Standardization - Phase 3B - revised	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Carol Zwoyer	Disposition Date: 08/20/2008
	Date Submitted: 08/19/2008	Disposition Status: Approved
Effective Date Requested (New): 02/01/2009		Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 07/01/2009		Effective Date (Renewal): 07/01/2009

State Filing Description:

General Information

Project Name: Crime & Fidelity Product Standardization	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/20/2008	
State Status Changed: 08/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

With this filing it is our intent to submit for your review and approval revisions applicable to our Commercial Crime and Fidelity Program.

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst
355 Maple Avenue
Harleysville, PA 19438-2297

czwoyer@harleysvillegroup.com
(215) 256-5735 [Phone]
(215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company
355 Maple Avenue
Harleysville, PA 19438
(215) 256-5000 ext. [Phone]

CoCode: 14168
Group Code: 253
Group Name:
FEIN Number: 23-0902325

State of Domicile: Pennsylvania
Company Type:
State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	$50.00	08/19/2008	22009232

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/20/2008	08/20/2008

Disposition

Disposition Date: 08/20/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 07/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover letter & Exhibit A	Approved	Yes
Form	Schedule of Insuring Agreements	Approved	Yes
Form	Commercial Crime Coverage Part Declaration	Approved	Yes
Form	Commercial Crime Policy Declaration	Approved	Yes
Form	Government Crime Coverage Part Declaration	Approved	Yes
Form	Government Crime Policy Declaration	Approved	Yes
Form	Employee Theft and Forgery Declaration	Approved	Yes
Form	Kidnap/Ransom and Extortion Policy Declaration	Approved	Yes
Form	Kidnap/Ransom and Extortion Coverage Part Declaration	Approved	Yes
Form	Commercial Lines Common Policy Declarations	Approved	Yes
Form	Policy Change Document	Approved	Yes
Form	Additional Insured Schedule	Approved	Yes
Form	Additional Interest Schedule	Approved	Yes
Form	Form Schedule	Approved	Yes
Form	Location Schedule	Approved	Yes
Form	Loss Payee Schedule	Approved	Yes
Form	Mortgagee Schedule	Approved	Yes
Form	Named Insured Schedule	Approved	Yes
Form	Policyholder Notice Schedule	Approved	Yes
Form	Declaration Page Extension	Approved	Yes
Form	Fees and Schedules	Approved	Yes
Form	Manuscript Endorsement	Approved	Yes
Form	Manuscript Endorsement	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Schedule of Insuring Agreements	CR-7200	11-06	Declaration News/Schedule		0.00	CR-7200 (Ed 11-06) Schedule of Insuring Agreements.pdf
Approved	Commercial Crime Coverage Part Declaration	CR-7201	11-06	Declaration News/Schedule		0.00	CR-7201 (Ed 11-06) Comml Crime Coverage Part Dec.pdf
Approved	Commercial Crime Policy Declaration	CR-7202	11-06	Declaration News/Schedule		0.00	CR-7202 (Ed 11-06) Comml Crime Policy Dec.pdf
Approved	Government Crime Coverage Part Declaration	CR-7203	11-06	Declaration News/Schedule		0.00	CR-7203 (Ed 11-06) Govt Crime Cvge Part Dec.pdf
Approved	Government Crime Policy Declaration	CR-7204	11-06	Declaration News/Schedule		0.00	CR-7204 (Ed 11-06) Govt. Crime Policy Dec.pdf
Approved	Employee Theft and Forgery Declaration	CR-7205	11-06	Declaration News/Schedule		0.00	CR-7205 (Ed 11-06) Emp Theft and Forgery Policy Dec.pdf
Approved	Kidnap/Ransom and Extortion	CR-7206	11-06	Declaration News/Schedule		0.00	CR-7206 (Ed 11-06)

	Policy Declaration						Kidnap-Ransom and Extortion Cvge Part Dec.pdf
Approved	Kidnap/Ransom and Extortion Coverage Part Declaration	CR-7207	11-06	Declaration News/Schedule		0.00	CR-7207 (Ed 11-06) Kidnap-Ransom And Extortion Policy Dec.pdf
Approved	Commercial Lines Common Policy Declarations	GU-7000	3-08	Declaration News/Schedule		0.00	GU-7000 _Ed. 3-08_ Common Policy Dec.pdf
Approved	Policy Change Document	GU-7001	07-08	Endorsement/Amendment/Conditions	New	0.00	GU-7001.pdf
Approved	Additional Insured Schedule	GU-7002	11-06	Declaration News/Schedule		0.00	GU-7002 (Ed 11-06) Addl Insured Sched.pdf
Approved	Additional Interest Schedule	GU-7003	11-06	Declaration News/Schedule		0.00	GU-7003 (Ed 11-06) Addl Interest Sched.pdf
Approved	Form Schedule	GU-7004	11-06	Declaration News/Schedule		0.00	GU-7004 (Ed 11-06) Form Schedule.pdf
Approved	Location Schedule	GU-7005	11-06	Declaration News/Schedule		0.00	GU-7005 (Ed 11-06) Location Schedule.pdf
Approved	Loss Payee	GU-7006	11-06	Declaration New		0.00	GU-7006

	Schedule			s/Schedule			(Ed 11-06) Loss Payee Sched.pdf
Approved	Mortgagee Schedule	GU-7007	11-06	Declaration New s/Schedule		0.00	GU-7007 (Ed 11-06) Mortgagee Sched.pdf
Approved	Named Insured Schedule	GU-7008	11-06	Declaration New s/Schedule		0.00	GU-7008 (Ed 11-06) Nmd Insd Sched.pdf
Approved	Policyholder Notice Schedule	GU-7009	11-06	Declaration New s/Schedule		0.00	GU-7009 (Ed 11-06) Policyholder Notice Schedule.pdf
Approved	Declaration Page Extension	GU-7013	11-06	Endorseme New nt/Amendm ent/Conditi ons		0.00	GU-7013 (Ed 11-06) Declarations Page Extension.pd f
Approved	Fees and Schedules	GU-7015	11-06	Declaration New s/Schedule		0.00	GU-7015 (Ed 11-06) Fees And Surcharge Schedule.pdf
Approved	Manuscript Endorsement	MANU-1	07-04	Endorseme New nt/Amendm ent/Conditi ons		0.00	MANU-1.pdf
Approved	Manuscript Endorsement	MANU-2	07-04	Endorseme New nt/Amendm ent/Conditi ons		0.00	MANU-2.pdf

POLICY NUMBER:
POLICY PERIOD: _____ to _____

SCHEDULE OF INSURING AGREEMENTS

INSURING AGREEMENT(S)	LIMIT OF INSURANCE Per Occurrence	NUMBER OF PREMISES	DEDUCTIBLE Per Occurrence	PREMIUM

POLICY NUMBER:
POLICY PERIOD: _____ to _____

COMMERCIAL CRIME COVERAGE PART DECLARATIONS

The Commercial Crime Coverage Part consists of this Declarations Form and the Commercial Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSUREDS: _____

_____

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft		
2. Forgery Or Alteration		
3. Inside The Premises - Theft Of Money And Securities		
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property		
5. Outside The Premises		
6. Computer Fraud		
7. Funds Transfer Fraud		
8. Money Orders And Counterfeit Paper Currency		

If Added by Endorsement, Insuring Agreement(s):

SEE SCHEDULE CR-7200

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:

SEE SCHEDULES GU-7004 and GU-7009

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:
By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. _____; the cancellation to be effective at the time this Coverage Part becomes effective.

 © ISO Properties, Inc., 2001

COMMERCIAL CRIME POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

NAMED INSURED: _____

_____

(Also list any Employee Benefit Plan(s) included as Insureds)

MAILING ADDRESS: _____

POLICY PERIOD: _____ **to** _____

(12:01 A.M. at your Mailing Address shown above)

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft		
2. Forgery Or Alteration		
3. Inside The Premises – Theft Of Money And Securities		
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property		
5. Outside The Premises		
6. Computer Fraud		
7. Funds Transfer Fraud		
8. Money Orders And Counterfeit Paper Currency		

If Added by Endorsement, Insuring Agreement(s):

SEE SCHEDULE CR-7200

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:

SEE SCHEDULES GU-7004 and GU-7009

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this Policy you give us notice cancelling prior policy Nos. _____; the cancellation to be effective at the time this Policy becomes effective.

© ISO Properties, Inc., 2001

POLICY NUMBER:
POLICY PERIOD: _____ to _____

GOVERNMENT CRIME COVERAGE PART DECLARATIONS

The Government Crime Coverage Part consists of this Declarations Form and the Government Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS INSUREDS: _____

_____

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft – Per Loss Coverage		
2. Employee Theft – Per Employee Coverage		
3. Forgery Or Alteration		
4. Inside The Premises – Theft Of Money And Securities		
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property		
6. Outside The Premises		
7. Computer Fraud		
8. Funds Transfer Fraud		
9. Money Orders And Counterfeit Paper Currency		

If Added by Endorsement, Insuring Agreement(s):

SEE SCHEDULE CR-7200

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:

SEE SCHEDULES GU-7004 and GU-7009

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:
By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. _____ ; the cancellation to be effective at the time this Coverage Part becomes effective.

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GOVERNMENT CRIME POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

NAMED INSURED: _____

_____

(Also list any Employee Benefit Plan(s) included as Insureds)

MAILING ADDRESS: _____

POLICY PERIOD: _____ **to** _____

(12:01 A.M. at your Mailing Address shown above)

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft – Per Loss Coverage		
2. Employee Theft – Per Employee Coverage		
3. Forgery Or Alteration		
4. Inside The Premises – Theft Of Money And Securities		
5. Inside The Premises – Robbery Or Safe Burglary Of Other Property		
6. Outside The Premises		
7. Computer Fraud		
8. Funds Transfer Fraud		
9. Money Orders And Counterfeit Paper Currency		

If Added by Endorsement, Insuring Agreement(s):

SEE SCHEDULE CR-7200

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:

SEE SCHEDULES GU-7004 and GU-7009

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this Policy you give us notice cancelling prior policy Nos. _____ ; the cancellation to be effective at the time this Policy becomes effective.

© ISO Properties, Inc., 2001

EMPLOYEE THEFT AND FORGERY POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To All The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

NAMED INSURED: _____

_____

(Also list any Employee Benefit Plan(s) included as Insureds)

MAILING ADDRESS: _____

POLICY PERIOD: _____ **to** _____

(12:01 A.M. at your Mailing Address above)

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft		
2. Forgery Or Alteration		

If Added by Endorsement, Insuring Agreement(s):

SEE SCHEDULE CR-7200

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:

SEE SCHEDULES GU-7004 and GU-7009

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:
By acceptance of this Policy you give us notice cancelling prior policy Nos. _____ ; the cancellation to be effective at the time this Policy becomes effective.

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POLICY NUMBER:
POLICY PERIOD: _____ to _____

KIDNAP/RANSOM AND EXTORTION COVERAGE PART DECLARATIONS

The Kidnap/Ransom And Extortion Coverage Part consists of this Declarations Form and the Kidnap/Ransom And Extortion Coverage Form.

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Kidnap/Ransom And Extortion – Direct Loss	**$**	**$**
2. Kidnap/Ransom And Extortion – Expenses Incurred	**$**	**Not Applicable**
3. Detention Or Hijack	**$**	**Not Applicable**
4. In-Transit Delivery Of Property	**$**	**$**
If Added by Endorsement, Insuring Agreement(s): **SEE SCHEDULE CR-7200**		

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

EXCLUDED PERSONS OR CLASSES OF PERSONS:

This insurance does not apply to any persons or classes of persons shown in the Schedule below:

Persons Or Classes Of Persons

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INCLUDE FOREIGN COUNTRIES:

The Territory Condition of this insurance is amended as follows:

A. This insurance does not apply to any "insured person" traveling to any foreign country where a Travel Warning issued by the U.S. State Department is in effect at the time this insurance becomes effective, unless such foreign country is shown in the Schedule below:

Foreign Country

B. This insurance applies only to "premises" or "property" located within the United States of America (including its territories and possessions), Puerto Rico, Canada and other foreign countries shown in the Schedule below:

Foreign Country

NAME AND ADDRESS OF SECURITY FIRM: _____

_____

_____

ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:

SEE SCHEDULES GU-7004 and GU-7009

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. _____; the cancellation to be effective at the time this Coverage Part becomes effective.

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KIDNAP/RANSOM AND EXTORTION POLICY DECLARATIONS

In Return For The Payment Of The Premium, And Subject To The Terms And Conditions Of This Policy, We Agree With You To Provide The Insurance As Stated In This Policy.

NAMED INSURED: _____

MAILING ADDRESS: _____

POLICY PERIOD: _____ **to** _____

(12:01 A.M. at your Mailing Address shown above)

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Kidnap/Ransom And Extortion – Direct Loss	$	$
2. Kidnap/Ransom And Extortion – Expenses Incurred	$	Not Applicable
3. Detention Or Hijack	$	Not Applicable
4. In-Transit Delivery Of Property	$	$
If Added by Endorsement, Insuring Agreement(s): SEE SCHEDULE CR-7200		

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

EXCLUDED PERSONS OR CLASSES OF PERSONS:

This policy does not apply to any persons or classes of persons shown in the Schedule below:

Persons Or Classes Of Persons

© ISO Properties, Inc., 2001

INCLUDE FOREIGN COUNTRIES:

The Territory Condition of this policy is amended as follows:

A. This policy does not apply to any "insured person" traveling to any foreign country where a Travel Warning issued by the U.S. State Department is in effect at the time this policy becomes effective, unless such foreign country is shown in the Schedule below:

Foreign Country

B. This policy applies only to "premises" or "property" located within the United States of America (including its territories and possessions), Puerto Rico, Canada and other foreign countries shown in the Schedule below:

Foreign Country

NAME AND ADDRESS OF SECURITY FIRM: _____

_____

_____

ENDORSEMENTS FORMING PART OF THIS POLICY WHEN ISSUED:

SEE SCHEDULES GU-7004 and GU-7009

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this policy you give us notice cancelling prior policy Nos. _____;
the cancellation to be effective at the time this policy becomes effective.

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Harleysville
Good people to know®

COMMERCIAL LINES COMMON POLICY DECLARATIONS

Policy Number:

Named Insured and Mailing Address:

Agent:

Agency Code:
Phone Number:

Policy Period: From: To: at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description:

Form of Business:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF $.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	
Sub-Total	
Fees and Surcharge - See Schedule GU-7015 (If Applicable)	
Total	

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:
SEE SCHEDULES GU-7004 and GU-7009

POLICY CHANGES

Policy Number:

Named Insured:

Agency/Producer Code:

Policy Period: From: To:

CHANGE EFFECTIVE _____ CHANGE # _____

DESCRIPTION

Original Premium $ _____ New Premium $ _____ Total Add'l/Return Premium $ _____

ADDITIONAL INSURED SCHEDULE

POLICY NUMBER: AGENT # :

ADDITIONAL INTEREST SCHEDULE

POLICY NUMBER: AGENT # :

Company name goes here

FORM SCHEDULE

Policy Number:

Policy Period: From: To:

Form	Edition	Description

LOCATION SCHEDULE

POLICY NUMBER: AGENT #:

Prems. No.	Bldg. No.	Address

LOSS PAYEE SCHEDULE

POLICY NUMBER: AGENT # :

MORTGAGEE SCHEDULE

POLICY NUMBER: AGENT # :

NAMED INSURED SCHEDULE

POLICY NUMBER: AGENT # :

Company name goes here

POLICYHOLDER NOTICE SCHEDULE

Policy Number:

Policy Period: From: To:

The following material contains important information about your policy. Please read it carefully.

Form	Edition	Description

Company name goes here

DECLARATIONS PAGE EXTENSION

IMPORTANT INFORMATION

Policy Number:

Policy Period: From: To:

Company Name goes here

FEES AND SURCHARGE SCHEDULE

Policy Number:

Policy Period: From: To:

Policy Number:

Policy Period: From: To:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

All other terms and conditions of this Policy remain unchanged.

Policy Number:

Policy Period: From: To:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

All other terms and conditions of this Policy remain unchanged.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 08/20/2008

Comments:

Attachment:

NAIC 2007.pdf

Satisfied -Name: Cover letter & Exhibit A

Review Status: Approved 08/20/2008

Comments:

Attachments:

revised form letter.pdf

FORMS LISTING.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3.	**Group Name**	**Group NAIC #**

4.	**Company Name(s)**	**Domicile**	**NAIC #**	**FEIN #**	**State #**
	Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5.	**Company Tracking Number**	125763875

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysville group.com

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

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

9.	**Type of Insurance (TOI)**	Commercial Crime & Fidelity			
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**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☒ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)			
14.	**Effective Date(s) Requested**	New:	02/1/2009	Renewal:	07/01/2009

Property & Casualty Transmittal Document---

15.	**Reference Filing?**	☐ Yes ☐ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	8/19/08
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved
20.	**This filing transmittal is part of Company Tracking #**	
21.	**Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

With this filing it is our intent to submit for your review and approval revisions applicable to our Commercial Crime and Fidelity Program.

We wish to introduce several non-standard endorsements in addition to withdrawing others. Please see attached Exhibit A to assist in your review.

Rule of Application: These changes shall be applicable to all new business policies effective on or after February 1, 2009 and all renewal policies effective on or after July 1, 2009.

Your favorable consideration will be appreciated.

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 #: EFT
Amount: 50.00

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.)**

HARLEYSVILLE MUTUAL INSURANCE COMPANY
355 Maple Avenue
Harleysville PA 19438-2297
www.harleysvillegroup.com

August 19, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC#14168
COMMERCIAL CRIME AND FIDELITY
Form Filing
Company Tracking Number: 125763875

Dear Honorable Bowman:

With this filing it is our intent to submit for your review and approval revisions applicable to our Commercial Crime and Fidelity Program.

We wish to introduce several non-standard endorsements in addition to withdrawing others. Please see attached Exhibit A to assist in your review.

Rule of Application: These changes shall be applicable to all new business policies effective on or after February 1, 2009 and all renewal policies effective on or after July 1, 2009.

Your favorable consideration will be appreciated.

Very truly yours,

Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com

Exhibit A

New Forms

Form Number	Edition Date	Form Title
CR-7200	11-06	Schedule of Insuring Agreements
CR-7201	11-06	Commercial Crime Coverage Part Declaration
CR-7202	11-06	Commercial Crime Policy Declaration
CR-7203	11-06	Government Crime Coverage Part Declaration
CR-7204	11-06	Government Crime Policy Declaration
CR-7205	11-06	Employee Theft and Forgery Declaration
CR-7206	11-06	Kidnap/Ransom and Extortion Policy Declaration
CR-7207	11-06	Kidnap/Ransom and Extortion Coverage Part Declaration
GU-7000	03-08	Commercial Lines Common Policy Declarations
GU-7001	07-08	Policy Change Document
GU-7002	11-06	Additional Insured Schedule
GU-7003	11-06	Additional Interest Schedule
GU-7004	11-06	Form Schedule
GU-7005	11-06	Location Schedule
GU-7006	11-06	Loss Payee Schedule
GU-7007	11-06	Mortgagee Schedule
GU-7008	11-06	Named Insured Schedule
GU-7009	11-06	Policyholder Notice Schedule
GU-7013	11-06	Declaration Page Extension
GU-7015	11-06	Fees and Schedules
MANU-1	07-04	Manuscript Endorsement
MANU-2	07-04	Manuscript Endorsement

Withdrawn:

IL-7156	05-06	Endorsement Notice of Terrorism Coverage
PD-0113	06-85	Commercial Lines Dec
PD-0205	10-94	Common Policy Declaration
CR-7004	11-04	Commercial Crime Coverage Part