

SERFF Tracking Number: LDRE-125769260 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: G5408F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: Choice Coverage/G5408F

Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial Interline

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

SERFF Tr Num: LDRE-125769260

SERFF Status: Closed

Co Tr Num: G5408F

Co Status:

Author: Joy Landholm

Date Submitted: 08/11/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 08/12/2008

Disposition Status: Approved

Effective Date (New): 10/01/2008

Effective Date (Renewal):
10/01/2008

State Filing Description:

General Information

Project Name: Choice Coverage

Project Number: G5408F

Reference Organization:

Reference Title:

Filing Status Changed: 08/12/2008

State Status Changed: 08/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Our Company is filing the following Independent Commercial Interline Form with your Department for all policies written to become effective on or after October 1, 2008:

GU 50 15 10 08 – Choice Coverage

Status of Filing in Domicile: Authorized

Domicile Status Comments: Nebraska, our domicile state, is File and use

Reference Number:

Advisory Org. Circular:

Deemer Date:

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This is a new form. This endorsement was designed to expand the optional coverages available to the "for hire" truckers that Great West Casualty insures. While this endorsement is available to accounts of all sizes, the insureds receiving the greatest value are one and two unit accounts. This endorsement provides a diminishing deductible feature that reduces the insureds' deductible as long as they remain loss free. Coverage for electronic equipment, personal property, and miscellaneous equipment is also provided. This endorsement also contains a feature which pays for towing or labor as a result of a mechanical breakdown.

Company and Contact

Filing Contact Information

Joy Landholm, Compliance Technician
 1100 W. 29th Street
 South Sioux City,, NE 68776

j.landholm@gwccnet.com
 (800) 228-8602 [Phone]
 (402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company
 1100 W. 29th Street
 So. Sioux City, NE 68776
 (402) 494-2411 ext. [Phone]

CoCode: 11371
 Group Code: 150
 Group Name:
 FEIN Number: 47-6024508

State of Domicile: Nebraska
 Company Type: P & C
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Nebraska, our domicile state, has NO filing fees

1 filing X \$50 = \$50.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	08/11/2008	21877237

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/12/2008	08/12/2008

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Disposition

Disposition Date: 08/12/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125769260 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Choice Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Choice Coverage	GU 50 15	10 08	Endorsement/Amendment/Conditions		0.00	GU 50 15 10 08.pdf

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHOICE COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement.

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

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

SCHEDULE

TOTAL PREMIUM:

- I. The Commercial Auto Coverage Part and the Commercial Inland Marine Coverage Part is changed to include the following:**

Diminishing Deductible

For each consecutive annual policy period that this endorsement is attached and you do not have a paid Comprehensive, Specified Perils, Collision or Cargo net "loss" under any policy with us, your deductible will be reduced. Annual policy period means a period of 12 months or more for which a policy has been issued with this endorsement. The amount of the deductible reduction will be the percentage indicated below for the number of annual policy periods without a net "loss", except that the total deductible reduction will not exceed \$1,000 for any "loss".

Number of annual policy periods without a net "loss"	Deductible Reduction
Less than 1	0%
1	25%
2	50%
3	75%
4 or more	100%

If we pay a Comprehensive, Specified Perils, Collision or Cargo net "loss" during the policy

term, your deductible stated in the Declaration's Page will not be reduced on any subsequent "loss" during the remainder of your policy term. Payment of a "loss" will also cause your deductible reduction to revert back to 0% upon renewal.

Net Loss means the total sum paid for a Comprehensive, Specified Perils, Collision or Cargo "loss" after making deductions for recovery, salvage, contribution, reimbursement and subrogation.

- II. Section IV. PHYSICAL DAMAGE COVERAGE in the Commercial Auto Coverage Part is changed to include the following:**

A. Electronic Equipment

Coverage is changed to include the electronic equipment while inside or attached to a covered "auto". Electronic Equipment Coverage is subject to a maximum limit of \$2,500 per "loss" and a deductible of \$250. No separate deductible applies if the "loss" under this section is part of a specified perils, comprehensive or collision "loss" under this policy. If the "loss" includes coverage under more than one section of this endorsement, only the highest deductible will apply to the entire "loss".

Electronic Equipment includes any Computer System, Computer Media, FAX Machine, Satellite System, Video Monitoring System, Cellular Telephone, Two-way Radio or Telephone, Scanning Monitor Receiver, Collision Prevention System, or GPS System. Electronic equipment includes any antennas or other accessories used to operate the equipment.

The Electronic Equipment Coverage is excess over any other insurance coverage available for the same "loss".

B. Personal Property Coverage

1. We will pay for "loss" to personal property owned by the "insured" while inside a covered "auto". Personal Property Coverage is subject to a per "loss" limit of \$2,500 and a deductible of \$250. No separate deductible applies if the "loss" under this section is part of a specified perils, comprehensive or collision "loss" under this policy. If the "loss" includes coverage under more than one section of this endorsement, only the highest deductible will apply to the entire "loss".
2. We will not pay for "loss" to personal property of any of the following:
 - a. Accounts, bills, currency, deeds, money, notes, securities, and evidences of debt.
 - b. Bullion, precious stones, jewelry or similar valuables, painting, art objects, manuscripts or mechanical drawings.
 - c. Contraband or property in the course of illegal transportation or trade.
 - d. An "auto", it's equipment or fluids, including fuel.
 - e. "Loss" caused by theft, unless there are visible signs or marks of forcible entry into the covered "auto" and the theft is reported to law enforcement authorities.
3. The Personal Property Coverage is excess over any other insurance coverage available for the same "loss".

C. Miscellaneous Equipment Coverage

Coverage is changed to include binders, tarps, tie-downs, chains and other equipment used for securing Cargo on "trailers" not owned by you. The coverage is subject to a per "loss" Limit of Insurance of \$500 and to a deductible of \$100. No separate deductible applies if the "loss" under this section is part of a specified perils, comprehensive or collision "loss" under this policy. If the "loss" includes coverage under more than one section of this endorsement, only the highest deductible will apply to the entire "loss".

The Miscellaneous Equipment Coverage is excess over any other insurance coverage available for the same "loss".

D. Towing - Mechanical Breakdown Coverage

When a covered "auto" is disabled due to a mechanical breakdown, we will pay up to:

1. \$2,500 for the towing cost to the nearest repair facility capable of making the necessary repairs, unless we agree with you in advance to tow to another repair facility, and
2. \$500 for any labor performed on a covered "auto" at the place of disablement.

The Towing – Mechanical Breakdown Coverage is subject to a per "loss" deductible of \$250. No separate deductible applies if the "loss" under this section is part of a specified perils, comprehensive or collision "loss" under this policy. If the "loss" includes coverage under more than one section of this endorsement, only the highest deductible will apply to the entire "loss".

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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 08/12/2008

Comments:

Attachments:

PC TD-1.pdf

PC FFS-1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2. Insurance Department Use only</td> </tr> <tr> <td colspan="2">a. Date the filing is received:</td> </tr> <tr> <td colspan="2">b. Analyst:</td> </tr> <tr> <td colspan="2">c. Disposition:</td> </tr> <tr> <td colspan="2">d. Date of disposition of the filing:</td> </tr> <tr> <td colspan="2">e. Effective date of filing:</td> </tr> <tr> <td style="width: 60%;">New Business:</td> <td></td> </tr> <tr> <td>Renewal Business:</td> <td></td> </tr> <tr> <td colspan="2">f. State Filing #:</td> </tr> <tr> <td colspan="2">g. SERFF Filing #: LDRE-125769260</td> </tr> <tr> <td style="width: 60%;">h. Subject Codes:</td> <td></td> </tr> </table>	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 #: LDRE-125769260		h. Subject Codes:	
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3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G5408F
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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
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer		<i>Mark Galvin</i>		
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

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

9.	Type of Insurance (TOI)	35.0 - Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Comm'l Interline Filings
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Commercial Interline
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: 10-01-2008 Renewal: 10-01-2008
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	August 11, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	G5408F
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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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GU 50 15 10 08 – Choice Coverage

This is a new form. This endorsement was designed to expand the optional coverages available to the "for hire" truckers that Great West Casualty insures. While this endorsement is available to accounts of all sizes, the insureds receiving the greatest value are one and two unit accounts. This endorsement provides a diminishing deductible feature that reduces the insureds' deductible as long as they remain loss free. Coverage for electronic equipment, personal property, and miscellaneous equipment is also provided. This endorsement also contains a feature which pays for towing or labor as a result of a mechanical breakdown.

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 the 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 #	G5408F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Choice Coverage	GU 50 15 10 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		