

SERFF Tracking Number: LDRX-125761552 State: Arkansas  
First Filing Company: Bituminous Casualty Corporation, ... State Tracking Number: EFT \$50  
Company Tracking Number: GLAR08013CGF01  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: GL-4528 Additional Insured - Operations Performed F  
Project Name/Number: 2008 BIC Independent Company Filings/GLAR08013CGF01

## Filing at a Glance

Companies: Bituminous Casualty Corporation, Bituminous Fire and Marine Insurance Company

Product Name: GL-4528 Additional Insured - SERFF Tr Num: LDRX-125761552 State: Arkansas

Operations Performed F

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR08013CGF01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Author: SPI Bituminous Disposition Date: 08/06/2008

Date Submitted: 08/05/2008 Disposition Status: Approved

Effective Date Requested (New): 11/01/2008 Effective Date (New):

Effective Date Requested (Renewal): 11/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: 2008 BIC Independent Company Filings

Project Number: GL AR08013CGF01

Reference Organization:

Reference Title:

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing a new endorsement GL-4528 (02/08) Manufacturers and Wholesalers/Distributors Additional Insured Endorsement - Operations Performed For Others. This endorsement is to be used as part of a new program for both companies targeting manufacturers, wholesalers and distributors. Attachment of this endorsement is optional for customers written in this new program. We are requesting an effective date of November 1, 2008.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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## Company and Contact

### Filing Contact Information

Dan Trotter, Director - Rate Development & Filings dtrotter@bituminousinsurance.com  
 320 18th Street (309) 786-5401 [Phone]  
 Rock Island, IL 61201 (309) 786-3847[FAX]

### Filing Company Information

Bituminous Casualty Corporation CoCode: 20095 State of Domicile: Illinois  
 320 18th Street Group Code: 150 Company Type: Commercial  
 Rock Island, IL 61201 Property and Casualty  
 Group Name: Bituminous Insurance State ID Number:  
 Companies  
 (309) 786-5401 ext. [Phone] FEIN Number: 36-0810360  
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Bituminous Fire and Marine Insurance CoCode: 20109 State of Domicile: Illinois  
 Company Group Code: 150 Company Type: Commercial  
 320 18th St. Property and Casualty  
 Rock Island, IL 61201 Group Name: Bituminous Insurance State ID Number:  
 Companies  
 (309) 786-5401 ext. [Phone] FEIN Number: 36-6054328  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per Submission.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bituminous Casualty Corporation	\$50.00	08/05/2008	21786823
Bituminous Fire and Marine Insurance	\$0.00	08/05/2008	

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**Company**



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/06/2008	08/06/2008

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## Disposition

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal):

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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
<b>Form</b>	Manufacturers and Wholesalers-Distributors Additional Insured - Operations Performed For Others	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Manufacturers and Wholesalers-Distributors Additional Insured - Operations Performed For Others	GL-4528	02/08	Endorsement/Amendment/Conditions		0.00	GL-4528.PDF

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

**MANUFACTURERS AND WHOLESALERS/DISTRIBUTORS**

**ADDITIONAL INSURED ENDORSEMENT**

**OPERATIONS PERFORMED FOR OTHERS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**Section II – Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in a written contract or written agreement that such person or organization be added as an additional insured on your policy but only for the project designated in your written contract or written agreement and only with respect to “bodily injury,” “property damage” or “personal and advertising injury” caused, at least in part, by your negligence.

**The coverage provided to the additional insured by this endorsement does not apply to “bodily injury” or “property damage” arising out of the “products and completed operations hazard”.**

With respect to the insurance afforded such additional insureds pursuant to this endorsement and the above referenced General Liability Form, the following additional provisions apply to limit that coverage:

1. The written contract or agreement must be:
  - (a) Currently in effect or becoming effective during the term of this policy; and
  - (b) Executed prior to the “bodily injury,” “property damage,” or “personal and advertising injury”.
2. The insurance provided to the additional insured does not apply to “bodily injury,” “property damage” or “personal and advertising injury” arising out of the rendering or failure to render any professional services.
3. This insurance is excess over any other insurance available to the additional insured whether primary, excess, contingent or on any other basis unless the written contract or agreement specifically requires that this insurance be either primary or primary and noncontributing.
4. In no event will any coverage provided under this endorsement extend beyond the expiration date of this policy.
5. The Limits of Insurance applicable to the additional insureds under this endorsement are those specified in the written contract or agreement requiring this coverage, or as stated in **Section III – LIMITS OF INSURANCE** of the **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**, whichever are less. These Limits of Insurance are inclusive of and not in addition to the Limits of Insurance described in **SECTION III** of that form.

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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 08/06/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - NAIC FORM FILING  
SCHEDULE **Review Status:** Approved 08/06/2008

**Comments:**

**Attachment:**

AR - NAIC FORM FILING SCHEDULE.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: 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Bituminous Insurance Companies	150			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Bituminous Casualty Corporation	IL	20095	36-0810360	
Bituminous Fire and Marine Insurance Company	IL	20109	36-6054328	

<b>5. Company Tracking Number</b>	GL AR08013CGF01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Dan Trotter 320 18th Street Rock Island IL 61201	Director - Rate Development & Filings	800-475-4477 Ext. 203	309-786-3847	dtrotter@bituminousinsur ance.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Dan Trotter		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	17.2 Other Liability - Occurrence Only
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.2001 Commercial General Liability
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 11/01/2008      Renewal: 11/01/2008
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	08/05/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" 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>	GL AR08013CGF01
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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]
<p><b>Check #:</b> EFT  <b>Amount:</b> 50.00</p> <p>\$50 per Submission.</p> <p style="text-align: center;"><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>	GL AR08013CGF01
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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	Manufacturers and Wholesalers-Distributors Additional Insured - Operations Performed For Others	GL-4528 02/08	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		