

SERFF Tracking Number: PRFL-125593820 State: Arkansas
Filing Company: Great Divide Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

Filing at a Glance

Company: Great Divide Insurance Company

Product Name: Commercial Automobile

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

SERFF Tr Num: PRFL-125593820

SERFF Status: Closed

Co Tr Num: EP-0806

Co Status:

Author: Carol Selleck

Date Submitted: 07/22/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 08/01/2008

Disposition Status: Approved

Effective Date (New): 08/01/2008

Effective Date (Renewal):

General Information

Project Name: Environmental Contractors - Commercial

Project Number: EP-0806

Reference Organization:

Reference Title:

Filing Status Changed: 08/01/2008

State Status Changed: 08/01/2008

Corresponding Filing Tracking Number:

Filing Description:

Filing of new and revised forms for the previously approved Environmental Contractors Commercial Auto Program.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: To be filed in ND in the near future.

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

(This filing was made by a third party - profilersllc)

SERFF Tracking Number: PRFL-125593820 State: Arkansas
Filing Company: Great Divide Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

Carol Selleck, President, ProFilers, LLC cselleck@aol.com
7133 W. Honeysuckle Drive (623) 376-2462 [Phone]
Peoria , AZ 85383 (623) 376-2462[FAX]

Filing Company Information

Great Divide Insurance Company CoCode: 25224 State of Domicile: North Dakota
7233 E. Butherus Drive Group Code: 98 Company Type: Property and
Casualty
Scottsdale, AZ 85260 Group Name: W.R. Berkley Corp. State ID Number:
(480) 922-4045 ext. [Phone] FEIN Number: 45-0397186

SERFF Tracking Number: PRFL-125593820 State: Arkansas
Filing Company: Great Divide Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great Divide Insurance Company	\$50.00	07/22/2008	21532735

SERFF Tracking Number: PRFL-125593820 State: Arkansas
Filing Company: Great Divide Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/01/2008	08/01/2008

SERFF Tracking Number: PRFL-125593820 *State:* Arkansas
Filing Company: Great Divide Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

Disposition

Disposition Date: 08/01/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PRFL-125593820 State: Arkansas
 Filing Company: Great Divide Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: EP-0806
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Automobile
 Project Name/Number: Environmental Contractors - Commercial/EP-0806

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Authorization	Approved	Yes
Supporting Document	Filing memo	Approved	Yes
Form	Commercial Lines Policy Cover	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Earlier Notice of Cancellation or Nonrenewal	Approved	Yes
Form	Named Insured Endorsement	Approved	Yes
Form	Composite Rate Endorsement	Approved	Yes
Form	Schedule of Forms and Endorsements	Approved	Yes
Form	AI - When Required by Contract or Agreement	Approved	Yes
Form	Waiver of Transfer of Rights of Recovery	Approved	Yes
Form	Policy Changes	Approved	Yes

SERFF Tracking Number: PRFL-125593820 State: Arkansas
 Filing Company: Great Divide Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: EP-0806
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Automobile
 Project Name/Number: Environmental Contractors - Commercial/EP-0806

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Commercial Lines Policy Cover	E002J	(11/06)	Other	Replaced	Replaced Form #:0.00 GS944J Previous Filing #: EP-CA-0661		E002J 11 06 - GDIC Policy Jacket.pdf
Approved	Business Auto Declarations	BAP DEC	04 08	Declaration	Replaced s/Schedule	Replaced Form #:0.00 AI CD 71 Previous Filing #: EP-CA-0661		BAP DEC 04 08- Business Auto Declarations.pdf
Approved	Earlier Notice of Cancellation or Nonrenewal	ENV 2220	04 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 IL E01 AS 08 04 Previous Filing #: EP-CA-0661		ENV 2220 04 08 - Earlier Notice.pdf
Approved	Named Insured Endorsement	ENV 2216	04 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 IL E03 AS 08 04 Previous Filing #: EP-CA-0661		ENV 2216 04 08 - Named Insured.pdf
Approved	Composite Rate Endorsement	ENV 2221	04 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 ENV-CA E20 Previous Filing #: EP-CA-0661		ENV 2221 04 08 - Composite Rate.pdf
Approved	Schedule of Forms and Endorsements	ENV FORM	04 08	Endorsement/Amendment/Conditions	New		0.00	ENV FORM 04 08 - Schedule of Forms.pdf
Approved	AI - When Required by Contract or Agreement	ENV 2223	04 08	Endorsement/Amendment/Conditions	New		0.00	ENV 2223 04 08 - AI When Required by Contract.pdf
Approved	Waiver of Transfer of Rights of Recovery	ENV 2222	04 08	Endorsement/Amendment/Conditions	New		0.00	ENV 2222 04 08 - Waiver of

SERFF Tracking Number: PRFL-125593820 *State:* Arkansas
Filing Company: Great Divide Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

			ons		Transfer of Rights.pdf
Approved	Policy Changes	ENV 1200 04 08	Endorseme New nt/Amendm ent/Condi ons	0.00	ENV 1200 04 08 - Policy Changes.pdf



GREAT DIVIDE INSURANCE COMPANY SM

A North Dakota Stock Corporation

COMMERCIAL LINES POLICY

THIS POLICY IS NOT OBTAINED PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES.

THIS POLICY CONSISTS OF:

- Declarations;
- Common Policy Conditions; and
- One or more Coverage Parts. A Coverage Part consists of:
 - One or more Coverage Forms; and
 - Applicable Forms and Endorsements.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Secretary



President and CEO

Administrative Office:
7233 E. Butherus Drive

Scottsdale, AZ 85260

Telephone (480) 951-0905

Facsimile (480) 951-9730

Service Office:

Three Ravinia Drive, Ste 500

Atlanta, GA 30346

Telephone (404) 443-2040

Facsimile (404) 443-2050



BUSINESS AUTO COVERAGE FORM DECLARATIONS

GREAT DIVIDE INSURANCE COMPANY

A North Dakota Stock Corporation

ITEM ONE.

Policy Number:

New

INSURED'S NAME AND ADDRESS:

PRODUCER'S NAME AND ADDRESS:

Producer No.:

POLICY PERIOD: From:

To:

At 12:01 a.m. Standard Time at your mailing address shown above.

FORM OF BUSINESS:

- Corporation Individual Joint Venture Partnership
 Limited Liability Company Other(describe):

AUDIT PERIOD (If Applicable):

- Annually Semi-Annually Quarterly Monthly

NAME AND ADDRESS OF ADMINISTRATIVE OFFICE:

Berkley Specialty Underwriting Managers LLC
 Three Ravinia Drive, Suite 500
 Atlanta, GA 30346
 Phone No.: (404) 443-2040. See notice ENV LOSS for claims contact information.

ITEM TWO.

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages and Limits (The most we will pay for one accident or loss)	Covered Autos (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	Premium
Liability Limit = \$ _____		
Personal Injury Protection (or equivalent No-Fault Coverage) Limit = Stated in each PIP Endorsement Minus \$ _____ deductible		
Added Personal Injury Protection (or equivalent No- Fault Coverage) Limit = Stated in each Added PIP Endorsement		

© 2006 by Berkley Specialty Underwriting Managers LLC, an affiliate of Nautilus Insurance Company and Great Divide Insurance Company. All rights reserved. Includes copyrighted material of Insurance Services Offices, Inc., with its permission.

Coverages and Limits (The most we will pay for one accident or loss)	Covered Autos (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	Premium
Extraordinary Medical Benefits Limit = Stated in each Extraordinary Medical Benefit Endorsement		
Auto Medical Payments Limit = \$_____		
Uninsured Motorists Limit = \$_____		
Supplementary Uninsured Motorists Limit = \$_____ Rejected		
Underinsured Motorists (When not included in Uninsured Motorists Coverage) Limit = \$_____		
Physical Damage - Comprehensive Coverage Limit = Actual Cash Value or Cost of Repair, whichever is less minus \$_____ deductible for each covered auto but no deductible applies to loss caused by fire or lightning. See Item Four for Hired or Borrowed "Autos".		
Physical Damage - Collision Coverage Limit = Actual Cash Value or Cost of Repair, whichever is less minus \$_____ deductible for each covered auto. See Item Four for Hired or Borrowed "Autos".		
Physical Damage – Towing and Labor \$_____ For Each Disablement of a Private Passenger Auto		

State Surcharges (if applicable):

Premium for Endorsements:

*** Estimated Total Premium:**

(* This policy may be subject to final audit.)

Endorsements attached to this Coverage Form: See ENV FORM 10 06

**ITEM THREE.
SCHEDULE OF COVERED AUTOS YOU OWN**

Veh. No.	State	Territory	Year	Description	Serial Number	Class Code

Coverages – Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Veh. No.	Liability		P.I.P.		Added P.I.P.
	Limit	Premium	Limit stated in each P.I.P. End. minus deductible shown below	Premium	Limit stated in each Added P.I.P. End. Premium

Coverages – Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Veh. No.	Extra Medical Benefits	Auto Medical Payments		Supplementary Uninsured Motorists		Uninsured Motorists		Underinsured Motorists	
	Stated in each Extraordinary Medical Benefit End. Premium	Limit	Premium	Limit	Premium	Limit	Premium	Limit	Premium

Coverages – Premium, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)

Veh. No.	Cost New	Stated Amount	Comprehensive		Collision	
			Deductible	Premium	Deductible	Premium

Veh. No.	Loss Payees

**ITEM FOUR.
SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

Liability Coverage – Rating Basis, Cost of Hire			
State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Premium

Total Premium:

Cost of hire means the total amount you incur for the hire of “autos” you don’t own (not including “autos” you borrow or rent from your employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Physical Damage Coverage				
Coverages	Limit of Insurance The Most We Will Pay Deductible	Estimated Annual Cost of Hire	Rate Per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual Cash Value, Cost of Repairs or \$_____ whichever is less minus \$_____ deductible for each covered auto but no deductible applies to loss caused by fire or lightning.			
Collision	Actual Cash Value, Cost of Repairs or \$_____ whichever is less minus \$_____ deductible for each covered auto.			

PHYSICAL DAMAGE COVERAGE for covered “autos” you hire or borrow is excess unless indicated below by “☒”.

- If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered “auto” you hire or borrow is deemed to be a covered “auto” you own.

**ITEM FIVE.
SCHEDULE FOR NON-OWNERSHIP LIABILITY**

Rating Basis	Number	Premium
Number of Employees		
Number of Partners		
Number of Volunteers		

Countersigned: _____
Issue Date: _____

By: _____
(Authorized Representative)

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

BUSINESS AUTO – EARLIER NOTICE OF CANCELLATION OR NONRENEWAL

SCHEDULE

Number of Days Notice: 60 - If other, enter number

Enter the name and address here: **Name**
 Street
 City, State, Zip

CANCELLATION AND NONRENEWAL

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation or nonrenewal, as provided for in this policy or as amended by an applicable state cancellation or nonrenewal endorsement, is increased to the number of days shown in the Schedule above

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

NAMED INSURED ENDORSEMENT

It is agreed that the following entity(ies) is(are) included as Named Insured(s):

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

COMPOSITE RATE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Named Insured:	Effective Date:
Policy Number:	Countersigned by:

The premium for this policy shall be computed in accordance with the premium basis and rates designated in the schedule below. This policy is subject to audit. Advance premium has been computed based upon the ACORD Business Auto application and related schedule of insured vehicles dated . Earned premium at termination will be computed based on the average number of insured vehicles at the end of the policy period compared to the schedule below. If the earned premium thus computed exceeds the estimated advance premium, the named insured shall pay the excess to the company; if less, the company shall return to the named insured the unearned portion paid by such insured.

RECORDS

The named insured shall maintain appropriate records of insured vehicles throughout the policy period.

INSPECTION AND AUDIT

The company shall be permitted but not obligated to inspect the named insured's property and operations at any time. Neither the company's right to make inspections nor the making thereof nor any report thereon shall constitute an undertaking on behalf of or for the benefit of the named insured or others, to determine or warrant that such property or operations are safe or healthful, or are in compliance with any law, rule or regulation.

REPORTING REQUIREMENTS

Due to the fact that many states with compulsory insurance laws require detailed reporting for auto additions, we, in turn, must require that we be provided with a copy of the vehicle registration whenever an auto is added during the policy term.

SCHEDULE

Liability			Phys. Damage		
Vehicle Type H. = Heavy, E. = Extra	Units	\$ Per Unit	Vehicle Type H. = Heavy, E. = Extra	Units	\$ Per Unit
Private Passenger			Private Passenger		
Light Truck			Light Truck		
Medium Truck			Medium Truck		
H. Truck			H. Truck		
E. H. Truck			E. H. Truck		
H. Truck Tractor			H. Truck Tractor		
Zone Rated H. T. T.			Zone Rated H. T. T.		
E.H. Truck Tractor			E.H. Truck Tractor		
Zone Rated E.H.T.T.			Zone Rated E.H.T.T.		
Semi-Trailer			Semi-Trailer		
Trailer			Trailer		
Utility Trailer	NA	NA	Utility Trailer		

Estimated Advance Premium: \$ _____

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy Number:

Named Insured:

FORMS ATTACHED TO AND MADE A PART OF THIS POLICY AT INCEPTION:

FORM NUMBER

FORM TITLE

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

BUSINESS AUTO - ADDITIONAL INSURED WHEN REQUIRED BY CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section II – Liability Coverage A. – Coverage, 1. Who is an Insured, is amended to add:

- d.** Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into, excluding contracts or agreements for professional services, which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:
- 1.** The coverage and/or limits of this policy; or
 - 2.** The coverage and/or limits required by said contract or agreement.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.

ENDORSEMENT

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

BUSINESS AUTO – WAIVER OF TRANSFER OF RIGHTS OF RECOVERY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section IV – Business Auto Conditions, A. – Loss Conditions, 5. Transfer of Rights of Recovery Against Others to Us, is amended to add:

However, we will waive any right of recovery we have against any person or organization with whom you have entered into a written contract because of payments we make under this Coverage Form arising out of an “accident” or “loss” if:

- (1) The “accident” or “loss” is due to operations undertaken in accordance with the written contract existing between you and such person or organization; and
- (2) The written contract was entered into prior to any “accident” or “loss”.

No Waiver of the right of recovery will directly or indirectly apply to your employees or employees of the person or organization, and we reserve our rights or lien to be reimbursed from any recovery funds obtained by any injured employee.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.

POLICY CHANGES

Policy Change Number:

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
NAMED INSURED		AUTHORIZED REPRESENTATIVE
COVERAGE PARTS AFFECTED		
CHANGES		
All other terms and conditions remain unchanged.		

SERFF Tracking Number: PRFL-125593820 *State:* Arkansas
Filing Company: Great Divide Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PRFL-125593820 State: Arkansas
Filing Company: Great Divide Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: EP-0806
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Environmental Contractors - Commercial/EP-0806

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/01/2008

Comments:

P&C Transmittal document attached.

Attachment:

NAIC_PCtransDoc_intelligent_AR.pdf

Satisfied -Name: Filing Authorization **Review Status:** Approved 08/01/2008

Comments:

Filing authorization letter for ProFilers, LLC attached.

Attachment:

DOI_Authorization_Letter_AR.pdf

Satisfied -Name: Filing memo **Review Status:** Approved 08/01/2008

Comments:

Filing memo and redlined copies of revised forms attached.

Attachments:

AUTO EXPLANATORY MEMO_Forms.pdf

Redlined_IL E01 AS 08 04.pdf

Redlined_IL E03 AS 08 04.pdf

Redlined_ENV-CAE200706_COMPOSITE RATE.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: 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					

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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 style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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—

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]

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:

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.)

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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



NAUTILUS INSURANCE GROUP®

Nautilus Insurance Company

Great Divide Insurance Company

July 21, 2008

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

Re: ProFilers, LLC – Filing Authorization
Great Divide Insurance Company
NAIC #0098-25224 FEIN 45-0397186

Gentlemen:

This will certify that ProFilers, LLC has been given complete authority to submit and respond to any issues regarding the enclosed filing on behalf of Great Divide Insurance Company. This authorization is deemed to be in effect until rescinded in writing.

If you have any questions, please feel free to contact me at 480/922-4045.

Sincerely,

Janet L. Shemanske
Vice President and Secretary

JLS:cs

Enclosures

Great Divide Insurance Company
Environmental Program

Commercial Automobile

Great Divide Insurance Company has on file a Commercial Automobile Program for environmental-related contracting, consulting and waste management operations.

The majority of the forms and endorsements applicable to this program, including all state amendatory endorsements, are ISO forms. However, several company forms were included with the initial filing. At this time we are proposing the following changes to the program:

Commercial Lines Policy Cover E002J (11/06) replaces GS944J. The only changes are editorial in nature to update the company address and logo.

Business Automobile Coverage Form Declarations BAP DEC 12 07 – replaces AI CD 71. The dec has been completely reformatted so that a side-by-side comparison is not possible. However, there are no substantive changes to the Declarations.

Earlier Notice of Cancellation or Nonrenewal ENV 2220 11 07 replaces IL E01 AS. A redlined copy of this form is attached showing that the changes are minor and editorial in nature. Great Divide wanted to have forms numbered so that they could be specifically identified with this program.

Named Insured Endorsement ENV 2216 09 06 replaces Schedule of Named Insured Endorsement IL E03 AS. A redlined copy of this form is attached showing that the changes are minor and editorial in nature. Great Divide wanted to have forms numbered so that they could be specifically identified with this program.

Composite Rate Endorsement ENV 2221 11 07 replaces ENV-CA E20. A redlined copy of this form is attached showing that the changes are minor and editorial in nature. The vehicle type has been expanded to provide for better classification of automobile. Great Divide also wanted to have forms numbered so that they could be specifically identified with this program.

Schedule of Forms and Endorsements ENV FORM 10 06 is new. It has no rate impact and is only used to list the form numbers of those forms attached to the policy.

Additional Insured – When Required by Contract or Agreement ENV 2223 12 07 is new. This form is only used at the insured's request when obligated by a contract or agreement entered into requires that the contracted person or organization be included as an additional insured. There will be no additional premium charged for this endorsement.

Waiver of Transfer of Rights of Recovery ENV 2222 12 07 is new. This form is only used at the insured's request when obligated by a contract or agreement entered into has the requirement that we waive any right of recovery. There will be no premium charge for this endorsement.

Policy Changes form ENV 1200 09 06 is new. This form is only used as an informational cover sheet when policy changes requested by the insured are processed.

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

This endorsement forms a part of the policy to which it is attached. Please read it carefully.

BUSINESS AUTO EARLIER NOTICE OF CANCELLATION OR NONRENEWAL

~~This endorsement modifies insurance provided under the following:~~

~~COMMERCIAL AUTOMOBILE
COMMERCIAL CRIME COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
ENTERTAINMENT PACKAGE POLICY~~

SCHEDULE

Number of Days Notice _____

CANCELLATION AND NONRENEWAL

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation or nonrenewal, as provided for in this policy or as amended by an applicable state cancellation or nonrenewal endorsement, is increased to the number of days shown in the Schedule above.

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

~~SCHEDULE OF INSUREDS~~

NAMED INSURED ENDORSEMENT

The Insureds listed below are in addition to the Named Insured shown in the declarations.

Insured Declarations

It is agreed that the following entity(ies) is (are) included as Named Insured(s).



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPOSITE RATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Named Insured:	Effective Date:
Policy Number:	Countersigned by:

The premium for this policy shall be computed in accordance with the premium basis and rates designated in the schedule below. This policy is subject to audit. Advance premium has been computed based upon the ACORD Business Auto application and related schedule of insured vehicles dated . Earned premium at termination will be computed based on the average number of insured vehicles at the end of the policy period compared to the schedule below. If the earned premium thus computed exceeds the estimated advance premium, the named insured shall pay the excess to the company; if less, the company shall return to the named insured the unearned portion paid by such insured.

RECORDS

The named insured shall maintain appropriate records of insured vehicles throughout the policy period.

INSPECTION AND AUDIT

The company shall be permitted but not obligated to inspect the named insured's property and operations at any time. Neither the company's right to make inspections nor the making thereof nor any report thereon shall constitute an undertaking on behalf of or for the benefit of the named insured or others, to determine or warrant that such property or operations are safe or healthful, or are in compliance with any law, rule or regulation.

REPORTING REQUIREMENTS

Due to the fact that many states with compulsory insurance laws require detailed reporting for auto additions, we, in turn, must require that we be provided with a copy of the vehicle registration whenever an auto is added during the policy term.

SCHEDULE

Liability Vehicle Type H.=Heavy, E.=Extra	Units	\$ Per Unit	Phys. Damage Vehicle Type	Units	\$ Per Unit
Private Passenger	0	\$	Private Passenger	0	\$
Light Truck	0	\$	Light Truck	0	\$
Medium Truck	0	\$	Medium Truck	0	\$
Heavy Truck	0	\$	Heavy Truck	0	\$
Extra Heavy Truck	0	\$	Extra Heavy Truck	0	\$
H. Truck Tractor	0	\$	H. Truck Tractor	0	\$
Zone Rated H. T. T.			Zone Rated H. T. T.		
E. H. Truck Tractor			E. H. Truck Tractor		
Zone Rated E.H.T.T.			Zone Rated E.H.T.T.		
Semi-Trailer			Semi-Trailer		
Trailer	0	\$	Trailer	0	\$
Utility Trailer	N/A	N/A	Utility Trailer		

Estimated Advance Premium: \$

© 2006 by Berkley Specialty Underwriting Managers LLC, an affiliate of Nautilus Insurance Company and Great Divide Insurance Company. All rights reserved.
 © 1985-2006 by Insurance Services Office, Inc. material used by permission.