

SERFF Tracking Number: WSFG-125762720 State: Arkansas
Filing Company: Westfield Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 081115ARILWFFO
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Truckers and Motor Truck Cargo
Project Name/Number: Interline Form Change/081115ARILWFFO

Filing at a Glance

Company: Westfield Insurance Company
Product Name: Truckers and Motor Truck Cargo SERFF Tr Num: WSFG-125762720 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 081115ARILWFFO State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Kimberly Tanner Disposition Date: 08/07/2008
Date Submitted: 08/06/2008 Disposition Status: Approved
Effective Date Requested (New): 11/15/2008 Effective Date (New): 11/15/2008
Effective Date Requested (Renewal): 11/15/2008 Effective Date (Renewal): 11/15/2008

State Filing Description:

General Information

Project Name: Interline Form Change Status of Filing in Domicile:
Project Number: 081115ARILWFFO Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/07/2008 Deemer Date:
State Status Changed: 08/07/2008
Corresponding Filing Tracking Number:
Filing Description:
On behalf of the Westfield Insurance Company (NAIC: 228-24112), subscribers to Insurance Services Office, we are filing form IL7036 for all policies on or after November 15, 2008.

- IL7036 07-08 – Combined Deductible – Application Of The Deductible To A Combination Of "Autos" And Cargo

SERFF Tracking Number: WSFG-125762720 State: Arkansas
Filing Company: Westfield Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 081115ARILWFFO
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Truckers and Motor Truck Cargo
Project Name/Number: Interline Form Change/081115ARILWFFO

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/07/2008	08/07/2008

SERFF Tracking Number: *WSFG-125762720* *State:* *Arkansas*
Filing Company: *Westfield Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *081115ARILWFFO*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Truckers and Motor Truck Cargo*
Project Name/Number: *Interline Form Change/081115ARILWFFO*

Disposition

Disposition Date: 08/07/2008

Effective Date (New): 11/15/2008

Effective Date (Renewal): 11/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *WSFG-125762720* *State:* *Arkansas*
Filing Company: *Westfield Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *081115ARILWFFO*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Truckers and Motor Truck Cargo*
Project Name/Number: *Interline Form Change/081115ARILWFFO*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Combined Deductible - Application Of The Deductible To A Combination Of "Autos" And Cargo	Approved	Yes

SERFF Tracking Number: WSFG-125762720 State: Arkansas
 Filing Company: Westfield Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 081115ARILWFFO
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
 Product Name: Truckers and Motor Truck Cargo
 Project Name/Number: Interline Form Change/081115ARILWFFO

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Combined Deductible - Application Of The Deductible To A Combination Of "Autos" And Cargo	IL7036	0708	Endorseme New nt/Amendm ent/Condi tions		0.00	IL_7036_0708.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMBINED DEDUCTIBLE - APPLICATION OF THE DEDUCTIBLE TO A COMBINATION OF "AUTOS" AND CARGO

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM MOTOR TRUCK CARGO COVERAGE FORM

**TRUCKERS - SECTION IV - PHYSICAL DAMAGE
COVERAGE, D. Deductible** is amended to read:

D. Deductible

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the declarations. Any Comprehensive Coverage deductible shown in the declarations does not apply to "loss" caused by fire and lightning.

The word "auto" as used in the above paragraph shall apply:

Separately - to each tractor, truck semi-trailer or trailer when not attached to another at the time of the "loss".

Inclusively - to any combination of tractor, truck, semi-trailer(s) or trailer(s) when attached together by coupling devices at the time of "loss".

If differing deductibles are involved with a combination, the greatest of the deductibles will apply to reduce the "loss" if the combination is damaged or stolen. Otherwise, if only one "auto" of

the combination is damaged or stolen, the deductible schedule for that "auto" will apply to reduce the "loss".

MOTOR TRUCK CARGO

The following is added to Item **D. DEDUCTIBLE**:

This deductible shall apply:

1. To cargo "loss" if not included in the combination.
2. To any combination of physical damage "loss" as defined in the policy and cargo loss if the cargo deductible is greater than the physical damage deductible of the Truckers Coverage Form. In this case, the physical damage deductible will not apply.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

SERFF Tracking Number: WSFG-125762720 State: Arkansas
Filing Company: Westfield Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 081115ARILWFFO
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Truckers and Motor Truck Cargo
Project Name/Number: Interline Form Change/081115ARILWFFO

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/07/2008

Comments:

Attachment:

2008 11-15 AR PCTD-1.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 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—

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

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.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

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

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

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)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

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	