

SERFF Tracking Number: BEUW-125791620 State: Arkansas
Filing Company: StarNet Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-OSP-IM-FM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Outdoor Specialty Program
Project Name/Number: Outdoor Specialty Program - Initial Filing/AR-OSP-IM-FM-2008-01

Filing at a Glance

Company: StarNet Insurance Company
Product Name: Outdoor Specialty Program SERFF Tr Num: BEUW-125791620 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: AR-OSP-IM-FM-2008-01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Disposition Date: 09/03/2008
Authors: Ryan Boulware, Donald Harrison, Lawrence Whalley
Date Submitted: 08/29/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 09/03/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Outdoor Specialty Program - Initial Filing Status of Filing in Domicile: Not Filed
Project Number: AR-OSP-IM-FM-2008-01 Domicile Status Comments:
Reference Organization: ISO Reference Number: various - please see filing description
Reference Title: various - please see filing description Advisory Org. Circular: various - please see filing description
Filing Status Changed: 09/03/2008
State Status Changed: 09/02/2008 Deemer Date:
Corresponding Filing Tracking Number: AR-OSP-IM-RARU-2008-01 (desk)
Filing Description:
StarNet Insurance Company is introducing a new Program which will provide coverage for exposures associated with Guide and Outfitter operations. In addition to Guide and Outfitters, this Program will also cover Rod and Gun Clubs, Target Ranges, Hunting Preserves, and other associated exposures.

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Product Name: Outdoor Specialty Program
Project Name/Number: Outdoor Specialty Program - Initial Filing/AR-OSP-IM-FM-2008-01

The forms consist of company developed declaration pages to be used in conjunction with the Insurance Services Office (ISO) forms portfolio. We are hereby adopting by reference, all ISO policy forms, endorsements and related forms currently approved for use in your state for this line of business that have been filed by ISO. Additionally, the company developed declaration pages are being submitted as a part of this filing package for your review and approval along with any company-specific, proprietary endorsements.

This is a program-specific filing ("Outdoor Specialty Program") based on the material being adopted and submitted at this time. We will not be automatically adopting future ISO filings of forms and therefore, we will ask ISO to add this Program to their "exception report" effective with your approval of this filing to override filing authorization in the future.

We respectfully request an effective date upon your approval. Under the filing laws of your state for this line of business, it has been determined that the rate/rule portion of the filing is a desk filing and will be handled as such with an even effective date to match your acknowledgement/approval of this submission.

Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of StarNet Insurance Company. All other filed and approved Programs for StarNet Insurance Company remain of file without change.

Please contact me directly if you have any questions regarding this submission. Thank you.

Company and Contact

Filing Contact Information

Donald Harrison, State Filings Manager
215 Shuman Blvd., Ste. 200
Naperville, IL 60563

DHarrison@bupllc.com
(630) 210-0351 [Phone]
(630) 210-0377[FAX]

Filing Company Information

StarNet Insurance Company
215 Shuman Blvd., Suite 200
Naperville, IL 60563

CoCode: 40045
Group Code: 98
Group Name: W.R. Berkley
Corporation
FEIN Number: 22-3590451

State of Domicile: Delaware
Company Type: Stock
State ID Number:

(630) 210-0360 ext. [Phone]

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
StarNet Insurance Company	\$50.00	08/29/2008	22207256

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/03/2008	09/03/2008

SERFF Tracking Number: *BEUW-125791620* *State:* *Arkansas*
Filing Company: *StarNet Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR-OSP-IM-FM-2008-01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Outdoor Specialty Program*
Project Name/Number: *Outdoor Specialty Program - Initial Filing/AR-OSP-IM-FM-2008-01*

Disposition

Disposition Date: 09/03/2008

Effective Date (New): 09/03/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BEUW-125791620 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	EQUIPMENT COVERAGE FORM	Approved	Yes
Form	ENDORSEMENT – EQUIPMENT BREAKDOWN COVERAGE	Approved	Yes
Form	ENDORSEMENT – RENTAL REIMBURSEMENT COVERAGE	Approved	Yes
Form	COMMERCIAL INLAND MARINE SCHEDULE	Approved	Yes
Form	COMMERCIAL INLAND MARINE POLICY DECLARATIONS	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EQUIPMENT COVERAGE FORM	CM 70 03	07 08	Policy/CoveNew rage Form		0.00	CM 70 03 07 08 Equipment Coverage Form.pdf
Approved	ENDORSEMENT – EQUIPMENT BREAKDOWN COVERAGE	CM 75 24	06 08	Endorseme New nt/Amendm ent/Condi tions		0.00	CM 75 24 06 08 Endorsemen t - Equipment Breakdown Coverage.pd f
Approved	ENDORSEMENT – RENTAL REIMBURSEME NT COVERAGE	CM 75 25	06 08	Endorseme New nt/Amendm ent/Condi tions		0.00	CM 75 25 06 08 Endorsemen t - Rental Reimburse ment Coverage.pd f
Approved	COMMERCIAL INLAND MARINE 10 SCHEDULE	CM DS 77	07 08	Declaration New s/Schedule		0.00	CM DS 77 10 07 08 Commercial Inland Marine Schedule.pdf
Approved	COMMERCIAL INLAND MARINE 11 POLICY DECLARATIONS	CM DS 77	09 08	Declaration New s/Schedule		0.00	CM DS 77 11 09 08 Commercial Marine Policy Declarations.

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pdf

EQUIPMENT COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance. Other words and phrases that appear in quotation marks have special meaning. Refer to Section F. Definitions.

A. Coverage – We will pay for direct physical loss of or damage to Covered Property from any of the Covered Causes of Loss.

1. Covered Property – Covered Property, as used in this Coverage Form, means the following property described in the Declarations:

- a. Your equipment; and
- b. Similar property of others in your care, custody or control.

2. Property Not Covered – Covered Property does not include:

- a. Automobiles, motor trucks, trailers or other vehicles licensed for use on public roads;
- b. Aircraft;
- c. Plans, blueprints, designs or specifications;
- d. Property while waterborne, except while on ferries operating on the navigable waters of the Continental United States and Canada (other than to or from Alaska);
- e. Property while underground or under water;
- f. Property that you loan, lease or rent to others;
- g. Contraband, or property in the course of illegal transportation or trade; or
- h. Tools and clothing belonging to your employees.

3. Covered Causes of Loss – Covered Causes of Loss means risks of physical loss or damage caused directly to Covered Property except those causes of loss listed in the exclusions, paragraph B, below.

4. Additional Coverages:

a. Additionally Acquired Property – If during the policy period you acquire additional property of a type already covered by this Coverage Form, we will cover such equipment for up to sixty (60) days, but not beyond the end of the policy period. The most we will pay for loss or damage is the lesser of:

- (1) Twenty-five (25) percent of the total Limit of Insurance shown in the Declarations for all scheduled equipment; or
- (2) \$50,000

You will report values of such property to us within 60 days from the date you take possession and will pay any additional premium due. If you do not report such property, coverage will cease automatically 60 days after the date the property is acquired or at the end of the policy period, whichever occurs first.

The Coinsurance Additional Condition does not apply to this coverage.

This Additional Coverage does not increase the applicable Limit of Insurance shown in the Declarations.

b. Debris Removal

- (1) We will pay your expenses to remove debris of Covered Property caused by or resulting from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date of direct physical loss or damage.

EQUIPMENT COVERAGE FORM

(2) The most we will pay under this Additional Coverage is twenty-five (25) percent of:

(a) The amount we pay for the direct physical loss or damage to Covered Property; plus

(b) The deductible in this policy applicable to that loss or damage.

(3) Payment under this Additional Coverage will not increase the applicable Limit of Insurance, but if:

(a) The sum of direct physical loss or damage and debris removal expense exceeds the Limit of Insurance; or

(b) The debris removal expense exceeds the amount payable under the twenty-five (25) percent limitation;

we will pay up to an additional **\$5,000** in any one occurrence under this Additional Coverage.

(4) This Additional Coverage does not apply to costs to:

(a) Extract "pollutants" from land or water; or

(b) Remove, restore or replace polluted land or water.

c. Preservation of Property – If it is necessary to move Covered Property to preserve it from loss or damage by a Covered Cause of Loss, we will pay for any direct physical loss or damage to that property:

(1) While it is being moved or while temporarily stored at another location; and

(2) Only if the loss or damage occurs within thirty (30) days after the property is first moved.

This Additional Coverage does not increase the Limit of Insurance.

d. Pollutant Clean Up and Removal – We will pay your expense to extract "pollutants" from land or water if the discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused by or results from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within one hundred and eighty (180) days of the date on which the Covered Cause of Loss occurs.

This Additional Coverage does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants". However, we will pay for testing which is performed in the course of extracting the "pollutants" from the land or water.

The most we will pay under this Additional Coverage is \$10,000 for the sum of all covered expenses arising out of Covered Causes of Loss occurring during each separate twelve (12) month period of this policy. The limit for this Additional Coverage is in addition to the Limit of Insurance.

B. Exclusions:

1. We will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage.

a. Governmental Action - Seizure or destruction of property by order of governmental authority. However, we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread if the fire would be covered under this Coverage Form.

b. Nuclear Hazard:

(1) Any weapon employing atomic fission or fusion; or

(2) Nuclear reaction or radiation or radioactive contamination from any other cause. However, if nuclear reaction or radiation or radioactive contamination results in fire, we will pay for the direct loss or damage caused by that fire if the fire would be covered under this Coverage Form.

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c. War and Military Action:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

Exclusions in this paragraph 1, above apply whether or not the loss event results in widespread damage or affects a substantial area.

2. We will not pay for loss or damage caused by or resulting from any of the following:

a. Delay, loss of use, loss of market, or any other consequential loss.

b. Dishonest or criminal act committed by:

- (1) You, any of your partners, employees, directors, trustees, or authorized representatives;
- (2) A manager or a member if you are a limited liability company;
- (3) Anyone else with an interest in the property, or their employees or authorized representatives; or
- (4) Anyone else to whom the property is entrusted for any purpose.

This exclusion applies whether or not such persons are acting alone or in collusion with other persons or such acts occur during the hours of employment.

This exclusion does not apply to Covered Property that is entrusted to others who are carriers for hire or to acts of destruction by your employees. But theft by employees is not covered.

c. Work upon the property – However, if work upon the property results in fire or explosion, we will pay for direct loss or damage caused by that fire or explosion if the fire or explosion would be covered under this Coverage Form.

d. Artificially generated current creating a short circuit or other electric disturbance within an article covered under this Coverage Form. However, if artificially generated current, as described above, results in fire or explosion, we will pay for direct loss or damage caused by that fire or explosion if the fire or explosion would be covered under this Coverage Form.

This exclusion only applies to loss or damage to that article in which the disturbance occurs.

e. Voluntary parting with any property by you or anyone entrusted with the property if induced to do so by any fraudulent scheme, trick, device, or false pretense.

f. Unauthorized instructions to transfer property to any person or to any place.

g. Neglect of an insured to use all reasonable means to save and preserve property from further damage at and after the time of loss.

3. We will not pay for loss or damage caused by or resulting from any of the following. However, if loss or damage by a Covered Cause of Loss results, we will pay for the loss or damage caused by that Covered Cause of Loss.

a. Wear and tear, depreciation.

b. Any quality in the property that causes it to damage or destroy itself, hidden or latent defect, gradual deterioration.

EQUIPMENT COVERAGE FORM

- c. Nesting, infestation, discharge, or release of waste products or secretions by insects, birds, rodents, or other animals.
- d. Rust, corrosion, "fungi", decay, or deterioration.
- e. Mechanical breakdown or failure of the Covered Property.
- f. Smoke, vapor, or gas from agricultural smudging or industrial operations.

C. Limits of Insurance – The most we will pay for loss or damage in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

D. Deductible – We will not pay for loss or damage in any one occurrence until the amount of the adjusted loss or damage before applying the applicable Limits of Insurance exceeds the Deductible shown in the Declarations. We will then pay the amount of the adjusted loss or damage in excess of the Deductible, up to the applicable Limit of Insurance.

E. Additional Conditions – The following conditions apply in addition to the Commercial Inland Marine Conditions and the Common Policy Conditions:

1. Coverage Territory:

a. We cover property wherever located within:

- (1) The United States of America (including its territories and possessions);
- (2) Puerto Rico; and
- (3) Canada.

b. We also cover property being shipped by air within and between points in paragraph a. above.

2. Coinsurance – If a Coinsurance percentage is shown in the Declarations we will not pay the full amount of any loss or damage if the value of an item of Covered Property at the time of loss or damage times the Coinsurance percentage is greater than the Limit of Insurance for the item.

Instead, we will determine the most we will pay using the following steps:

- a. Multiply the value of the item of Covered Property at the time of loss or damage by the Coinsurance percentage;
- b. Divide the Limit of Insurance of the property by the figure determined in Step a. above;
- c. Multiply the total amount of loss or damage, before the application of any deductible, by the figure determined in Step b.; and
- d. Subtract the deductible from the figure determined in Step c.

We will pay the amount determined in Step d. or the Limit of Insurance, whichever is less. For the remainder, you will either have to rely on other insurance or absorb the loss yourself. This provision does not apply to blanket property or rented equipment.

3. Commercial Inland Marine Conditions – Condition F, Valuation is entirely deleted and replaced by the following:

F. Valuation – The value of property will be the least of the following amounts:

- 1. The actual cash value of that property;
- 2. The cost of reasonably restoring that property to its condition immediately before loss or damage;
- 3. The cost of replacing that property with substantially identical property; or
- 4. The stated value amount shown in the Declarations for the property.

EQUIPMENT COVERAGE FORM

In the event of loss or damage, the value of property will be determined as of the time of loss or damage.

F. Definitions:

1. **“Fungi”** mean any type or form of fungus, including mold, mildew, and any mycotoxins, spores, scents, or by-products produced or released by fungi.
2. **“Pollutants”** means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals, and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

ENDORSEMENT – EQUIPMENT BREAKDOWN COVERAGE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes coverage provided by the following:

COMMERCIAL INLAND MARINE COVERAGE PART

A. Coverage – We will pay for loss or damage to Covered Property caused directly by any Covered Cause of Loss

1. **Covered Property** – Covered Property includes, but is not limited to, portable refrigeration equipment and generators.
2. **Property not Covered** – Property Not Covered includes boats, farm machinery, vehicles, or self-propelled machines.
3. **Covered Cause of Loss** – “Equipment Breakdown”.
4. **Additional Coverages** – The following Additional Coverages are deleted and replaced with the following:
 - d. **Pollutant Clean Up and Removal** – We will pay for the Pollutant Clean Up and Removal for loss resulting from an “equipment breakdown”. The most we will pay for the Pollutant Clean Up and Removal is **\$50,000** unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

This Additional Coverage does not apply to costs to test for, monitor, or assess the existence, concentration or effects of “pollutants”. However, we will pay for testing which is performed in the course of extracting “pollutants” from the land or water.

5. **Additional Coverages** – The following Additional Coverages are added:

a. **Expediting Expenses** – We will pay for the reasonable extra cost to:

- (1) Make temporary repairs;
- (2) Expedite permanent repairs; and
- (3) Expedite permanent replacement

Reasonable extra cost means the extra cost of temporary repair and of expediting the repair of such damaged equipment of the insured, including overtime and the extra cost of express or other rapid means of transportation. This is a part of the applicable limit of insurance.

b. **Refrigerant Contamination** – We will pay the loss from contamination by a refrigerant used in refrigerating, cooling, or humidity control equipment at the described premises caused directly by “equipment breakdown”

The most we will pay for loss or damage under this Additional Coverage is **\$50,000** unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

c. **Spoilage** – We will pay for loss of or damage to “perishable goods” due to spoilage resulting directly from lack of power, light, heat, steam, or refrigeration caused by an “equipment breakdown” to Covered Property, which are:

- (1) Located on or within one hundred (100) feet of your described premises; and
- (2) Owned by you, the building owner, at your described premises, or owned by a public utility.

However, we will not pay for any loss, damage, cost or expense directly caused by, contributed to by, resulting from or arising out of the following causes of loss:

- (1) Fire, lightning, combustion explosion;
- (2) Windstorm or hail;
- (3) Weight of snow, ice or sleet;

ENDORSEMENT – EQUIPMENT BREAKDOWN COVERAGE

- (4) Falling objects;
- (5) Smoke;
- (6) Aircraft or vehicles;
- (7) Riot or civil commotion;
- (8) Vandalism;
- (9) Sinkhole collapse;
- (10) Volcanic action,;
- (11) Leakage from fire extinguishing equipment;
- (12) Water and water damage;
- (13) Earth movement; or
- (14) Flood.

The most we will pay for loss or damage under this Additional Coverage is **\$50,000** unless a higher limit is provided by an endorsement to the property form for which this endorsement is attached. In that case, whichever limit is greater will apply.

d. Service Interruption – Any insurance provided in this Coverage Part for Business Income, Extra Expense, or Spoilage is extended to apply to your loss, damage or expense caused by an “equipment breakdown” to equipment that is owned by a utility, landlord, or other supplier with whom you have a contract to supply you with any of the following services:

- (1) Electrical power;
- (2) Waste disposal;
- (3) Air conditioning, refrigeration, or heating;
- (4) Natural gas or town gas;
- (5) Compressed air;
- (6) Water;
- (7) Steam;
- (8) Internet access;
- (9) Telecommunications services, wide area networks, or data transmission.

The equipment must meet the definition of “equipment breakdown” except it is not Covered Property.

B. Exclusions – All of the Exclusions found in the Causes of Loss – Special Form apply except the following:

The following Exclusions are deleted:

- a. Exclusion B, 2, a, Artificially generated electrical current is entirely deleted.
- b. Exclusion B, 2, e, Explosion of steam boilers, steam pipes, steam engines or steam turbines owned or leased by you, or operated under your control is entirely deleted.
- c. Exclusion B, 2, d, (6) Mechanical breakdown, including rupture or bursting caused by centrifugal force is entirely deleted.

The last paragraph of Exclusion B, 2, d, is entirely deleted and replaced with the following:

ENDORSEMENT – EQUIPMENT BREAKDOWN COVERAGE

However, if an excluded cause of loss that is listed in paragraphs **2, d, (1)** through **(7)** results in an "equipment breakdown" we will pay for the loss or damage caused by that "equipment breakdown".

C. Limitations – Causes of Loss – Special Form – Item C., Limitations 1, a, Steam Boilers and steam piping and 1, b, Hot Water Boilers do not apply to "equipment breakdown".

D. Additional Conditions – In addition to the Commercial Property Conditions and the other Conditions of this Coverage Part the following Additional Conditions are added:

1. Suspension – Whenever Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss to that Covered Property for "equipment breakdown". Coverage can be suspended and possibly reinstated by delivering or mailing a written notice of suspension / coverage reinstatement to:

Your last known address; or the address where the property is located.

If we suspend your insurance, you will get a pro rata refund of premium. However, the suspension will be effective even if we have not yet made or offered a refund.

2. Jurisdictional Inspections – If any Covered Property under this endorsement requires inspection to comply with state, county, or municipal boiler and pressure vessel regulations, we agree to perform such inspection on your behalf. We do not warrant that conditions are safe or healthful.

3. Environmental, Safety, and Efficiency Improvements – If Covered Property requires replacement due to an "equipment breakdown"; we will pay your additional cost to replace with equipment that is better for the environment, safer, or more efficient than the equipment being replaced. However, we will not pay more than one hundred and twenty-five (125) percent of what the cost would have been to repair or replace with like kind and quality. This Condition does not apply to any property to which Actual Cash Value applies

E. Definitions – The following definitions are added

1. "Equipment breakdown" means:

a. Physical loss or damage both originating within:

(1) Boilers, fired or unfired pressure vessels, vacuum vessels, and pressure piping, all normally subject to vacuum or internal pressure other than static pressure of contents, excluding:

(a) Waste disposal piping;

(b) Any piping forming part of a fire protective system;

(c) Furnaces; and

(d) Any water piping other than:

i Boiler feed water piping between the feed pump and the boiler;

ii Boiler condensate return piping; or

iii Water piping forming part of a refrigerating or air conditioning system used for cooling, humidifying or space heating purposes.

(2) All mechanical, electrical, electronic, or fiber optic equipment; and

b. Caused by, resulting from, or consisting of:

(1) Mechanical breakdown;

(2) Electrical or electronic breakdown; or

(3) Rupture, bursting, bulging, implosion, or steam explosion.

ENDORSEMENT – EQUIPMENT BREAKDOWN COVERAGE

However, “equipment breakdown” does not mean physical loss or damage directly caused by or resulting from any of the following; however if loss or damage not otherwise excluded results, then we will pay for such resulting damage:

- (1) Wear and Tear;
- (2) Rust or other corrosion, decay, deterioration, hidden or latent defect, “fungi”, wet or dry rot, bacteria or any other quality in property that causes it to damage or destroy itself;
- (3) Smog;
- (4) Settling, cracking, shrinking or expansion;
- (5) Nesting or infestation, or discharge or release of waste products or secretions, by birds, rodents or other animals;
- (6) Any accident, loss, damage, cost, claim, or expense, whether preventative, remedial, or otherwise, directly or indirectly arising out of or relating to the recognition, interpretation, calculation, comparison, differentiation, sequencing, or processing of data by any computer system including any hardware, programs, or software;
- (7) Scratching and marring;
- (8) Loss, damage, cost, or expense directly caused by, contributed to by, resulting from, or arising out of the following causes of loss:
 - (a) Fire, lightning, combustion explosion;
 - (b) Windstorm or hail;
 - (c) Weight of snow, ice or sleet;
 - (d) Falling objects;
 - (e) Smoke;
 - (f) Aircraft or vehicles;
 - (g) Riot or civil commotion;
 - (h) Vandalism;
 - (i) Sinkhole collapse;
 - (j) Volcanic action;
 - (k) Leakage from fire extinguishing equipment;
 - (l) Water and water damage;
 - (m) Earth movement; or
 - (n) Flood.

2. “**Perishable goods**” means personal property maintained under controlled conditions for its preservation and susceptible to loss or damage if the controlled conditions change.

F. Definitions – Causes of Loss – Special Form – The following is added to definition “specified causes of loss”:

“Specified causes of loss” also means “equipment breakdown”.

THIS ENDORSEMENT MUST BE ATTACHED TO A CHANGE ENDORSEMENT WHEN ISSUED AFTER THE POLICY IS WRITTEN.

ENDORSEMENT – RENTAL REIMBURSEMENT COVERAGE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes coverage provided by the following:

COMMERCIAL INLAND MARINE COVERAGE PART

SCHEDULE:

Description of Covered Property:	Limit of Insurance:	How Limits Apply:
	\$	Per day
		Per Loss
Deductible Amount:	Seventy-two (72)	Hours

A. Rental Reimbursement Coverage – When a Limit of Insurance for Rental Reimbursement is shown in the Schedule with a description of the Covered Property:

1. We will pay you the actual rental expenses up to the Limit of Insurance shown in the Schedule for renting equipment when all of the following apply:
 - a. You have a Covered Cause of Loss to Covered Property;
 - b. The lost or damaged Covered Property is necessary to continue as much as possible the normal operations of work or process; and
 - c. You do not have the equivalent idle Covered Property available.
2. Payment is limited to expense incurred during the period commencing seventy-two (72) hours after the Covered Cause of Loss occurs and ending when the Covered Property has been:
 - a. Replaced;
 - b. Restored to service; or
 - c. Is no longer needed

whichever occurs first. Our payment will not be limited by the expiration date of this policy.
3. You and we agree the Covered Property involved in the Covered Cause of Loss will be repaired promptly.
4. **Covered Property** – The Covered Property described in the applicable Coverage Part.
5. **Covered Causes of Loss** – The Covered Causes of Loss described in the applicable Coverage Part.
6. **Limits of Insurance** – The Schedule shows the Limit of Insurance for Rental Reimbursement as applying per day and per any one loss.

THIS ENDORSEMENT MUST BE ATTACHED TO A CHANGE ENDORSEMENT WHEN ISSUED AFTER THE POLICY IS WRITTEN.

COMMERCIAL INLAND MARINE SCHEDULE

This Schedule applies to:

EQUIPMENT COVERAGE FORM

SCHEDULE:

Item No.	Description	Limit Of Insurance
		\$
		\$
		\$
Total		\$

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Schedule Of Property Dated:
On File In Our Office Located At: (If Applicable)



PRODUCER:

A Berkley Insurance Company
 Domicile Office: Corporation Trust Center, 1209 Orange Street, Wilmington DE 19801
 Main Administrative Office: 475 Steamboat Road, Greenwich, CT 06830
 Underwriting Office: 215 Shuman Boulevard, Suite 200, Naperville, IL 60563-8495 Telephone: (800) 343-0592

COMMERCIAL INLAND MARINE POLICY DECLARATIONS

POLICY NUMBER: _____ PRIOR POLICY NUMBER: _____
 NAMED INSURED _____

MAILING ADDRESS _____

POLICY PERIOD: From: _____ To: _____
 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: _____

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

Coverage Form:	Premium:
Equipment Coverage Form:	\$
Camera Coverage Form	\$
Fine Arts Coverage Form	\$
Other	\$
Other	\$
Total Premium:	
Surcharges (if applicable):	
Recoupments (if applicable):	
Municipal or County Taxes (if applicable):	
Total:	
Premium shown above payable \$:	at inception

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:	
Form Number and Edition Date	Description of Form or Endorsement

COUNTERSIGNED

BY

(Where required)

(Date)

(Authorized Representative)

IN WITNESS WHEREOF, StarNet Insurance Company has executed and attested these presents.

Secretary

President

SERFF Tracking Number: *BEUW-125791620* *State:* *Arkansas*
Filing Company: *StarNet Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR-OSP-IM-FM-2008-01*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Outdoor Specialty Program*
Project Name/Number: *Outdoor Specialty Program - Initial Filing/AR-OSP-IM-FM-2008-01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BEUW-125791620 State: Arkansas
Filing Company: StarNet Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-OSP-IM-FM-2008-01
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Outdoor Specialty Program
Project Name/Number: Outdoor Specialty Program - Initial Filing/AR-OSP-IM-FM-2008-01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/03/2008

Comments:

Attachments:

AR P&C Transmittal Document.pdf
AR Form Filing Schedule.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					

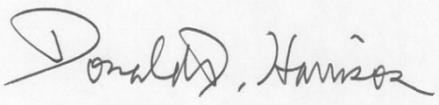
3. Group Name	Group NAIC #
W.R.Berkley Corporation	098

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
StarNet Insurance Company	DE	40045	22-3590451	31778

5. Company Tracking Number	AR-OSP-IM-FM-2008-01
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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
	Donald Harrison 215 Shuman Blvd., Suite 200 Naperville, IL 60563	Manager of Regulatory Filing and Support	630.210.0351 800.343.0592	630.210.0377	dharrison@bupllc.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Donald Harrison
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Outdoor Specialty Program
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: Upon approval Renewal: n/a – New Program
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	Varied for implementation of full line on new Program
18. Company's Date of Filing	8-29-08
19. Status of filing in domicile	<input checked="" 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 #	AR-OSP-IM-FM-2008-01
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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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StarNet Insurance Company is introducing a new Program which will provide coverage for exposures associated with Guide and Outfitter operations. In addition to Guide and Outfitters, this Program will also cover Rod and Gun Clubs, Target Ranges, Hunting Preserves, and other associated exposures.

The forms consist of company developed declaration pages to be used in conjunction with the Insurance Services Office (ISO) forms portfolio. We are hereby adopting by reference, all ISO policy forms, endorsements and related forms currently approved for use in your state for this line of business that have been filed by ISO. Additionally, the company developed declaration pages are being submitted as a part of this filing package for your review and approval along with any company-specific, proprietary endorsements.

This is a program-specific filing (“Outdoor Specialty Program”) based on the material being adopted and submitted at this time. We will not be automatically adopting future ISO filings of forms and therefore, we will ask ISO to add this Program to their “exception report” effective with your approval of this filing to override filing authorization in the future.

We respectfully request an effective date upon your approval. Under the filing laws of your state for this line of business, it has been determined that the rate/rule portion of the filing is a desk filing and will be handled as such with an even effective date to match your acknowledgement/approval of this submission.

Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of StarNet Insurance Company. All other filed and approved Programs for StarNet Insurance Company remain of file without change.

Please contact me directly if you have any questions regarding this submission. Thank you.

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]
<p>Check #: n/a - EFT Amount: \$50.00</p> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****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 #	AR-OSP-IM-FM-2008-01
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	AR-OSP-IM-RARU-2008-01 (desk)
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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	EQUIPMENT COVERAGE FORM	CM 70 03 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	ENDORSEMENT – EQUIPMENT BREAKDOWN COVERAGE	CM 75 24 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	ENDORSEMENT – RENTAL REIMBURSEMENT COVERAGE	CM 75 25 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	COMMERCIAL INLAND MARINE SCHEDULE	CM DS 77 10 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	COMMERCIAL INLAND MARINE POLICY DECLARATIONS	CM DS 77 11 09 08	<input checked="" 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