

SERFF Tracking Number: CATL-125805335 State: Arkansas
Filing Company: Catlin Insurance Company, Inc. State Tracking Number: EFT \$50
Company Tracking Number: 08-IM-IM001-CW-AR-F
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Inland Marine
Project Name/Number: Inland Marine - Initial Product Filing /08-IM-IM001-CW-AR-F

Filing at a Glance

Company: Catlin Insurance Company, Inc.

Product Name: Inland Marine

TOI: 09.0 Inland Marine

Sub-TOI: 09.0000 Inland Marine Sub-TOI
Combinations

Filing Type: Form

SERFF Tr Num: CATL-125805335 State: Arkansas

SERFF Status: Closed State Tr Num: EFT \$50

Co Tr Num: 08-IM-IM001-CW-AR-F State Status: Fees verified and
received

Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Diane Lichorobiec Disposition Date: 09/17/2008

Date Submitted: 09/17/2008 Disposition Status: Approved

Effective Date Requested (New): 10/15/2008

Effective Date (New): 10/15/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Inland Marine - Initial Product Filing

Project Number: 08-IM-IM001-CW-AR-F

Reference Organization: ISO

Reference Title:

Filing Status Changed: 09/17/2008

State Status Changed: 09/17/2008

Corresponding Filing Tracking Number: 08-IM-IM001-CW-AR-F

Filing Description:

The Catlin Insurance Company, Inc. submits for your review and approval our initial commercial inland marine program filing. The Catlin Insurance Company, Inc. is new to the admitted market in the United States and therefore has little data available to support our filings.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The filing represents our adoption of the Insurance Service Office, Inc. forms along with Independent forms as outlined below and on the Form Schedule tab:

SERFF Tracking Number: CATL-125805335 State: Arkansas
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 Company Tracking Number: 08-IM-IM001-CW-AR-F
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Inland Marine
 Project Name/Number: Inland Marine - Initial Product Filing /08-IM-IM001-CW-AR-F

Forms: All Currently Approved ISO forms including TRIA

This filing will bring the Catlin Insurance Company current with all approved ISO forms.

Company and Contact

Filing Contact Information

Diane Lichorobiec, State Filings Analyst diane.lichorobiec@catlin.com
 1600 Market Street (215) 446-9136 [Phone]
 Philadelphia, PA 19103 (215) 446-9131[FAX]

Filing Company Information

Catlin Insurance Company, Inc. CoCode: 19518 State of Domicile: Texas
 1600 Market Street Group Code: Company Type: Property and
 Casualty
 Suite 1616
 Philadelphia, PA 19103 Group Name: State ID Number:
 (215) 466-9132 ext. [Phone] FEIN Number: 20-4929941

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Catlin Insurance Company, Inc.	\$50.00	09/17/2008	22556456

SERFF Tracking Number: CATL-125805335 State: Arkansas
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TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Inland Marine
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/17/2008	09/17/2008

SERFF Tracking Number: *CATL-125805335* *State:* *Arkansas*
Filing Company: *Catlin Insurance Company, Inc.* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-IM-IM001-CW-AR-F*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0000 Inland Marine Sub-TOI Combinations*
Product Name: *Inland Marine*
Project Name/Number: *Inland Marine - Initial Product Filing /08-IM-IM001-CW-AR-F*

Disposition

Disposition Date: 09/17/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CATL-125805335 State: Arkansas
 Filing Company: Catlin Insurance Company, Inc. State Tracking Number: EFT \$50
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 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Inland Marine
 Project Name/Number: Inland Marine - Initial Product Filing /08-IM-IM001-CW-AR-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Accounts Receivable Declarations Page	Approved	Yes
Form	Business Income Declarations	Approved	Yes
Form	Camera and Musical Instrument Dealers Declarations	Approved	Yes
Form	Commercial Articles Declarations	Approved	Yes
Form	Commercial Inland Marine Declarations Page	Approved	Yes
Form	Contractors Equipment Declarations	Approved	Yes
Form	Film Declarations	Approved	Yes
Form	Flat Premium Per Shipping Package Declarations	Approved	Yes
Form	Floor Plan Declarations	Approved	Yes
Form	Mail Coverage - Reporting Declarations	Approved	Yes
Form	Mail Coverage Declarations	Approved	Yes
Form	Physicians and Surgeons Equipment Declarations	Approved	Yes
Form	Theatrical Property Declarations	Approved	Yes
Form	Transfer Agents Mail Declarations	Approved	Yes
Form	Valuable Papers and Records Declarations	Approved	Yes
Form	Mortgageholders Endorsement	Approved	Yes
Form	Mortgageholders Schedule	Approved	Yes
Form	Primary Contributing (Part of a Layer) Insurance Endorsement	Approved	Yes
Form	Schedule of Coverages Primary Contributing or Excess Insurance	Approved	Yes
Form	Builder's Risk - Broad Form	Approved	Yes
Form	Fungus, Wet Rot, Dry Rot and Bacteria Exclusion	Approved	Yes

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 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Inland Marine
 Project Name/Number: Inland Marine - Initial Product Filing /08-IM-IM001-CW-AR-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Accounts Receivable Declarations Page	IMAR 002	0408	Declaration News/Schedule		0.00	IMAR 002 0408.pdf
Approved	Business Income Declarations	IMBI 002	0408	Declaration News/Schedule		0.00	IMBI 002 0408.pdf
Approved	Camera and Musical Instrument Dealers Declarations	IMCM 002	0408	Declaration News/Schedule		0.00	IMCM 002 0408.pdf
Approved	Commercial Articles Declarations	IMCA 002	0408	Declaration News/Schedule		0.00	IMCA 002 0408.pdf
Approved	Commercial Inland Marine Declarations Page	IMIM 002	0408	Declaration News/Schedule		0.00	IMIM 002 0408.pdf
Approved	Contractors Equipment Declarations	IMCE 002	0408	Declaration News/Schedule		0.00	IMCE 002 0408.pdf
Approved	Film Declarations	IMFL 002	0408	Declaration News/Schedule		0.00	IMFL 002 0408.pdf
Approved	Flat Premium Per Shipping Package Declarations	IMML 004	0408	Declaration News/Schedule		0.00	IMML 004 0408.pdf
Approved	Floor Plan Declarations	IMFP 002	0408	Declaration News/Schedule		0.00	IMFP 002 0408.pdf
Approved	Mail Coverage - Reporting Declarations	IMML 005	0408	Declaration News/Schedule		0.00	IMML 005 0408.pdf
Approved	Mail Coverage	IMML 006	0408	Declaration New		0.00	IMML 006

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	Declarations		s/Schedule		0408.pdf
Approved	Physicians and Surgeons Equipment Declarations	IMPS 002 0408	Declaration News/Schedule	0.00	IMPS 002 0408.pdf
Approved	Theatrical Property Declarations	IMTR 002 0408	Declaration News/Schedule	0.00	IMTR 002 0408.pdf
Approved	Transfer Agents Mail Declarations	IMTA 002 0408	Declaration News/Schedule	0.00	IMTA 002 0408.pdf
Approved	Valuable Papers and Records Declarations	IMVP 001 0408	Declaration News/Schedule	0.00	IMVP 002 0408.pdf
Approved	Mortgageholders Endorsement	IMAP 400 0807	Endorsement/Amendment/Conditions	0.00	IMAP 400 0807.pdf
Approved	Mortgageholders Schedule	IMAP 401 0807	Declaration News/Schedule	0.00	IMAP 401 0807.pdf
Approved	Primary Contributing (Part of a Layer) Insurance Endorsement	IMAP 402 0208	Endorsement/Amendment/Conditions	0.00	IMAP 402 0208.pdf
Approved	Schedule of Coverages Primary Contributing or Excess Insurance Builder's Risk - Broad Form	IMAP 403 0208	Declaration News/Schedule	0.00	IMAP 403 0208.pdf
Approved	Fungus, Wet Rot, Dry Rot and Bacteria Exclusion	IMAP 600 0807	Endorsement/Amendment/Conditions	0.00	IMAP 600 0807.pdf

Policy Number: _____

ACCOUNTS RECEIVABLE DECLARATIONS

Named Insured:

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

PREMIUM FOR THIS COVERAGE FORM \$ _____
--

LIMITS OF INSURANCE	Limit Of Insurance
A. COVERAGE APPLICABLE AT YOUR PREMISES	
Address	
_____	\$ _____
_____	\$ _____
B. COVERAGE APPLICABLE AWAY FROM YOUR PREMISES	
_____	\$ _____
_____	\$ _____
C. COVERAGE APPLICABLE AT ALL LOCATIONS	\$ _____

DESCRIPTION OF RECEPTACLES

Address	Manufacturer	Class	Label	Issuer

COINSURANCE
The Coinsurance percentage is 80% unless otherwise stated. _____ %

RATES AND PREMIUM	
A. Nonreporting	
Rate \$ _____	Premium \$ _____
B. Reporting	
1. Deposit Premium	\$ _____
2. Minimum Annual Premium	\$ _____
3. Reporting Period	_____
4. Premium Adjustment Period	_____
5. Rates	\$ _____

DUPLICATE RECORDS
If the Duplicate Records endorsement is attached, the following applies:
<p style="margin-left: 40px;">PERCENTAGE DUPLICATED _____ %</p>

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

BUSINESS INCOME DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
At 12:01 A.M. both dates at your mailing address shown above.

BUSINESS INCOME COVERAGE APPLIES TO THE FOLLOWING COVERAGE FORM:

_____ COVERAGE FORM

LIMITS OF INSURANCE

BUSINESS INCOME INCLUDING "RENTAL VALUE" \$ _____

BUSINESS INCOME OTHER THAN "RENTAL VALUE" \$ _____

"RENTAL VALUE" ONLY APPLIES \$ _____

DESCRIBED PREMISES

1. _____

DEDUCTIBLE _____ DAYS/HOURS

COINSURANCE APPLICABLE TO BUSINESS INCOME _____ %

OPTIONAL COVERAGES (Coverage applies only if the appropriate entries are completed)

Maximum Period Of Indemnity Limit Of Insurance	\$ _____	
Monthly Limit Of Indemnity	\$ _____	Fraction Applicable _____
Business Income Agreed Value	\$ _____	
Extended Period Of Indemnity Number Of Days	_____	

RATES AND PREMIUMS

Rates _____ per \$ 100	Premium	\$ _____
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SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

CAMERA AND MUSICAL INSTRUMENT DEALERS DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
At 12:01 A.M. both dates at your mailing address shown above.

Camera

Musical Instrument

PREMIUM FOR THIS COVERAGE FORM \$ _____

LIMITS OF INSURANCE		Limit Of Insurance
A. PROPERTY AT YOUR PREMISES		
We cover only at the following described premises:		
Address		
_____	\$	_____
_____	\$	_____
B. PROPERTY AWAY FROM YOUR PREMISES IN THE CARE, CUSTODY OR CONTROL OF YOU OR YOUR EMPLOYEES		
	\$	_____
C. PROPERTY IN TRANSIT		
	\$	_____
D. PROPERTY NOT AT YOUR PREMISES AND NOT INCLUDED ABOVE		
	\$	_____
E. ALL COVERED PROPERTY AT ALL LOCATIONS		
	\$	_____

RATES AND PREMIUM			
A. Nonreporting			
Rate \$ _____		Premium	\$ _____
B. Reporting			
1. Deposit Premium			\$ _____
2. Minimum Annual Premium			\$ _____
3. Reporting Period			_____
4. Premium Adjustment Period			_____
5. Premium Base			_____
6. Rates			\$ _____

DEDUCTIBLE	
The Deductible amount is \$500 unless otherwise stated.	\$ _____

COINSURANCE	
The Coinsurance percentage is 80% unless otherwise stated.	%

ADDITIONALLY COVERED PROPERTY		
	First Address <u>shown above</u>	Second Address <u>shown above</u>
A. Furniture, Fixtures and Office Supplies	\$ _____	\$ _____
B. Machinery, Tools and Fittings	\$ _____	\$ _____
C. Patterns, Dies, Molds and Models	\$ _____	\$ _____
D. Improvements and Betterments	\$ _____	\$ _____

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

RATE AND PREMIUM		
	Rate	Premium
A. Cameras, projection machines, films and related equipment and accessories	_____	\$ _____
B. Musical instruments and related equipment and accessories	_____	\$ _____

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____ Previous Policy Number: _____

COMMERCIAL INLAND MARINE DECLARATIONS

INSURER Catlin Insurance Company, Inc. 1330 Post Oak Boulevard Suite 2325 Houston, TX 77056	BRANCH OFFICE Catlin, Inc. 140 Broadway 43rd Floor New York, NY 10005	PRODUCER
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Named Insured: Mailing Address:
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Form Of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other:

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

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.

Business Description: _____

Premium for this Coverage Part \$ _____ **Payable** _____

Forms applicable to the Commercial Inland Marine Coverage Part _____
 (Show numbers)

SPECIAL PROVISIONS (if any)

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THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

Policy Number: _____

CONTRACTORS EQUIPMENT DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

LIMITS OF INSURANCE

SCHEDULED EQUIPMENT:

- | | | | |
|----|-------|----|-------|
| 1. | _____ | \$ | _____ |
| 2. | _____ | \$ | _____ |
| 3. | _____ | \$ | _____ |
| 4. | _____ | \$ | _____ |
| 5. | _____ | \$ | _____ |

BLANKET EQUIPMENT CONSISTING OF:

_____ \$ _____

ALL COVERED PROPERTY IN ANY ONE OCCURRENCE \$ _____

COINSURANCE (IF APPLICABLE) _____ %

THE DEDUCTIBLE IS \$ _____, EXCEPT THE DEDUCTIBLE ON THE BOOM WHILE THE BOOM IS IN OPERATION OR BEING PREPARED FOR OPERATION IS THE GREATER OF:

1. 10% OF THE LIMIT OF INSURANCE FOR THAT ITEM; OR
2. \$ _____

If this is a reporting form policy, the values to be reported include the values of leased or rented equipment. Yes No

RATES AND PREMIUMS

Nonreporting

Covered equipment except equipment you borrow, lease or rent \$ _____

Equipment you borrow, lease or rent \$ _____

Reporting

Deposit Premium \$ _____

Minimum Premium \$ _____

Reporting Period _____

Premium Adjustment Period _____

Premium Base _____

Rates \$ _____ per \$100

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

FILM DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

PREMIUM FOR THIS COVERAGE FORM \$ _____

LIMITS OF INSURANCE	
Name Of Production	Limit Of Insurance
_____	\$ _____
_____	\$ _____

DEDUCTIBLE
The Deductible amount is \$500 unless otherwise stated.
\$ _____

COINSURANCE
For Nonreporting, the Coinsurance percentage is 80% unless otherwise stated.
%

RATES AND PREMIUM	
A. Reporting	
Estimated Premium	\$ _____
Rates \$ _____	
\$ _____	
\$ _____	
B. Nonreporting	
Rates \$ _____	Premium \$ _____

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

FLAT PREMIUM PER SHIPPING PACKAGE DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
At 12:01 A.M. both dates at your mailing address shown above.

The following applies to the Flat Premium Per Shipping Package – First Class Mail or Certified Mail endorsement:

LIMITS OF INSURANCE	
<u>Type Of Mail</u>	Limit Of Insurance In Any One Shipping Package
First Class Mail	\$ _____
Certified Mail	\$ _____

The above Limits Of Insurance include the \$150 limit on property in any one shipping package that applies to warrants, rights and similar certificates in negotiable form covered by this endorsement.

REPORTING PERIOD – SAME AS MAIL COVERAGE – REPORTING DECLARATIONS

RATES	
A. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii:	
1. First Class Mail	\$ _____
2. Certified Mail	\$ _____
B. The following rates apply to property sent:	

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

FLOOR PLAN DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

DUAL INTEREST

SINGLE INTEREST

PREMIUM FOR THIS COVERAGE FORM \$ _____

DESCRIPTION OF COVERED PROPERTY

NAME OF SECURED LENDER _____

LIMITS OF INSURANCE

	Limit Of Insurance
A. PROPERTY AT NAMED PREMISES Premises Address: _____	\$ _____
B. PROPERTY AT ANY UNNAMED PREMISES	\$ _____
C. PROPERTY IN TRANSIT	\$ _____
D. ALL COVERED PROPERTY IN ANY ONE OCCURRENCE	\$ _____

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated. \$ _____

RATES AND PREMIUM

DEPOSIT PREMIUM	\$ _____
MINIMUM ANNUAL PREMIUM	\$ _____
MONTHLY RATE	\$ _____

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

2. REGISTERED MAIL

a. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii:

Covered Property			
Non-Negotiable Securities	Bullion and Other Property Described in Paragraph d. Under Covered Property	Currency and Other Property Described in Paragraph e. Under Covered Property	All Other Covered Property

Reporting Period

Annual

(1) All except within Alaska

(2) Within Alaska

Monthly or Other

(1) All except within Alaska

(2) Within Alaska

b. The following rates apply to property sent: _____

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

MAIL COVERAGE DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

LIMITS OF INSURANCE

<u>Type Of Mail</u>	<u>Limit Of Insurance</u>	
	<u>In any one shipping package</u>	<u>To any one addressee on any one day</u>
A. First Class Mail and Certified Mail		
1. Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations that act as transfer agents or registrars for their own security issues.	\$ _____	\$ _____
2. Covered Property sent from your offices to others not described in Paragraph 1. But Covered Property under this Paragraph 2. does not include negotiable securities.	\$ _____	\$ _____

<u>Type Of Mail</u>	<u>Limit Of Insurance</u>	
	<u>In any one shipping package</u>	<u>To any one addressee on any one day</u>
B. United States Postal Service Express Mail		
1. Covered Property sent between your offices or sent between your offices and banks, trust companies, insurance companies, security brokers, investment firms or corporations, stock clearing corporations or corporations that act as transfer agents or registrars for their own security issues.		

			<u>Limit Of Insurance (Continued)</u>	
			In any one shipping package	To any one addressee on any one day
a.	Non-negotiable Securities	\$ _____		
b.	Detached Coupons	\$ _____		
c.	All other Covered Property	\$ _____		
The most we will pay for all Covered Property sent is:		\$ _____		\$ _____
2.	Covered Property sent from your offices to others not described in Paragraph 1.			
a.	Non-negotiable Securities	\$ _____		
b.	Detached Coupons	\$ _____		
c.	All other Covered Property	\$ _____		
The most we will pay for all Covered Property sent is:		\$ _____		\$ _____
C.	Registered Mail			
1.	All Covered Property except bullion, currency and other property described in Para- graphs A.1.d. and A.1.e. of the Coverage Form	\$ _____		\$ _____
2.	Bullion, currency and other property described in Para- graphs A.1.d. and A.1.e. of the Coverage Form	\$ _____		\$ _____
The most we will pay for all Covered Property sent is:		\$ _____		\$ _____

REPORTS AND PREMIUM – SEE MAIL COVERAGE – REPORTING DECLARATIONS

NEGOTIABLE SECURITIES SENT UNDER AIR BILL

If the Negotiable Securities Sent Under Air Bill endorsement is attached, the following applies:

NAME OF CARRIER

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
At 12:01 A.M. both dates at your mailing address shown above.

PREMIUM FOR THIS COVERAGE FORM \$ _____ RATES \$ _____

LIMITS OF INSURANCE	
A. PROPERTY AT YOUR PREMISES Address: _____ _____ _____	Limit Of Insurance \$ _____ \$ _____ \$ _____
B. ALL COVERED PROPERTY AT ALL LOCATIONS	\$ _____
DEDUCTIBLE	
A. The Deductible amount for other than Artificially Generated Current Coverage is \$500 unless otherwise stated.	\$ _____
B. If Artificially Generated Current Coverage applies, the Deductible amount for Artificially Generated Current Coverage is \$1,000 unless otherwise stated.	\$ _____

COINSURANCE
The Coinsurance percentage is 80% unless otherwise stated. %

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

THEATRICAL PROPERTY DECLARATIONS

Named Insured:

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

PREMIUM FOR THIS COVERAGE FORM \$ _____ **RATE** \$ _____

LIMITS OF INSURANCE	
	Limit Of Insurance
A. NAME OF PRODUCTION	
_____	\$ _____
_____	\$ _____
B. ALL COVERED PROPERTY AT ALL LOCATIONS	
	\$ _____

DEDUCTIBLE
The Deductible amount is \$500 unless otherwise stated.
\$ _____

COINSURANCE
The Coinsurance percentage is 80% unless otherwise stated.
_____ %

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

TRANSFER AGENTS MAIL DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

The following applies to the Transfer Agents Mail endorsement:

LIMITS OF INSURANCE	
<u>Type Of Mail</u>	<u>Limit Of Insurance In Any One Shipping Package</u>
A. First Class Mail	\$ _____
B. Certified Mail	\$ _____
C. United States Postal Service Express Mail	\$ _____
D. Registered Mail	\$ _____

The above Limits of Insurance include the \$150 limit on property in any one shipping package that applies to warrants, rights and similar certificates in negotiable form covered by this endorsement.

REPORTING PERIOD – SAME AS MAIL COVERAGE – REPORTING DECLARATIONS

RATES	
A. The following rates apply to property sent within and between places in the United States of America except to or from Alaska or Hawaii:	
	<u>Rate Per Shipping Package</u>
1. First Class Mail	\$ _____
2. Certified Mail	\$ _____
3. United States Postal Service Express Mail	\$ _____
4. Registered Mail – Value up to \$100,000	\$ _____
Over \$100,000 up to \$500,000	\$ _____
Over \$500,000 up to \$1,000,000	\$ _____
B. The following rates apply to property sent: _____	

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number: _____

VALUABLE PAPERS AND RECORDS DECLARATIONS

Named Insured: _____

Policy Period From: _____ To: _____
 At 12:01 A.M. both dates at your mailing address shown above.

PREMIUM FOR THIS COVERAGE FORM \$ _____ RATE \$ _____

LIMITS OF INSURANCE

	Limit Of Insurance
A. PROPERTY AT YOUR PREMISES	
1. Address	

a. Specifically Described Property	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____
b. All Other Covered Property	
	\$ _____

2. Address	

a. Specifically Described Property	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____
b. All Other Covered Property	
	\$ _____
B. PROPERTY AWAY FROM YOUR PREMISES	
	\$ _____

DEDUCTIBLE
The Deductible amount is \$500 unless otherwise stated. \$ _____

DESCRIPTION OF RECEPTACLES				
Address	Manufacturer	Class	Label	Issuer

SPECIAL PROVISIONS (if any)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

MORTGAGEHOLDERS ENDORSEMENT

- A.** The term mortgageholder includes trustee.
- B.** We will pay for covered loss of or damage to buildings or structures to each mortgageholder shown on the Mortgageholders Schedule in their order of precedence, as interests may appear.
- C.** The mortgageholder has the right to receive loss payment even if the mortgageholder has started foreclosure or similar action on the building or structure.
- D.** If we deny your claim because of your acts or omissions or because you have failed to comply with the terms of this Coverage Part, the mortgageholder will still have the right to receive loss payment if the mortgageholder:
 - 1. Pays any premium due under this Coverage Part at our request if you have failed to do so;
 - 2. Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
 - 3. Has notified us of any change in ownership, occupancy or substantial change in risk known to the mortgageholder.

All of the terms of this Coverage Part will then apply directly to the mortgageholder.

- E.** If we pay the mortgageholder for any loss or damage and deny payment to you because of your acts or omissions, or because you have failed to comply with the terms of this Coverage Part:
 - 1. The mortgageholder's rights under the mortgage will be transferred to us to the extent of the amount we pay; and
 - 2. The mortgageholder's right to recover the full amount of the mortgageholder's claim will not be impaired. At our option, we may pay to the mortgageholder the whole principal on the mortgage plus any accrued interest. In this event, your mortgage and note will be transferred to us and you will pay your remaining mortgage debt to us.
- F.** If we cancel this policy, we will give written notice to the mortgageholder at least:
 - 1. 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
 - 2. 30 days before the effective date of cancellation if we cancel for any other reason.
- G.** If we elect not to renew this policy, we will give written notice to the mortgageholder at least 10 days before the expiration date of this policy.

All other terms, conditions and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective _____ Policy No. _____ Endorsement No. _____
Insured _____ Premium _____
Insurance Company _____ Authorized Signature _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

MORTGAGEHOLDERS SCHEDULE

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All other terms, conditions and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective _____ Policy No. _____ Endorsement No. _____
Insured _____ Premium _____
Insurance Company _____ Authorized Signature _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY CONTRIBUTING (PART OF A LAYER) INSURANCE ENDORSEMENT

Limits of Insurance Schedule

\$ ____ Per Occurrence (Our Percentage of Participation ____)

Part of \$ ____ Layer Amount

Sublimits:

Earthquake ____ Per Occurrence (Our Percentage of Participation ____)

Part of ____ Layer Amount

Earthquake ____ Aggregate (Our Percentage of Participation ____)

Flood ____ Per Occurrence (Our Percentage of Participation ____)

Part of ____ Layer Amount

Flood ____ Aggregate (Our Percentage of Participation ____)

Part of ____ Layer Amount

(Other) ____ \$ ____ Per Occurrence (Our Percentage of Participation ____)

Part of ____ Layer Amount

(Other) ____ \$ ____ Per Occurrence (Our Percentage of Participation ____)

This endorsement is subject to the "terms" of this policy except as otherwise stated below.

A. The following provisions are added and supersede anything to the contrary:

Limits of Insurance

The Limit(s) of Insurance shown in the applicable Schedule of Coverages attached to this policy represents the total of the limits of insurance for all contributing insurance covering the same property.

1. The most "we" will pay for loss in any one occurrence excess of the applicable deductible is the Per Occurrence Limit of Insurance shown in the Schedule above, this amount is our percentage of participation of all the contributing insurance. If a Layer amount is shown in the Schedule above it indicates that our Limit of Insurance will respond only as part of a particular layer of insurance, on a pro-rata basis with any other participating insurance in that layer.
2. a. Subject to Paragraph 1. above, if a Per Occurrence Sub limit is shown in the Schedule above, this limit is the most "we" will pay for loss for that peril or coverage excess of the applicable deductible in any one occurrence and is our percentage of participation of all the contributing insurance.

b. Subject to Paragraph a. above, if any Aggregate Sub limit is shown in the Schedule above, this limit is the most "we" will pay for all losses for that peril or coverage in a 12-month period (starting with the beginning of the present annual period)

If the Layer amount is shown in the Schedule above, it indicates that our Sub limit will respond only as part of a particular layer of insurance, on a pro-rata basis with any other participating insurance in that layer.

Sublimits are part of and not in addition to the Limit of Insurance shown in the Schedule above.

5. "We" will not pay more than "our" pro rata share in "our" layer position whether or not "you" can collect the amount of the loss due from any other insurance company that is participating in "our" layer position.

All other terms, conditions and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective _____ Policy No. _____ Endorsement No. _____
Insured _____ Premium _____
Insurance Company _____ Authorized Signature _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SCHEDULE OF COVERAGES
PRIMARY CONTRIBUTING OR EXCESS INSURANCE
BUILDER'S RISK - BROAD FORM**

The Limit(s) of Insurance shown in this Schedule of Coverages represents the total of the Limits of Insurance for all participating insurers providing such insurance for the same property (described below).

The most "we" will pay of any one loss is shown in the Primary or Excess of Loss (Part of a Layer) Insurance Endorsement IMAP 402.

SCHEDULED LOCATIONS

Location

<u>No.</u>	<u>Location</u>	<u>Limit</u>
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Check if applicable:

Attach Additional Builder's Risk Schedule to schedule more buildings.

COVERAGE EXTENSIONS

- Additional Debris Removal Expenses
- Emergency Removal
- Emergency Removal Expenses
- Fraud and Deceit
- Waterborne Property
- Limited Fungus Coverage

SUPPLEMENTAL COVERAGES

- Expediting Expenses
- Fire Department Services Charges
- Personal Property
- Ordinance Or Law (Undamaged Parts of a Building)
- Ordinance or Law (Increased Cost to Repair and Cost to Demolished/Clear Site)
- Pollutants Cleanup And Removal
- Sewer Backup Coverage
- Storage Locations
- Testing
- Transit
- Trees, Shrubs, And Plants

DEDUCTIBLE

If more than one location is scheduled, the deductible(s) apply separately to each location.

Deductible Amount (for all covered perils except those perils with specific deductibles)

Deductibles Amount for the perils of Theft, Vandalism and Malicious Mischief

Sewer Backup Coverage

All other terms, conditions and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective _____ Policy No. _____ Endorsement No. _____
Insured _____ Premium _____
Insurance Company _____ Authorized Signature _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION

The following is exclusion is hereby added:

We will not pay for loss or damage caused by or resulting from "fungus", wet or dry rot or bacteria. However, when "fungus" or wet or dry rot is a consequence of a Covered Cause of Loss, we will pay for the loss or damage caused by the "fungus" or wet or dry rot, provided such loss or damage is not otherwise excluded under this policy. This exception to the exclusion does not increase the Limit of Insurance on the affected property.

All other terms, conditions and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective _____ Policy No. _____ Endorsement No. _____
Insured _____ Premium _____
Insurance Company _____ Authorized Signature _____

SERFF Tracking Number: CATL-125805335 State: Arkansas
Filing Company: Catlin Insurance Company, Inc. State Tracking Number: EFT \$50
Company Tracking Number: 08-IM-IM001-CW-AR-F
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
Product Name: Inland Marine
Project Name/Number: Inland Marine - Initial Product Filing /08-IM-IM001-CW-AR-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/17/2008

Comments:

Attachment:

industry_rates_PCtransDoc.pdf

Property & Casualty Transmittal Document

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

PROPERTY & CASUALTY 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 the state.)

This filing transmittal is part of Company Tracking #			08-IM-IM001-CW-AR-F		
This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)			08-IM-IM001-CW-AR-R		
	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)
1	Accounts Receivable Declarations Page	IMAR 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2	Business Income Declarations	IMBI 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3	Camera and Musical Instrument Dealers Declarations	IMCM 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4	Commercial Articles Declarations	IMCA 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5	Commercial Inland Marine Declarations Page	IMIM 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6	Contractors Equipment Declarations	IMCE 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7	Films Declarations	IMFL 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8	Flat Premium Per Shipping Package Declarations	IMML 004 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9	Floor Plan Declarations	IMFP 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Mail Coverage – Reporting Declarations	IMML 005 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PROPERTY & CASUALTY 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 the state.)

	This filing transmittal is part of Company Tracking #			08-IM-IM001-CW-AR-F	
	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)			08-IM-IM001-CW-AR-R	
	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)
1	Mail Coverage Declarations	IMML 006 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2	Physicians and Surgeons Equipment Declarations	IMPS 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3	Theatrical Property Declarations	IMTR 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4	Transfer Agents Mail Declarations	IMTA 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5	Valuable Papers and Records Declarations	IMVP 002 0408	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6	Mortgageholders Endorsements	IMAP 400 0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7	Mortgageholders Schedule	IMAP 401 0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8	Primary Contributing (Part of a Layer) Insurance Endorsement	IMAP 402 0208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9	Schedule of Coverages Primary Contributing or Excess Insurance Builder's Risk – Broad Form	IMAP 403 0208	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Fungus, Wet Rot, Dry Rot and Bacteria Exclusion	IMAP 600 0807	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		