

SERFF Tracking Number: CRUM-125798101 State: Arkansas
First Filing Company: Crum & Forster Indemnity Company, ... State Tracking Number: EFT \$75
Company Tracking Number: MOTOR CARRIER
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Motor Carrier
Project Name/Number: Motor08/08Motor

Filing at a Glance

Companies: Crum & Forster Indemnity Company, The North River Insurance Company, United States Fire Insurance Company

Product Name: Motor Carrier SERFF Tr Num: CRUM-125798101 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$75
Sub-TOI: 20.0001 Business Auto Co Tr Num: MOTOR CARRIER State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Authors: Roger Bennett, Debbie Disposition Date: 09/03/2008
Deluccia, Howard DeBare, George French
Date Submitted: 08/29/2008 Disposition Status: Approved
Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: Motor08 Status of Filing in Domicile: Pending
Project Number: 08Motor Domicile Status Comments: This new country wide filing is pending with the domicile states of NJ and DE.
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 09/03/2008
State Status Changed: 09/02/2008 Deemer Date:
Corresponding Filing Tracking Number: N/A
Filing Description:
This is a filing of new commercial auto forms for Motor Carrier writings.

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Company and Contact

Filing Contact Information

Roger W. Bennett, Regulatory Compliance roger_bennett@cfins.com
 Specialist
 305 MADISON AVENUE (973) 490-6809 [Phone]
 MORRISTOWN, NJ 07962 (973) 490-6062[FAX]

Filing Company Information

Crum & Forster Indemnity Company	CoCode: 31348	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-2868548	

The North River Insurance Company	CoCode: 21105	State of Domicile: New Jersey
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 22-1964135	

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6476 ext. [Phone]	FEIN Number: 13-5459190	

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? No
 Fee Explanation: 25 for each of three companies
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Crum & Forster Indemnity Company	\$0.00	08/29/2008	
The North River Insurance Company	\$0.00	08/29/2008	

<i>SERFF Tracking Number:</i>	<i>CRUM-125798101</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Crum & Forster Indemnity Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$75</i>
<i>Company Tracking Number:</i>	<i>MOTOR CARRIER</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Motor Carrier</i>		
<i>Project Name/Number:</i>	<i>Motor08/08Motor</i>		
United States Fire Insurance Company	\$75.00	08/29/2008	22219012

SERFF Tracking Number: CRUM-125798101 State: Arkansas
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Correspondence Summary

Dispositions

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

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Company Tracking Number: MOTOR CARRIER
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Motor Carrier
Project Name/Number: Motor08/08Motor

Disposition

Disposition Date: 09/03/2008
Effective Date (New): 10/01/2008
Effective Date (Renewal): 10/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Single Deductible	Approved	Yes
Form	Transportation Broker or Freight Forwarder Operations Liability Exclusion	Approved	Yes
Form	Motor Carrier Coverage Part Declarations	Approved	Yes
Form	Motor Carrier Supplemental 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	Single Deductible	FM 114.0.1366	07 08	Endorsement/Amendment/Conditions	New	0.00	FM 114.0.1336 07 08.pdf
Approved	Transportation Broker or Freight Forwarder Operations Liability Exclusion	FM 114.0.1337	07 08	Endorsement/Amendment/Conditions	New	0.00	FM 114.0.1337 07 08.pdf
Approved	Motor Carrier Coverage Part Declarations	FM 114.0.1338	07 08	Declaration	New	0.00	MOTOR CARRIER COVERAGE PART DECLARATIONS FM 114.0.1338 07 08 with text boxes.pdf
Approved	Motor Carrier Supplemental Declarations	FM 114.0.1338 (A)	07 08	Declaration	New	0.00	MOTOR CARRIER SUPPLEMENTAL DECLARATIONS FM 114.0.1338(A) 07 08 with text boxes.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SINGLE DEDUCTIBLE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
MOTOR TRUCK CARGO COVERAGE FORM

The applicable Physical Damage Coverage, Trailer Interchange Coverage or Motor Truck Cargo Coverage Limits of Insurance and Deductible and/or Deductible provisions are qualified as follows:

In any one accident, where more than one deductible is applicable, the amount we pay for covered "loss" will be reduced by the application of only one deductible. To determine the amount of this deductible for "loss", one of the following circumstances must apply:

1. If one or more covered "auto's" are involved in the accident and "loss" results to any or all vehicles but no "loss" to the cargo carried, the highest deductible of the damaged vehicles will apply to the entire "loss"; or
2. If one or more covered "auto's" are involved in the accident and "loss" results to any or all vehicles and to the cargo carried, the higher of the following will apply to the entire loss:
 - a. the highest deductible of the damaged vehicles; or
 - b. the applicable cargo deductible

CONDITIONS

1. The deductibles to be considered are those found in the applicable Coverage Form or on the Declarations or Vehicles Schedule.
2. Deductibles not eligible for single deductible consideration are those in which the Coverage Form or a policy endorsement specifically excludes them from consideration.
3. In determining the highest deductible, the only deductibles to be considered for the "loss" are those set forth in coverage forms written by "us".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRANSPORTATION BROKER OR FREIGHT FORWARDER OPERATIONS LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

Description of covered "auto":

As shown in the Declarations or Vehicle Schedule

Liability Coverage provided by this policy, for a covered "auto" described in this policy, is changed as follows:

The following exclusions are added:

This insurance coverage does not apply to:

1. A covered "auto" whose use or operation has been arranged or procured by or through any of your "transportation broker" or "freight forwarder" operations; or
2. Any liability arising out of your "transportation broker" or "freight forwarder" operations.

The following definitions apply:

"Transportation broker" means a "broker" as defined in 49 U.S.C.A. 13012 (2) except the language "other than a motor carrier or an employee or agent of a motor carrier" is excluded from the definition.

"Freight forwarder" means a "freight forwarder" as defined in 49 U.S.C.A. 13012 (8).

Signature

Date

Your signature is required if this endorsement is added after the initial issuance of the policy and indicates you acknowledge and accept the provisions of this endorsement.

Policy Number



MOTOR CARRIER COVERAGE PART DECLARATIONS

ITEM ONE

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

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

COVERAGES	COVERED AUTOS	LIMIT - THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSE- MENT	\$
PROPERTY PROTECTION INS. (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MI- NUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT	\$
UNINSURED MOTORISTS (UM)		\$	\$
UNDERINSURED MOTORISTS (when not included in UM Cov.)		\$	\$
I N T E R A R I C L E A R N G E	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS	\$
	SPECIFIED CAUSES OF LOSS COVERAGE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED "AUTO" FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
	COLLISION COVERAGE	ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS, MINUS \$ Ded. FOR EACH COVERED "AUTO"	\$
P H D S M I A C G A E L	COMPREHENSIVE COVERAGE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICH- EVER IS LESS MINUS	\$ Deductible FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING**
	SPECIFIED CAUSES OF LOSS COVERAGE		\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM**
	COLLISION COVERAGE		\$ Deductible FOR EACH COV- ERED AUTO**
	TOWING AND LABOR		\$50 for each disablement of a private passenger auto

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

PREMIUM FOR ENDORSEMENTS	\$
ESTIMATED TOTAL PREMIUM *	\$

ITEM THREE – SCHEDULE OF COVERED AUTOS YOU OWN SEE SCHEDULE FM 114.0.1116(B) ATTACHED

* THIS POLICY MAY BE SUBJECT TO FINAL AUDIT ** See ITEM FOUR for hired or borrowed "autos".

POLICY NUMBER:

MOTOR CARRIER DECLARATIONS (Continued)

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

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE – AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIABILITY COVERAGE IS PRIMARY)	ESTIMATED PREMIUM
				\$

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE – AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIABILITY COVERAGE IS PRIMARY)	ESTIMATED PREMIUM
				\$
TOTAL ESTIMATED PREMIUM FOR HIRED AUTOS USED OR NOT USED IN YOUR MOTOR CARRIER OPERATIONS				\$

LIABILITY COVERAGE–RATING BASIS, # OF DAYS–(FOR MOBILE OR FARM EQUIPMENT–RENTAL PERIOD BASIS)

STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
			TOTAL PREMIUM	\$

Cost of hire means: (a) The total dollar amount of costs you incur for the hire of automobiles (includes trailers and semitrailers), and if not included therein, (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an “employee” of the lessee, or any other third party, and, (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

HIRED PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE		RATE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR	\$ WHICHEVER IS LESS, MINUS \$ DEDUCTIBLE. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. Estimated Annual Cost of Hire: \$		\$
SPECIFIED CAUSES OF LOSS		\$ WHICHEVER IS LESS, MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM Estimated Annual Cost of Hire: \$		\$
COLLISION		\$ WHICHEVER IS LESS, MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO. Estimated Annual Cost of Hire: \$		\$
			TOTAL PREMIUM	\$

ITEM FIVE – SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number of employees		\$
Number of partners		\$
Total Premium:		\$

ITEM SIX – TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO		\$
SPECIFIED CAUSES OF LOSS			\$
COLLISION			\$
		Total Premium: \$	

ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUMS	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per 1,000 Miles		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS OR INCOME LOSS BENEFITS (VA Only)
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS OR INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS OR INCOME LOSS BENEFITS (VA Only)
	TOTAL PREMIUMS			
	MINIMUM PREMIUMS			

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "motor Carrier" and 15% of the total amount received from renting any equipment to any "motor carrier".

Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own FMCSA or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

Mileage means the total amount of all live and dead mileage developed during the policy period by all "autos" used in your business, including "autos" you leased or rented to other "motor carriers" under a written lease agreement in which you have held that "motor carrier" harmless.

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<i>Company Tracking Number:</i>	<i>MOTOR CARRIER</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Motor Carrier</i>		
<i>Project Name/Number:</i>	<i>Motor08/08Motor</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/03/2008

Comments:

Attached

Attachment:

AR Trans - Motor Carrier FM.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-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">New Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Renewal Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

Name Fairfax Financial	Group NAIC # 0158
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4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	United States Fire Insurance Co.	DE	21113		
	The North River Insurance Co.	NJ	21105		
	Crum & Forster Indemnity Co	DE	31348		

5. Company Tracking Number	Motor Carrier
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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
	Roger W. Bennett Crum & Forster Insurance	Reg. Compliance	973-490-6809	973-490-6062	Roger-bennett@cfins.com
	305 Madison Ave. Morristown, NJ 07962				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roger W. Bennett		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	Commercial Property & Casualty
10.	Sub-Type of Insurance (Sub-TOI)	Commercial Auto
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Commercial AUTO
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: 10/01/08 Renewal: 10/01/08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	08/29/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This Filing Transmittal is part of Company Tracking#	Motor Carrier
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

These are new forms for our commercial auto motor carrier writings.

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 Amount: \$ 50. for ETF</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 #	Motor Carrier
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	Motor Carrier
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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	Motor Carrier Coverage Part Dec	FM 114.0.1338 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Single Deductible	FM 114.0.1336 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Transportation Broker or Freight Forwarder	FM 114.0.1337 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Motor Carrier Coverage Part Supplemental Dec	FM 114.0.1338(A) 07 08	<input checked="" 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 #	N/A
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase Rate Decrease X Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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						
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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)			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	