

SERFF Tracking Number: HRLV-125793491 State: Arkansas  
 First Filing Company: Harleysville Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CPPSV12172007-2  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
 Liability  
 Product Name: CPP  
 Project Name/Number: CPP Product Standardization - initial/

## Filing at a Glance

Companies: Harleysville Insurance Company, Harleysville Preferred Insurance Company, Harleysville Worcester Insurance Company

Product Name: CPP	SERFF Tr Num: HRLV-125793491	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: CPPSV12172007-2	State Status: Fees verified and received
Filing Type: Form	Co Status: Product Standardization - Phase 3B -initial	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Carol Zwoyer	Disposition Date: 09/02/2008
	Date Submitted: 08/27/2008	Disposition Status: Approved
Effective Date Requested (New): 02/01/2009		Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 07/01/2009		Effective Date (Renewal): 07/01/2009

State Filing Description:

## General Information

Project Name: CPP Product Standardization - initial	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/02/2008	
State Status Changed: 09/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Harleysville Preferred Insurance Company, Harleysville Insurance Company and Harleysville Worcester Insurance Company have been granted authority to transact business by the state of Arkansas. It is our intent to begin active operation February 1, 2009.

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## Company and Contact

### Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com  
 355 Maple Avenue (215) 256-5735 [Phone]  
 Harleysville, PA 19438-2297 (215) 256-5678[FAX]

### Filing Company Information

Harleysville Insurance Company	CoCode: 23582	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 41-0417250	

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Harleysville Preferred Insurance Company	CoCode: 35696	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-2384978	

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Harleysville Worcester Insurance Company	CoCode: 26182	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 04-1989660	

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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 #
Harleysville Insurance Company	\$0.00	08/27/2008	
Harleysville Preferred Insurance Company	\$50.00	08/27/2008	22166104

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Harleysville Worcester Insurance Company \$0.00 08/27/2008



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/02/2008	09/02/2008

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## Disposition

Disposition Date: 09/02/2008  
Effective Date (New): 02/01/2009  
Effective Date (Renewal): 07/01/2009  
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
Supporting Document	Cover letter	Approved	Yes
Form	Commercial Lines Common Policy Declarations	Approved	Yes
Form	Policy Jacket (Harleysville Worcester Insurance Company)	Approved	Yes
Form	Policy Jacket (Harleysville Preferred Insurance Company)	Approved	Yes
Form	Policy Jacket (Harleysville Insurance Company)	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Commercial Lines Common Policy Declarations	GU-7000	03-08	Declaration	New s/Schedule		0.00	GU-7000 _Ed 3-08_ Common Policy Dec.pdf
Approved	Policy Jacket (Harleysville Worcester Insurance Company)	PJ-0003	02-05	Other	New		0.00	PJ-0003 _2-05_HWIC.pdf
Approved	Policy Jacket (Harleysville Preferred Insurance Company)	PJ-0004	02-05	Other	New		0.00	PJ-0004 _Ed 2-05_PREF.pdf
Approved	Policy Jacket (Harleysville Insurance Company)	PJ-0023	02-05	Other	New		0.00	PJ-0023 _Ed 2-05_HIC.pdf



**COMMERCIAL LINES COMMON POLICY DECLARATIONS**

Policy Number:

Named Insured and Mailing Address:

Agent:

Agency Code:  
Phone Number:

Policy Period: From: To: at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Form of Business:

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. IF YOU REQUEST CANCELLATION OF THIS POLICY, THE COMPANY WILL RETAIN A MINIMUM PREMIUM OF \$ .

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

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Crime and Fidelity Policy Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Liability Umbrella Policy	
	Sub-Total
Fees and Surcharge - See Schedule GU-7015 (If Applicable)	
	Total

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY:  
SEE SCHEDULES GU-7004 and GU-7009**

# Harleysville Worcester Insurance Company



This policy jacket with the policy provisions, declarations or information page, and endorsements, if any, completes this policy.

We will provide insurance described in this policy in return for the premium and compliance with all applicable policy provisions.

In Witness Whereof, the Company has caused this policy to be executed and attested.



*Dennis Otmaskin*  
President



*Robert A. Kauffman*  
Secretary

# Harleysville Preferred Insurance Company



This policy jacket with the policy provisions, declarations or information page, and endorsements, if any, completes this policy.

We will provide insurance described in this policy in return for the premium and compliance with all applicable policy provisions.

In Witness Whereof, the Company has caused this policy to be executed and attested.



*Michael L. Browne*  
President & Chairman



*Robert A. Kauffman*  
Secretary

**Harleysville  
Insurance  
Company**  
A Stock Company



This policy jacket with the policy provisions, declarations or information page, and endorsements, if any, completes this policy.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions

In Witness Whereof, the Company has caused this policy to be executed and attested.



Michael L. Browne  
President & Chief Executive Officer



Robert A. Kauffman  
Secretary



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/02/2008

**Comments:**  
**Attachment:**  
NAIC 2007.pdf

**Satisfied -Name:** Cover letter **Review Status:** Approved 09/02/2008

**Comments:**  
**Attachment:**  
Forms.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Insurance Company	PA	23582	41-0417250	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	
Harleysville Worcester Insurance Company	PA	26182	04-1989660	

<b>5. Company Tracking Number</b>	125793491
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carol Zwoyer

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

9. Type of Insurance (TOI)	Commercial Multi Peril
10. Sub-Type of Insurance (Sub-TOI)	Commercial Package
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 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: 02-01-09                      Renewal: 07-01-2009

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	8/27/08	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	125793491	
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]		

Harleysville Preferred Insurance Company, Harleysville Insurance Company and Harleysville Worcester Insurance Company have been granted authority to transact business by the state of Arkansas. It is our intent to begin active operation February 1, 2009.

As a subscriber to ISO, Harleysville Preferred Insurance Company, Harleysville Insurance Company and Harleysville Worcester Insurance Company wish to use the ISO forms in the Commercial Lines Manual, Division Nine - Multiple Line - Commercial Package Policy Subdivision filed on our behalf by said organization, subject to variations.

Attached: GU-7000 (Ed. 03-08) Commercial Lines Common Policy Declarations  
 PJ-0003 (Ed. 02-05) Policy Jacket (Harleysville Preferred Insurance Company)  
 PJ-0004 (Ed. 02-05) Harleysville Worcester Insurance Company  
 PJ-0023 (Ed. 02-05) Policy Jacket (Harleysville Insurance Company)

Rule of Application: Applicable to all new business policies effective on or after February 1, 2009 and renewals effective on or after July 1, 2009

Our statistical agent is Insurance Services Office, 545 Washington Boulevard, Jersey City, NJ 07310-1686.

Your favorable consideration will be appreciated.

<b>22.</b>	<b>Filing Fees</b> (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><b>Check #:</b> EFT  <b>Amount:</b> 50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>			

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**HARLEYSVILLE INSURANCE**

**355 Maple Avenue  
Harleysville, PA 19438-2297  
[www.harleysvillegroup.com](http://www.harleysvillegroup.com)**

August 27, 2008

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

NAIC: 23582, 35696, 26182  
**COMMERCIAL MULTIPLE PERIL**  
Commercial Package Policy Subdivision  
(An Independent Program)  
Form Filing  
Company Tracking Number: 125793491

Dear Honorable Bowman:

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Your favorable consideration will be appreciated.

Very truly yours,  
**Harleysville Insurance Company  
Harleysville Preferred Insurance Company  
Harleysville Worcester Insurance Company**



Carol Zwoyer, AAM, AIT  
Senior State Filing Analyst  
(215) 256-5735  
[czwoyer@Harleysvillegroup.com](mailto:czwoyer@Harleysvillegroup.com)