

SERFF Tracking Number: HRLV-125794961 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: 05.0007 Other CMP
Liability
Product Name: CPP
Project Name/Number: CPP Product Standardization - Master Links/

Filing at a Glance

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

Product Name: CPP	SERFF Tr Num: HRLV-125794961	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0007 Other CMP	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: 08/29/2008	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 - Master Links	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 Insurance Company, Harleysville Preferred 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	

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	

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	

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	08/29/2008	
Harleysville Preferred Insurance Company	\$50.00	08/29/2008	22206501

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Harleysville Worcester Insurance Company \$0.00 08/29/2008

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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	Master Links Endorsement	Approved	Yes
Form	Hole-in-One Expense Reimbursement	Approved	Yes
Form	Pesticide or Herbicide Applicator Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Master Links Endorsement	COP-710202-05		Endorsement/Amendment/Conditions		0.00	COP-7102_Ed 2-05_Master Links Endorsement.pdf
Approved	Hole-in-One Expense Reimbursement	COP-711012-04		Endorsement/Amendment/Conditions		0.00	COP-7110_Ed 12-04_Hole-In-One Expense Reimbursement.pdf
Approved	Pesticide or Herbicide Applicator Coverage	CG-7194	02-98	Endorsement/Amendment/Conditions		0.00	CG-7194_Ed.pdf

This endorsement modifies insurance provided under the following:

**COMMERCIAL OUTPUT PROGRAM - PROPERTY COVERAGE PART CO-1000
COMMERCIAL GENERAL LIABILITY COVERAGE FORM - CG 00 01**

**COP-7102
(Ed. 2-05)**

**MASTER LINKS ENDORSEMENT
SCHEDULE***

Greens and Grounds	Limit \$
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* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

I. COMMERCIAL OUTPUT PROGRAM PROPERTY COVERAGE PART

A. DEFINITIONS

"Mobile Equipment" includes golf carts.

B. PROPERTY COVERED

For Building Property and Business Personal Property, all references to "on or within 1,000 feet of covered locations" or "on or within 1,000 feet of a covered building" are revised to "on or within 3,000 feet of covered locations" and "on or within 3,000 feet of a covered building."

C. Supplemental Coverages of the Commercial Output Program Property Coverage Part are amended as follows:

(1) Supplemental Coverage **12. Trees, Shrubs, and Plants** is deleted in its entirety and replaced with the following:

12. Trees, Shrubs, and Plants -- "We" will reimburse you up to \$50,000 including debris removal expenses, for "your" outdoor trees, shrubs, plants, and lawns at covered locations except those held for sale and except as excluded below. This provision does not extend to trees, shrubs or plants in the out of bound areas. Lawns do not include fairways or greens as provided under Supplemental Coverage 14. Greens and Grounds Coverage (Section D of this Endorsement). "We" only cover loss caused by:

- a. fire;
- b. lightning;
- c. windstorm and hail;
- d. explosion;
- e. riot or civil commotion;
- f. falling objects;
- g. aircraft;
- h. vehicles; or
- i. vandalism

"We" will not pay more than \$1,000 per loss or damage, including debris removal expense, to any one tree, shrub, plant or lawn.

"We" do not pay for loss or damage caused by or resulting from:

- a. Vehicles, including golf carts, which "you" own or which are operated in the course of "your" business by "you" or "your" employees;
- b. Aircraft landing at the described premises with "your" permission; or
- c. Disease

All other exclusions in "your" policy apply to this coverage.

(2) Supplemental Coverage 13. **Underground Pipes, Pilings, Bridges, and Roadways** is amended to include the following:

- d. Underground sprinkler systems including electrical panels and underground electrical wiring used to control the sprinkler system.

D. The following coverage is added to the Supplemental Coverages section of the Commercial Output Program Property Coverage Part:

14. Greens and Grounds Coverage

We will pay for loss or damage to your "Greens and Grounds" caused by "specified perils", except as excluded below. The most "we" will pay for any one occurrence of loss or damage under this Supplemental Greens and Grounds Coverage, including debris removal expenses, is \$50,000, unless a different limit of insurance is selected in the above schedule. "Greens and Grounds" include golf course greens, tee areas, fairways, rough areas, practice driving ranges, and sand traps.

"We" do not pay for loss or damage caused by or resulting from:

- a. Vehicles, including golf carts, which "you" own or which are operated in the course of "your" business by "you" or "your" employees;
- b. Aircraft landing at the described premises with "your" permission; or
- c. Disease

All other exclusions in "your" policy apply to this coverage.

II. THE FOLLOWING APPLIES ONLY IF COMMERCIAL GENERAL LIABILITY COVERAGE FORM, CG 00 01, IS ATTACHED TO THE POLICY.

A. Damage to Premises Rented to You:

The Damage to Premises Rented to You limit in paragraph 6. of Section III Limits of Insurance is the greater of \$250,000 or the amount shown in the declarations for the Damage to Premises Rented to You Limit and is the most we will pay, subject to paragraph 5 of Section III Limits of Insurance, under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner.

B. Additional Insureds - Golf and Tennis Professionals

Sub Paragraph e. is added to paragraph 2 of Section II - Who is an Insured as follows:

- e. Any Golf Professional or Tennis Professional but only with respect to liability arising out of the maintenance, operation or use of a Pro Shop premises leased to that person by you and located at a premises to which this insurance applies which you operate principally as a golf course.

This endorsement modifies insurance provided under the following:

COMMERCIAL OUTPUT PROGRAM – PROPERTY COVERAGE PART

**COP-7110
(Ed. 12-04)**

HOLE-IN-ONE EXPENSE REIMBURSEMENT

	<u>Limit</u>
Per Hole	\$ 250
Annual Aggregate	\$ 1,500

The Supplemental Coverages Section of the Commercial Output Program Property Coverage Part, CO 1000, is amended by the addition of the following item;

15. HOLE-IN-ONE EXPENSE REIMBURSEMENT. Subject to the Annual Aggregate Limit described below, we will reimburse you for up to \$250 per hole for Hole-in-One Expense Reimbursement, for credits at the pro shop operated by you or your licensees, which have been awarded to a participant scoring a hole-in-one in a tournament or event sponsored by you.

The most we will pay for the total of all Hole-in One Expense Reimbursements during any annual policy period is the Annual Aggregate Limit listed above.

We will not reimburse you for a hole-in-one made during a practice round or during a regular round of play. The hole-in-one must be witnessed by the other members of the foursome. The scorecard must be signed by the course professional, the golfer scoring the hole-in-one, and the other members of the foursome. The original score card must be sent to us within 30 days of the hole-in-one.

A hole-in-one means a golf ball that is driven from the tee into a hole in one stroke from the tee in accordance with the United States Golf Association's **Rules of Golf**.

No deductible applies to this supplemental coverage.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**CG-7194
(Ed. 2-98)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MASTER LINKS
PESTICIDE OR HERBICIDE APPLICATOR COVERAGE**

SCHEDULE

Description of Operations:

APPLICATION OF PESTICIDES OR HERBICIDES BY INSURED TO GOLF COURSE

With respect to the operations shown in the Schedule, paragraphs (1.)(a.) and (1.)(d.)(i.) of exclusion f. of COVERAGE A (Section I) does not apply if the operations meet all standards of any statute, ordinance, regulation or license requirement of any federal, state or local government which apply to those operations.

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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:
Master Links forms.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 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					

3. Group Name	Group NAIC #

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	

5. Company Tracking Number	125794961
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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)	Master Links Program
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---

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	8/29/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	125794961
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Harleysville Insurance Company, Harleysville Preferred 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.

The Master Links Golf Program is a supplement to the ISO Commercial Lines Manual, Division Nine-Multiple Line-Commercial Package Policy Subdivision which has been developed to provide coverage for golf courses or country club risks. We are submitting the following nonstandard endorsements applicable to our Master Links Golf Program.

Attached: COP-7102 (Ed 2-05) Master Links Endorsement
 COP-7110 (Ed 12-04) Hole-in-One Expense Reimbursement
 CG-7194 (Ed. 2-98) Pesticide or Herbicide Applicator Coverage

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.

Statistical Agent: Insurance Services Office, 545 Washington Blvd, Jersey City NJ 07310-1686.

Your favorable approval will be appreciated.

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 #: 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 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

August 27, 2008

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

NAIC # 35696, 23582, 26182
Commercial Package Policy Subdivision

Master Links Golf Program
(An Independent Program)
Form filing
Company File Number: 125794961

Dear Honorable Bowman:

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



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
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czwoyer@Harleysvillegroup.com