

SERFF Tracking Number: LDDX-125807089 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CN AR0199801F01
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Old Republic Independent Commercial Lines Forms
 Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Filing at a Glance

Company: Old Republic Insurance Company
 Product Name: Old Republic Independent Commercial Lines Forms
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability
 Sub-TOI: 05.0003 Commercial Package
 Filing Type: Form
 Effective Date Requested (New): 11/01/2008
 Effective Date Requested (Renewal):

SERFF Tr Num: LDDX-125807089 State: Arkansas
 SERFF Status: Closed State Tr Num: EFT \$50
 Co Tr Num: CN AR0199801F01 State Status: Fees verified and received
 Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Author: SPI ORChicago Disposition Date: 09/08/2008
 Date Submitted: 09/08/2008 Disposition Status: Approved
 Effective Date (New): 11/01/2008
 Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: Old Republic Independent Commercial Lines Forms
 Project Number: CN AR0199801F01
 Reference Organization:
 Reference Title:
 Filing Status Changed: 09/08/2008
 State Status Changed: 09/08/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 Old Republic Insurance Company has changed their company logo. We submit for your review and approval the attached Policy Jacket and Declaration page. We have also updated the coverage part descriptions. We attach mark up versions for your information.

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number:
 Advisory Org. Circular:
 Deemer Date:

SERFF Tracking Number: LDDX-125807089 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CN AR0199801F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Old Republic Independent Commercial Lines Forms
Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Policy Jacket - Manual J-01 (02/08) replaces J-01-03-05:

This policy jacket is being revised to reflect the new company logo. This policy jacket has an area provided below the words "Insurance Policy" for the imprintation of our issuing and policyholder servicing office address. The blank area above the words "Insurance Policy" may have an imprintation of the type of policy/program being issued. The following items contained in the Policy Jacket are filed with brackets to indicate that the values could change over time:

- (1) Insurer company address
- (2) Insurance company group corporate address and phone number
- (3) Signature of Secretary
- (4) Signature of President

If any of the above 4 items change, the policy jacket will not be re-filed.

Commercial Package Declarations CPP DEC GN 0000 08 08 replaces CPP DEC GN 0000 05 99.

We request an effective date of November 1, 2008.

Company and Contact

Filing Contact Information

Johnathan Hagen, State Filings Analyst jhagen@oldrepublic.com
307 N. Michigan Avenue (312) 346-8100 [Phone]
Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

| | | |
|--------------------------------|-------------------------|---------------------------------|
| Old Republic Insurance Company | CoCode: 24147 | State of Domicile: Pennsylvania |
| 307 N. Michigan Avenue | Group Code: 150 | Company Type: |
| Chicago , IL 60601 | Group Name: | State ID Number: |
| (312) 762-4800 ext. [Phone] | FEIN Number: 25-0410420 | |
| | ----- | |

SERFF Tracking Number: LDDX-125807089 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CN AR0199801F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Old Republic Independent Commercial Lines Forms
Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------|---------|----------------|---------------|
| Old Republic Insurance Company | \$50.00 | 09/08/2008 | 22343371 |

SERFF Tracking Number: LDDX-125807089 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CN AR0199801F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Old Republic Independent Commercial Lines Forms
Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 09/08/2008 | 09/08/2008 |

SERFF Tracking Number: LDDX-125807089 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: CN AR0199801F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Old Republic Independent Commercial Lines Forms
Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Disposition

Disposition Date: 09/08/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125807089 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CN AR0199801F01
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Old Republic Independent Commercial Lines Forms
 Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | CPP DEC GN 0000 Markup, Policy Jacket Markup | Approved | Yes |
| Form | Commercial Package Declarations | Approved | Yes |
| Form | Policy Jacket | Approved | Yes |

SERFF Tracking Number: LDDX-125807089 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CN AR0199801F01
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Old Republic Independent Commercial Lines Forms
 Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type | Action | Action Specific Data | Readability | Attachment |
|---------------|---------------------------------|-----------------|--------------|-------------|---------------------|--|-------------|------------------------|
| Approved | Commercial Package Declarations | CPP DEC GN 0000 | 08 08 | Declaration | Replaced s/Schedule | Replaced Form #:0.00 CPP DEC GN 0000 Previous Filing #: | | CPP DEC GN 0000.PDF |
| Approved | Policy Jacket | J-01 | 02 08 | Other | Replaced | Replaced Form #:0.00 J-01 Previous Filing #: | | J-01 .PDF |



COMMERCIAL PACKAGE DECLARATIONS

POLICY NUMBER

POLICYHOLDER SERVICE OFFICE:

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time 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.

FORM OF BUSINESS

Individual
 Joint Venture
 Partnership
 Limited Liability Company
 Corporation
 Organization (Other than one indicated above)
 Business Description: _____

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

| | | |
|--|----|-------|
| Commercial Automobile Coverage Part | \$ | _____ |
| Crime and Fidelity Coverage Part | \$ | _____ |
| Commercial General Liability Coverage Part | \$ | _____ |
| Commercial Inland Marine Coverage Part | \$ | _____ |
| Commercial Property Coverage Part | \$ | _____ |

Total \$ _____

Premium shown is payable: \$ _____ at inception

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ (Date) By _____ (Authorized Representative)

INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY
[133 Oakland Avenue
Greensburg, Pennsylvania 15601]
A Stock Company

[*Spencer Kirby*]

Secretary

[*Ja Keecoff*]

President

OLD REPUBLIC
Corporate Offices
[**307 North Michigan Avenue**
Chicago, Illinois 60601
(312) 346-8100]



INSURANCE POLICY

Represented by:

SERFF Tracking Number: LDDX-125807089 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: CN AR0199801F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Old Republic Independent Commercial Lines Forms
Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125807089 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CN AR0199801F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Old Republic Independent Commercial Lines Forms
Project Name/Number: Old Republic Independent Commercial Lines Forms/CN AR0199801F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 09/08/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: CPP DEC GN 0000 Markup, Policy Jacket Markup **Review Status:** Approved 09/08/2008

Comments:

Attachments:

CPP DEC GN 0000 Markup.PDF

Policy Jacket Markup.PDF

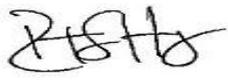
Property & Casualty Transmittal Document

| | | | | | |
|---|---|--------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | | | | |
|--------------------------------|---------------------|---------------|---------------|----------------|
| 3. Group Name | Group NAIC # | | | |
| | 0150 | | | |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
| Old Republic Insurance Company | PA | 24147 | 25-0410420 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|-----------------|
| 5. Company Tracking Number | CN AR0199801F01 |
|-----------------------------------|-----------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| | | | | | |
|-----------|---|--------------------------|--|--------------|------------------------|
| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
| | Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601 | State Filings Analyst | 800-621-0365 Ext. 4534 | 312-762-4950 | jhagen@oldrepublic.com |
| 7. | Signature of authorized filer | |  | | |
| 8. | Please print name of authorized filer | | Johnathan Hagen | | |

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

| | | | | | |
|------------|---|--|-------------------|--|--|
| 9. | Type of Insurance (TOI) | 05.0 Commercial Multi-Peril - Liability & Non-Liability | | | |
| 10. | Sub-Type of Insurance (Sub-TOI) | 05.0003 Commercial Package | | | |
| 11. | State Specific Product code(s) (if applicable) [See State Specific Requirements] | | | | |
| 12. | Company Program Title (Marketing Title) | Commercial Package | | | |
| 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: 11/01/08 | Renewal: 11/01/08 | | |
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 16. | Reference Organization (if applicable) | N/A | | | |
| 17. | Reference Organization # & Title | N/A | | | |
| 18. | Company's Date of Filing | 09/08/08 | | | |
| 19. | Status of filing in domicile | <input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | | |

COMMERCIAL PACKAGE DECLARATIONS

POLICY NUMBER

POLICYHOLDER SERVICE OFFICE

PRODUCER

RENEWAL OF NUMBER

NAMED INSURED AND MAILING ADDRESS

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time 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.

FORM OF BUSINESS

Individual Joint Venture Partnership Limited Liability Company Corporation
 Organization (Other than one indicated above)
 Business Description: _____

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

| | | |
|---|----|-------|
| Commercial <u>Automobile</u> Coverage Part | \$ | _____ |
| <u>Crime and Fidelity</u> Coverage Part | \$ | _____ |
| Commercial <u>General Liability</u> Coverage Part | \$ | _____ |
| Commercial <u>Inland Marine</u> Coverage Part | \$ | _____ |
| <u>Commercial Property Coverage Part</u> | \$ | _____ |

Premium shown is payable: \$ _____ Total \$ _____ at inception

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Countersigned: _____ (Date) By _____ (Authorized Representative)

- Deleted: COMMERCIAL PAC ... [1]
- Formatted ... [2]
- Formatted ... [3]
- Deleted: <sp> ... [4]
- Formatted Table ... [5]
- Formatted ... [6]
- Deleted: ... [7]
- Deleted: ... [8]
- Formatted ... [9]
- Formatted ... [10]
- Deleted: ... [11]
- Deleted: ... [12]
- Formatted ... [13]
- Deleted: ... [14]
- Deleted: Commercial Gener ... [14]
- Formatted ... [15]
- Deleted: ... [16]
- Formatted ... [17]
- Deleted: Inland Marine ... [18]
- Deleted: ... [19]
- Formatted ... [20]
- Formatted ... [21]
- Formatted ... [22]
- Formatted ... [23]
- Formatted ... [24]
- Deleted: Property ... [25]
- Formatted ... [26]
- Formatted Table ... [27]
- Deleted: ¶ ... [28]
- Formatted ... [29]
- Formatted ... [30]
- Formatted ... [31]
- Deleted: ... [32]
- Formatted Table ... [33]
- Formatted ... [34]
- Deleted: Crime ... [35]
- Formatted ... [36]
- Formatted ... [37]
- Deleted: ... [38]
- Deleted: ... [39]
- Formatted ... [40]
- Formatted ... [41]
- Formatted ... [42]
- Formatted ... [43]
- Formatted ... [44]
- Formatted ... [45]
- Formatted ... [46]
- Formatted ... [47]

Page 1: [1] Deleted pwyne 9/2/2008 2:59 PM
COMMERCIAL PACKAGE DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY

Page 1: [2] Formatted Lora Walbers 9/2/2008 2:59 PM
Font: 10 pt, Not Bold, No underline

Page 1: [3] Formatted Lora Walbers 9/2/2008 2:59 PM
notice, Tabs: Not at 90 pt + 540 pt

Page 1: [4] Deleted pwyne 9/2/2008 2:59 PM



Page 1: [5] Change Lora Walbers 9/2/2008 2:59 PM
Formatted Table

Page 1: [6] Formatted Lora Walbers 9/2/2008 2:59 PM
Font: Italic

Page 1: [7] Formatted Lora Walbers 9/2/2008 2:59 PM
Font: Italic

Page 1: [7] Formatted Lora Walbers 9/2/2008 2:59 PM
Font: Italic

Page 1: [8] Formatted Lora Walbers 9/2/2008 2:59 PM
Font: Not Bold

Page 1: [9] Deleted pwyne 9/2/2008 2:59 PM

Page 1: [9] Deleted pwyne 9/2/2008 2:59 PM

Page 1: [9] Deleted pwyne 9/2/2008 2:59 PM

Page 1: [10] Formatted Lora Walbers 9/2/2008 2:59 PM
Section start: Continuous

Page 1: [11] Deleted pwyne 9/2/2008 2:59 PM

Page 1: [11] Deleted pwyne 9/2/2008 2:59 PM

Page 1: [12] Formatted Lora Walbers 9/2/2008 2:59 PM
Right

Page 1: [13] Deleted pwyne 9/2/2008 2:59 PM

Page 1: [13] Deleted pwyne 9/2/2008 2:59 PM

Page 1: [13] Deleted pwyne 9/2/2008 2:59 PM

| | | |
|----------------------|--------|------------------|
| Page 1: [13] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [13] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [13] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [13] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [13] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [13] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [14] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

Commercial General Liability

| | | |
|------------------------|--------------|------------------|
| Page 1: [15] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [15] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [15] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [15] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [16] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Heading 2, Don't adjust space between Latin and Asian text

| | | |
|------------------------|--------------|------------------|
| Page 1: [17] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [18] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Centered

| | | |
|------------------------|--------------|------------------|
| Page 1: [19] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Centered

| | | |
|----------------------|--------|------------------|
| Page 1: [20] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [20] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [20] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [20] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

| | | |
|----------------------|--------|------------------|
| Page 1: [20] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS

| | | |
|------------------------|--------------|------------------|
| Page 1: [21] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Heading 2, Don't adjust space between Latin and Asian text

| | | |
|------------------------|--------------|------------------|
| Page 1: [22] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|--|--------------|------------------|
| Page 1: [23] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Heading 2 | | |
| Page 1: [24] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Heading 2, Don't adjust space between Latin and Asian text | | |
| Page 1: [25] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [25] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [25] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [25] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [26] Change | Lora Walbers | 9/2/2008 2:59 PM |
| Formatted Table | | |
| Page 1: [27] Deleted | pwynne | 9/2/2008 2:59 PM |

BE SUBJECT TO ADJUSTMENT.

| | | |
|--|--------------|------------------|
| Page 1: [27] Deleted | pwynne | 9/2/2008 2:59 PM |
| Commercial Auto Coverage Part | | \$ |
| Page 1: [28] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [28] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [28] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [28] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [29] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [30] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Heading 2, Don't adjust space between Latin and Asian text | | |
| Page 1: [31] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Heading 2, Don't adjust space between Latin and Asian text | | |
| Page 1: [32] Change | Lora Walbers | 9/2/2008 2:59 PM |
| Formatted Table | | |
| Page 1: [33] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [34] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [35] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
| Font: Not Bold | | |
| Page 1: [35] Formatted | Lora Walbers | 9/2/2008 2:59 PM |

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [35] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [36] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [37] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [37] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [37] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [37] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [38] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [38] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [39] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Heading 2

| | | |
|------------------------|--------------|------------------|
| Page 1: [40] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [41] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [42] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [43] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Heading 2

| | | |
|------------------------|--------------|------------------|
| Page 1: [44] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|------------------------|--------------|------------------|
| Page 1: [45] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Font: Not Bold

| | | |
|----------------------|--------|------------------|
| Page 1: [46] Deleted | pwynne | 9/2/2008 2:59 PM |
|----------------------|--------|------------------|

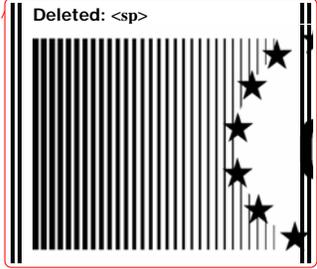
TOTAL

| | | |
|------------------------|--------------|------------------|
| Page 1: [47] Formatted | Lora Walbers | 9/2/2008 2:59 PM |
|------------------------|--------------|------------------|

Heading 2, Left



OLD REPUBLIC INSURANCE COMPANY



INSURANCE POLICY

Represented by:

J-01, J(02/08)



MARKYUP

INSURANCE IS PROVIDED BY
THE COMPANY DESIGNATED ON THE DECLARATIONS PAGE

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

OLD REPUBLIC INSURANCE COMPANY
[133 Oakland Avenue
Greensburg, Pennsylvania 15601]
A Stock Company

[*Spencer Kirby* ES]

Secretary

[*Ja Keecoss*]

President

OLD REPUBLIC

Corporate Offices

[**307 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-8100**]