

SERFF Tracking Number: LDRE-125836416 State: Arkansas
Filing Company: Great West Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: G7308F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: updating Form GU4967/G7308F

Filing at a Glance

Company: Great West Casualty Company

Product Name: Commercial Interline

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

SERFF Tr Num: LDRE-125836416 State: Arkansas

SERFF Status: Closed

Co Tr Num: G7308F

Co Status:

Author: Joy Landholm

Date Submitted: 09/30/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 09/30/2008

Disposition Status: Approved

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

General Information

Project Name: updating Form GU4967

Project Number: G7308F

Reference Organization:

Reference Title:

Filing Status Changed: 09/30/2008

State Status Changed: 09/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Our Company is filing the following Independent Commercial Interline form with your Department to become effective on or after January 1, 2009 for all new and renewal policies.

GU 49 67 01 09 Retention Endorsement

Status of Filing in Domicile: Authorized

Domicile Status Comments: Nebraska, our domicile state, is file and use

Reference Number:

Advisory Org. Circular:

Deemer Date:

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GU 49 67 01 09 replaces GU 49 67 12 02 approved by your Department effective December 1, 2002.

All the changes on this endorsement were editorial in nature to make the endorsement easier to read and understand for our insureds except for Paragraph B.4., which was removed since we didn't have any insureds selecting that option.

Company and Contact

Filing Contact Information

Joy Landholm, Compliance Technician j.landholm@gwccnet.com
 1100 W. 29th Street (800) 228-8602 [Phone]
 South Sioux City,, NE 68776 (402) 494-7480[FAX]

Filing Company Information

Great West Casualty Company CoCode: 11371 State of Domicile: Nebraska
 1100 W. 29th Street Group Code: 150 Company Type: P & C
 So. Sioux City, NE 68776 Group Name: State ID Number:
 (402) 494-2411 ext. [Phone] FEIN Number: 47-6024508

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great West Casualty Company	\$50.00	09/30/2008	22823609

SERFF Tracking Number: LDRE-125836416 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/30/2008	09/30/2008

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Disposition

Disposition Date: 09/30/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRE-125836416 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	mark-up copy	Approved	Yes
Form	Retention Endorsement	Approved	Yes

SERFF Tracking Number: LDRE-125836416 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Retention Endorsement	GU 49 67	01 09	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 GU 49 67 12 02 Previous Filing #:		GU 49 67 01 09.pdf

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RETENTION ENDORSEMENT

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

SCHEDULE

"Retained Amount" of "Loss" per "Occurrence":

"Loss Adjustment Expense":

"Total Retained Amount" per "Occurrence":

"Loss Supervision Fee": of paid "Loss" within your "Retained Amount".

Maximum "Loss Supervision Fee":

A. RETAINED AMOUNT

You agree to reimburse us for the "total retained amount" shown in the SCHEDULE on this endorsement.

The Limit of Insurance shall not be increased by the "total retained amount".

B. LOSS ADJUSTMENT EXPENSE

1. You agree to reimburse us for any "loss adjustment expense" we pay, up to the amount shown in the SCHEDULE on this endorsement.

If the SCHEDULE on this endorsement indicates that pro-ration applies, you are responsible only for your share of the "loss adjustment expense". Your share of "loss adjustment expense" is the same proportion that your "retained amount" bears to the total amount of the "loss".

2. If the SCHEDULE on this endorsement indicates that the "loss adjustment expense" is zero, we will pay any "loss adjustment expense" and it will not be used to calculate your "total retained amount".

C. LOSS SUPERVISION FEE

You also agree to pay us a "loss supervision fee" which is a percentage, as shown in the SCHEDULE on this endorsement, of the paid "loss", up to the "retained amount". The "loss supervision fee" is in addition to your "total retained amount" and will not exceed the maximum amount shown in the SCHEDULE on this endorsement.

D. RECOVERY FROM OTHERS

Any recovery for a "loss" paid by us under a policy covered by this endorsement, will be allocated as follows:

1. To reimburse us for all of our payments, including indemnity, "loss adjustment expenses", and recovery expenses; and
2. Any balance of the recovery that remains after we have been reimbursed will be paid to you.

E. ADDITIONAL DEFINITIONS

As used in this endorsement:

1. "**Loss adjustment expense**" means the amount that you or we pay as expense for the handling or settling an "occurrence" or "suit". "Loss adjustment expense" includes the following costs:
 - a. Attorney fees and expenses.
 - b. Testimony transcript fees and expenses.
 - c. Medical exam fees and expenses.
 - d. Police reports.
 - e. Appeal costs and expenses.
 - f. General court costs and expenses.
 - g. Medical testimony fees and expenses.
 - h. Expert witness fees and expenses.
 - i. Lay witness fees and expenses.
 - j. Service of process costs.
 - k. Miscellaneous claim costs such as title searches, photos, death certificates, etc.
 - l. Independent claims adjusters fees and expenses.
 - m. Appraisal fees and expenses.
 - n. Post judgment interest when the interest is a consequence of an appeal initiated with our written agreement.
 - o. Travel expenses directly related to handling or settling any "occurrence", "loss" or "suit".

But "loss adjustment expense" shall not include the following costs:

- a. Your or our "employee's" salaries or expenses except those travel expenses directly related to handling or settling any "occurrence", "loss" or "suit";
 - b. Other expenses we incur not directly associated with a specific claim; and
 - c. Any expense associated with an appeal that you initiate without our written agreement.
2. "**Loss**" means direct and accidental "loss" or damage resulting from an "occurrence".
 3. "**Loss supervision fee**" means a fee for our administrative supervision, office expenses, salaries and remuneration of our "employees".
 4. "**Occurrence**" means an "accident", including continuous or repeated exposure to substantially the same general harmful conditions.
 5. "**Retained amount**" means the total amount of "loss" to be reimbursed by you.
 6. "**Total retained amount**" means the "loss adjustment expense", if applicable, and the "retained amount" to be reimbursed by you.

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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 09/30/2008

Comments:

Attachments:

PC TD-1.pdf

PC FFS-1.pdf

Satisfied -Name: mark-up copy **Review Status:** Approved 09/30/2008

Comments:

Attachment:

GU 49 67 01 09 - Mark Up Copy.pdf

Property & Casualty Transmittal Document

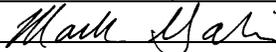
1. Reserved for Insurance Dept. Use Only 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2. Insurance Department Use only</td> </tr> <tr> <td colspan="2">a. Date the filing is received:</td> </tr> <tr> <td colspan="2">b. Analyst:</td> </tr> <tr> <td colspan="2">c. Disposition:</td> </tr> <tr> <td colspan="2">d. Date of disposition of the filing:</td> </tr> <tr> <td colspan="2">e. Effective date of filing:</td> </tr> <tr> <td style="width: 60%;">New Business:</td> <td></td> </tr> <tr> <td>Renewal Business:</td> <td></td> </tr> <tr> <td colspan="2">f. State Filing #:</td> </tr> <tr> <td colspan="2">g. SERFF Filing #: LDRE-125836416</td> </tr> <tr> <td style="width: 60%;">h. Subject Codes:</td> <td></td> </tr> </table>	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:		New Business:		Renewal Business:		f. State Filing #:		g. SERFF Filing #: LDRE-125836416		h. Subject Codes:	
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3.	Group Name	Group NAIC#
	Old Republic Group	0150

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Great West Casualty Company	Nebraska	11371	47-6024508	

5.	Company Tracking Number	G7308F
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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
	Mark Galvin Great West Casualty Company P. O. Box 277 South Sioux City NE 68776	Forms Attorney	1-800-228-8602 Ext. 7731	1-402-494-7480	m.galvin@gwccnet.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Mark Galvin, Forms Attorney		

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

9.	Type of Insurance (TOI)	35.0 - Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Comm'l Interline Filings
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	Commercial
12.	Company Program Title (Marketing title)	Commercial Interline
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: 01-01-2009 Renewal: 01-01-2009
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	09-30-2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	G7308F
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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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Our Company is filing the following Independent Commercial Interline form with your Department to become effective on or after January 1, 2009 for all new and renewal policies.

GU 49 67 01 09 Retention Endorsement

GU 49 67 01 09 replaces GU 49 67 12 02 approved by your Department effective December 1, 2002.

All the changes on this endorsement were editorial in nature to make the endorsement easier to read and understand for our insureds except for Paragraph B.4., which was removed since we didn't have any insureds selecting that option.

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 #: EFT - completed Amount: \$50.00	
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.)

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 #	G7308F
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Retention Endorsement	GU 49 67 01 09	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	GU 49 67 12 02	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RETENTION ENDORSEMENT

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- ~~COMMERCIAL INLAND MARINE COVERAGE PART - CARGO COVERAGE FORM~~

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective	Number
GREAT WEST CASUALTY COMPANY	Countersigned by	

(Authorized Representative)

SCHEDULE

"Retained Amount" of "Loss" per "Occurrence":

"Loss Adjustment Expense":

"Total Retained Amount" per "Occurrence":

"Loss Supervision Fee": of paid "Loss" within your "Retained Amount".

Maximum "Loss Supervision Fee":

A. RETAINED AMOUNT

You agree to reimburse us for the "total retained amount" shown in the SCHEDULE on this endorsement.

The Limit of Insurance shall not be increased by the "total retained amount".

B. LOSS ADJUSTMENT EXPENSE

1. ~~If the SCHEDULE on this endorsement indicates an amount in the "loss adjustment expense", you agree to reimburse us for any "loss adjustment expense" we pay, up to the amount shown in the SCHEDULE on this endorsement.~~

2. If the SCHEDULE on this endorsement indicates that pro-ration applies, you are responsible only for your share of the "loss adjustment expense" ~~when the amount of "loss" from an "occurrence" exceeds the~~

~~"retained amount".~~ Your share of "loss adjustment expense" is the same proportion that your "retained amount" bears to the total amount of the "loss".

2.3. If the SCHEDULE on this endorsement indicates that the "loss adjustment expense" is zero, we will pay any "loss adjustment expense" and it will not be used to calculate your "total retained amount".

4. ~~If the SCHEDULE on this endorsement indicates that the "loss adjustment expense", is excluded from the "retained amount" you agree to reimburse us for any "loss adjustment expense" we pay. There is no limit to the "loss adjustment expense" and it is in addition to your "retained amount".~~

C. LOSS SUPERVISION FEE

You also agree to pay us a "loss supervision fee" which is a percentage, as shown in the SCHEDULE on this endorsement, of the paid "loss", up to the "retained amount". The "loss supervision fee" is in addition to your "total retained amount" and will not exceed the maximum amount shown in the SCHEDULE on this endorsement.

D. RECOVERY FROM OTHERS

Any recovery for a "loss" paid by us under a policy covered by this endorsement, will be allocated as follows:

1. To reimburse us for all of our payments, including indemnity, "loss adjustment expenses", and recovery expenses; and
2. Any balance of the recovery that remains after we have been reimbursed will be paid to you.

E. ADDITIONAL DEFINITIONS

As used in this endorsement:

1. **"Loss adjustment expense"** means the amount that you or we pay as expense for the handling or settling an "occurrence" or "suit". "Loss adjustment expense" includes the following costs:
 - a. Attorney fees and expenses.
 - b. Testimony transcript fees and expenses.
 - c. Medical exam fees and expenses.
 - d. Police reports.
 - e. Appeal costs and expenses.
 - f. General court costs and expenses.
 - g. Medical testimony fees and expenses.
 - h. Expert witness fees and expenses.
 - i. Lay witness fees and expenses.
 - j. Service of process costs.
 - k. Miscellaneous claim costs such as title searches, photos, death certificates, etc.
 - l. Independent claims adjusters fees and expenses.

- m. Appraisal fees and expenses.
- n. Post judgment interest when the interest is a consequence of an appeal initiated with our written agreement.
- o. Travel expenses directly related to handling or settling any "occurrence", "loss" or "suit".

But "loss adjustment expense" shall not include the following costs:

- a. Your or our "employee's" salaries or expenses except those travel expenses directly related to handling or settling any "occurrence", "loss" or "suit";
- b. Other expenses we incur not directly associated with a specific claim; and
- c. Any expense associated with an appeal that you initiate without our written agreement.

2. **"Loss"** means direct and accidental "loss" or damage resulting from an "occurrence".
3. **"Loss supervision fee"** means a fee for our administrative supervision, office expenses, salaries and remuneration of our "employees".
4. **"Occurrence"** means an "accident", including continuous or repeated exposure to substantially the same general harmful conditions.
5. **"Retained amount"** means the total amount of "loss" to be reimbursed by you. ~~Your "retained amount" shall not be reduced or eliminated by salvage, contributions, recoveries, or reimbursement of any type from another source.~~
6. **"Total retained amount"** means the "loss adjustment expense", if applicable, and the "retained amount" to be reimbursed by you.

~~Your signature indicates you acknowledge and accept the provisions of this endorsement.~~