

<i>SERFF Tracking Number:</i>	<i>SEPX-125796402</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CF AR08682CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>2008 C/L Property/CF AR08682CGF01</i>		

Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company, Sentry Select Insurance Company

Product Name: Commercial Property	SERFF Tr Num: SEPX-125796402	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CF AR08682CGF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI SentryInsurancePC	Disposition Date: 09/02/2008
	Date Submitted: 08/28/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: 2008 C/L Property	Status of Filing in Domicile: Authorized
Project Number: CF AR08682CGF01	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:	

We are submitting a form filing to revise our Equipment Breakdown endorsements; CP 70 47 (Special Form), CP 70 48 (Basic Form) and CP 70 49 (Broad Form). In these endorsements we have increased four sub-limits in the forms for no additional charge. The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage extension, the Expediting Expense additional coverage extension, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.

<i>SERFF Tracking Number:</i>	<i>SEPX-125796402</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CF AR08682CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>2008 C/L Property/CF AR08682CGF01</i>		

In addition we are introducing a new endorsement, Equipment Breakdown Deductible, CP 70 54 08 08. This optional endorsement will be called for when a deductible amount other than the property deductible amount is to be applied to the Equipment Breakdown causes of loss. The deductible amount(s) shown in the endorsement will apply in the event of an Equipment Breakdown loss.

We have submitted a rule filing, our company filing # CF AR08682CGR01, to update our rules due to the above form changes.

Please refer to the form memorandum for further details.

Company and Contact

Filing Contact Information

Douglas Krueger, Compliance/Development Sr. doug.krueger@sentry.com
Analyst

1800 North Point Drive (715) 346-8614 [Phone]
Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Insurance a Mutual Company	CoCode: 24988	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-0333950	

Middlesex Insurance Company	CoCode: 23434	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 04-1619070	

Sentry Select Insurance Company	CoCode: 21180	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:

SERFF Tracking Number: SEPX-125796402 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CF AR08682CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: 2008 C/L Property/CF AR08682CGF01

Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:
(715) 346-6000 ext. [Phone] Group
FEIN Number: 36-2674180

SERFF Tracking Number: SEPX-125796402 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CF AR08682CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: 2008 C/L Property/CF AR08682CGF01

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Insurance a Mutual Company	\$50.00	08/28/2008	22186427
Middlesex Insurance Company	\$0.00	08/28/2008	
Sentry Select Insurance Company	\$0.00	08/28/2008	

SERFF Tracking Number: SEPX-125796402 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CF AR08682CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: 2008 C/L Property/CF AR08682CGF01

Correspondence Summary

Dispositions

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

SERFF Tracking Number: SEPX-125796402 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CF AR08682CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: 2008 C/L Property/CF AR08682CGF01

Disposition

Disposition Date: 09/02/2008
Effective Date (New): 11/01/2008
Effective Date (Renewal): 11/01/2008
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

SERFF Tracking Number: SEPX-125796402 State: Arkansas
 First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CF AR08682CGF01
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Commercial Property
 Project Name/Number: 2008 C/L Property/CF AR08682CGF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Memorandum	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form	Equipment Breakdown	Approved	Yes
Form	Equipment Breakdown	Approved	Yes
Form	Equipment Breakdown	Approved	Yes
Form	Equipment Breakdown Deductible	Approved	Yes

SERFF Tracking Number: SEPX-125796402 State: Arkansas
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 Company Tracking Number: CF AR08682CGF01
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Breakdown	CP 70 47 08 08	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CP 70 47 04 02 Previous Filing #:		CP 70 47 08 08.PDF
Approved	Equipment Breakdown	CP 70 48 08 08	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CP 70 48 10 00 Previous Filing #:		CP 70 48 08 08.PDF
Approved	Equipment Breakdown	CP 70 49 08 08	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CP 70 49 10 00 Previous Filing #:		CP 70 49 08 08.PDF
Approved	Equipment Breakdown Deductible	CP 70 54 08 08	08 08	Endorsement/Amendment/Conditions New		0.00	CP 70 54 08 08.PDF



EQUIPMENT BREAKDOWN

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
CAUSES OF LOSS SPECIAL FORM

I. Insurance provided by this endorsement is subject to all of the terms of the Coverage Form and Causes of Loss Form except as specified below.

II. The following changes apply to the Coverage Form:

A. Coverage

Pollutant Clean-up and Removal. For insurance provided by this endorsement, the limit of insurance that applies to Additional Coverage A.4.d. is increased to \$100,000 unless otherwise stated in the declarations.

B. Additional Conditions

The following is added to section F of the Coverage Form:

Suspension:

Whenever Equipment Breakdown Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss or damage to that Covered Property. This can be done by delivering or mailing a written notice of suspension to:

- a. Your last known address; or
- b. The address where the Covered Property is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.

III. Service Interruption Additional Coverage

Any insurance provided for Business Income or Extra Expense is extended to apply to your loss or expense caused by an "Equipment Breakdown" to equipment that is owned by a utility, landlord or other supplier, that is located within 1,000 feet of the described premises, with whom you have a contract to supply you with any of the following services: electrical power, waste disposal, air conditioning, refrigeration, heating, natural gas, compressed air, water, steam, internet access, telecommunications services, wide area networks or data transmission.

The equipment must meet the definition of "Equipment Breakdown" except that it is not Covered Property.

IV. The following changes apply to the Causes of Loss Special Form:

A. Exclusions

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EQUIPMENT BREAKDOWN - CONTINUED

1. Water. Exclusion B.1.g., Water, is replaced by the following:
 - g. Water
 - (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
 - (2) Mudslide or mudflow;
 - (3) Water that backs up or overflows from a sewer, drain or sump; or
 - (4) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors, windows, or other openings.

But if Water, as described in B.1.g.(1) through B.1.g.(4) above, results in fire, explosion, sprinkler leakage or equipment breakdown we will pay for the loss or damage caused by that fire, explosion, sprinkler leakage or equipment breakdown.
2. Exclusion B.2.b. is replaced by the following:
 - b. Delay, loss of use or loss of market, except that we will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by coverages provided by this endorsement to types of property covered by this policy, that are:
 - (1) Located on or within 1,000 feet of your described premises;
 - (2) Owned by the building owner at your described premises, or owned by a public utility; and
 - (3) Used to supply telephone, electricity, air conditioning, heating, gas, water or steam to your described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.
3. The following exclusions do not apply to coverage provided by this endorsement:
 - a. Exclusion B.2.a;
 - b. Exclusion B.2.d.6.; and
 - c. Exclusion B.2.e.

B. Limitations

Limitations C.1.a. and C.1.b. of the Causes of Loss Special Form do not apply to coverage provided by this endorsement.

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EQUIPMENT BREAKDOWN - CONTINUED

C. Additional Coverage Extensions

The following provisions are added to section F of the Causes of Loss Special Form:

1. Expediting Expenses

For coverage provided by this endorsement, with respect to your damaged Covered Property, we will pay the reasonable extra cost to:

- (i) Make temporary repairs;
- (ii) Expedite permanent repairs; and
- (iii) Expedite permanent replacement.

The most we will pay for loss or damage under this coverage is \$100,000 unless the policy includes one of the following forms:

Business Income (And Extra Expense) Coverage Form
Business Income (Without Extra Expense) Coverage Form
Extra Expense Coverage Form.

If the policy includes one of these forms, the most we will pay for loss or damage under this coverage is the limit that applies under that form or \$100,000, whichever is larger.

2. Refrigerant Contamination

Contamination by a refrigerant resulting from coverage provided by this endorsement, with respect to your damaged Covered Property to refrigerating, cooling or humidity control equipment at the described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.

D. Definitions

Definition G.2. of the Causes of Loss Special Form is replaced by the following:

G. DEFINITIONS

2. "Specified Causes of Loss" means the following: Fire, lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice or sleet; water damage; equipment breakdown.

- a. Sinkhole collapse means the sudden sinking or collapse of land into underground empty spaces

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EQUIPMENT BREAKDOWN - CONTINUED

created by the action of water on limestone or dolomite. This cause of loss does not include:

- (1) The cost of filling sinkholes; or
 - (2) Sinking or collapse of land into man-made underground cavities.
- b. Falling objects does not include loss or damage to:
- (1) Personal property in the open;
 - (2) The interior of a building or structure, or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.
- c. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance (other than a sump system including its related equipment and parts) containing water or steam.
- d. Equipment breakdown means direct damage to Covered Property as follows:
- (1) Mechanical breakdown, including rupture or bursting caused by centrifugal force;
 - (2) Artificially generated electrical current; including electrical arcing, that disturbs electrical devices, appliances or wires;
 - (3) Explosion of steam boilers, steam piping, steam engines or steam turbines owned or leased by you, or operated under your control;
 - (4) Loss or damage to steam boilers, steam pipes, steam engines or steam turbines; or
 - (5) Loss or damage to hot water boilers or other water heating equipment.

If covered electrical equipment requires drying out as a result of a flood we will pay for the direct expenses of such drying out.

None of the following are Covered Property as respects equipment breakdown:

- (a) Insulating or refractory material;
- (b) Buried vessel or piping;
- (c) Sewer piping, piping forming a part of a fire protection system or water piping other than:
 - i. Feed water piping between any boiler and its feed pump or injector; or

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EQUIPMENT BREAKDOWN - CONTINUED

- ii. Boiler condensate return piping; or
- iii. Water piping used forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes.
- (iv) Structure, foundation, cabinet or compartment containing the object;
- (v) Power shovel, dragline, excavator, vehicle, floating vessel or structure, penstock, draft tube or well casing;
- (vi) Conveyor, crane, elevator, escalator or hoist, but not excluding any electrical machine or electrical apparatus mounted on or used with this equipment;
- (vii) Felt, wire, screen, die, extrusion, plate, swing hammer, grinding disc, cutting blade, cable, chain, belt, rope, clutch plate, brake pad, non-metallic part or any part or tool subject to frequent, periodic replacement.

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EQUIPMENT BREAKDOWN

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
CAUSES OF LOSS BASIC FORM

I. Insurance provided by this endorsement is subject to all of the terms of the Coverage Form and Causes of Loss Form except as specified below.

II. The following changes apply to the Coverage Form:

A. Coverage

Pollutant Clean-up and Removal. For insurance provided by this endorsement, the limit of insurance that applies to Additional Coverage A.4.d. is increased to \$100,000 unless otherwise stated in the declarations.

B. Additional Conditions

The following is added to section F of the Coverage Form:

Suspension:

Whenever Equipment Breakdown Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss or damage to that Covered Property. This can be done by delivering or mailing a written notice of suspension to.

- a. Your last known address; or
- b. The address where the Covered Property is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.

III. Service Interruption Additional Coverage

Any insurance provided for Business Income or Extra Expense is extended to apply to your loss or expense caused by an "Equipment Breakdown" to equipment that is owned by a utility, landlord or other supplier, that is located within 1,000 feet of the described premises, with whom you have a contract to supply you with any of the following services: electrical power, waste disposal, air conditioning, refrigeration, heating, natural gas, compressed air, water, steam, internet access, telecommunications services, wide area networks or data transmission.

The equipment must meet the definition of "Equipment Breakdown" except that it is not Covered Property.

IV. The following changes apply to the Causes of Loss Basic Form:

A. Covered Causes of Loss

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EQUIPMENT BREAKDOWN - CONTINUED

The following covered cause of loss is added:

Equipment Breakdown meaning direct damage to Covered Property as follows:

- a. Mechanical breakdown, including rupture or bursting caused by centrifugal force;
- b. Artificially generated electrical current; including electrical arcing, that disturbs electrical devices, appliances or wires;
- c. Explosion of steam boilers, steam piping, steam engines or steam turbines owned or leased by you, or operated under your control;
- d. Loss or damage to steam boilers, steam pipes, steam engines or steam turbines; or
- e. Loss or damage to hot water boilers or other water heating equipment.

If covered electrical equipment requires drying out as a result of a flood, we will pay for the direct expenses of such drying out.

None of the following are Covered Property as respects equipment breakdown:

- (i) Insulating or refractory material;
- (ii) Buried vessel or piping;
- (iii) Sewer piping, piping forming a part of a fire protection system or water piping other than:
 - i. Feed water piping between any boiler and its feed pump or injector; or
 - ii. Boiler condensate return piping; or
 - iii. Water piping used forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes.
- (iv) Structure, foundation, cabinet or compartment containing the object;
- (v) Power shovel, dragline, excavator, vehicle, floating vessel or structure, penstock, draft tube or well casing;
- (vi) Conveyor, crane, elevator, escalator or hoist, but not excluding any electrical machine or electrical apparatus mounted on or used with this equipment;
- (vii) Felt, wire, screen, die, extrusion, plate, swing hammer, grinding disc, cutting blade, cable, chain, belt, rope,

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EQUIPMENT BREAKDOWN - CONTINUED

clutch plate, brake pad, non-metallic part or any part or tool subject to frequent, periodic replacement.

B. Exclusions

1. Water. Exclusion B.1.g., Water, is replaced by the following:

g. Water

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- (2) Mudslide or mudflow;
- (3) Water that backs up or overflows from a sewer, drain or sump; or
- (4) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors windows, or other openings.

But if Water, as described in B.1.g.(1) through B.1.g.(4) above, results in fire, explosion, sprinkler leakage or equipment breakdown we will pay for the loss or damage caused by that fire, explosion, sprinkler leakage or equipment breakdown.

2. The following exclusions do not apply to coverage provided by this endorsement:
 - a. Exclusion B.2.a;
 - b. Exclusion B.2.d.; and
 - c. Exclusion B.2.e.

C. Additional Coverages

The following Additional Coverages are added to the Causes of Loss Basic Form:

1. Expediting Expenses

For coverage provided by this endorsement, with respect to your damaged Covered Property, we will pay the reasonable extra cost to:

- (i) Make temporary repairs;
- (ii) Expedite permanent repairs; and
- (iii) Expedite permanent replacement.

The most we will pay for loss or damage under this coverage is \$100,000 unless the policy includes one of the following forms:

Business Income (And Extra Expense) Coverage Form

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EQUIPMENT BREAKDOWN - CONTINUED

Business Income (Without Extra Expense) Coverage
Form
Extra Expense Coverage Form.

If the policy includes one of these forms, the most we will pay for loss or damage under this coverage is the limit that applies under that form or \$100,000, whichever is larger.

2. Refrigerant Contamination

Contamination by a refrigerant resulting from coverage provided by this endorsement, with respect to your damaged Covered Property to refrigerating, cooling or humidity control equipment at the described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.

3. Consequential Loss

We will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by coverages provided by this endorsement to types of property covered by this policy, that are:

- (1) Located on or within 1,000 feet of your described premises;
- (2) Owned by the building owner at your described premises, or owned by a public utility; and
- (3) Used to supply telephone, electricity, air conditioning, heating, gas, water or steam to your described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.

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EQUIPMENT BREAKDOWN

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
CAUSES OF LOSS BROAD FORM

I. Insurance provided by this endorsement is subject to all of the terms of the Coverage Form and Causes of Loss Form except as specified below.

II. The following changes apply to the Coverage Form:

A. Coverage

Pollutant Clean-up and Removal. For insurance provided by this endorsement, the limit of insurance that applies to Additional Coverage A.4.d. is increased to \$100,000 unless otherwise stated in the declarations.

B. Additional Conditions

The following is added to section F of the Coverage Form:

Suspension:

Whenever Equipment Breakdown Covered Property is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the insurance against loss or damage to that Covered Property. This can be done by delivering or mailing a written notice of suspension to.

- a. Your last known address; or
- b. The address where the Covered Property is located.

If we suspend your insurance, you will get a pro rata refund of premium. But the suspension will be effective even if we have not yet made or offered a refund.

III. Service Interruption Additional Coverage

Any insurance provided for Business Income or Extra Expense is extended to apply to your loss or expense caused by an "Equipment Breakdown" to equipment that is owned by a utility, landlord or other supplier, that is located within 1,000 feet of the described premises, with whom you have a contract to supply you with any of the following services: electrical power, waste disposal, air conditioning, refrigeration, heating, natural gas, compressed air, water, steam, internet access, telecommunications services, wide area networks or data transmission.

The equipment must meet the definition of "Equipment Breakdown" except that it is not Covered Property.

IV. The following changes apply to the Causes of Loss Broad Form:

A. Covered Causes of Loss

CP 70 49 08 08



EQUIPMENT BREAKDOWN - CONTINUED

The following covered cause of loss is added:

Equipment Breakdown meaning direct damage to Covered Property as follows:

- a. Mechanical breakdown, including rupture or bursting caused by centrifugal force;
- b. Artificially generated electrical current; including electrical arcing, that disturbs electrical devices, appliances or wires;
- c. Explosion of steam boilers, steam piping, steam engines or steam turbines owned or leased by you, or operated under your control;
- d. Loss or damage to steam boilers, steam pipes, steam engines or steam turbines; or
- e. Loss or damage to hot water boilers or other water heating equipment.

If covered electrical equipment requires drying out as a result of a flood, we will pay for the direct expenses of such drying out.

None of the following are Covered Property as respects equipment breakdown:

- (i) Insulating or refractory material;
- (ii) Buried vessel or piping;
- (iii) Sewer piping, piping forming a part of a fire protection system or water piping other than:
 - i. Feed water piping between any boiler and its feed pump or injector; or
 - ii. Boiler condensate return piping; or
 - iii. Water piping used forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes.
- (iv) Structure, foundation, cabinet or compartment containing the object;
- (v) Power shovel, dragline, excavator, vehicle, floating vessel or structure, penstock, draft tube or well casing;
- (vi) Conveyor, crane, elevator, escalator or hoist, but not excluding any electrical machine or electrical apparatus mounted on or used with this equipment;
- (vii) Felt, wire, screen, die, extrusion, plate, swing hammer, grinding disc, cutting blade, cable, chain, belt, rope, clutch plate, brake pad, non-metallic part or any part or tool subject to frequent, periodic replacement.

B. Exclusions

1. Water. Exclusion B.1.g., Water, is replaced by the following:
 - g. Water

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EQUIPMENT BREAKDOWN - CONTINUED

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- (2) Mudslide or mudflow;
- (3) Water that backs up or overflows from a sewer, drain or sump; or
- (4) Water under the ground surface pressing on, or flowing or seeping through:
 - (a) Foundations, walls, floors or paved surfaces;
 - (b) Basements, whether paved or not; or
 - (c) Doors, windows, or other openings.

But if Water, as described in B.1.g.(1) through B.1.g.(4) above, results in fire, explosion, sprinkler leakage or equipment breakdown we will pay for the loss or damage caused by that fire, explosion, sprinkler leakage or equipment breakdown.

2. The following exclusions do not apply to coverage provided by this endorsement:
 - a. Exclusion B.2.a;
 - b. Exclusion B.2.b.; and
 - c. Exclusion B.2.c.

C. Additional Coverages

The following Additional Coverages are added to the Causes of Loss Broad Form:

1. Expediting Expenses

For coverage provided by this endorsement, with respect to your damaged Covered Property, we will pay the reasonable extra cost to:

- (i) Make temporary repairs;
- (ii) Expedite permanent repairs; and
- (iii) Expedite permanent replacement.

The most we will pay for loss or damage under this coverage is \$100,000 unless the policy includes one of the following forms:

Business Income (And Extra Expense) Coverage Form
Business Income (Without Extra Expense) Coverage Form
Extra Expense Coverage Form.

If the policy includes one of these forms, the most we will pay for loss or damage under this coverage is the limit that applies under that form or \$100,000, whichever is larger.

CP 70 49 08 08



EQUIPMENT BREAKDOWN - CONTINUED

2. Refrigerant Contamination

Contamination by a refrigerant resulting from coverage provided by this endorsement, with respect to your damaged Covered Property to refrigerating, cooling or humidity control equipment at the described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.

3. Consequential Loss

We will pay for loss of perishable goods due to spoilage resulting from lack of power, light, heat, steam or refrigeration caused by coverages provided by this endorsement to types of property covered by this policy, that are:

- (1) Located on or within 1,000 feet of your described premises;
- (2) Owned by the building owner at your described premises, or owned by a public utility; and
- (3) Used to supply telephone, electricity, air conditioning, heating, gas, water or steam to your described premises.

Unless otherwise stated in the declarations, the most we will pay for loss or damage under this coverage is \$100,000.

CP 70 49 08 08



EQUIPMENT BREAKDOWN DEDUCTIBLE

This endorsement modifies insurance provided under the following:

EQUIPMENT BREAKDOWN

When a deductible is shown below, this deductible applies to EQUIPMENT BREAKDOWN COVERAGE only.

COVERED PREMISES: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
COVERAGE	DEDUCTIBLES (AMOUNT, HOURS OR ADV)
PROPERTY DAMAGE	\$ \$
BUSINESS INCOME AND EXTRA EXPENSE:	HOURS ADV

With respect to the coverage provided by this Equipment Breakdown Deductible endorsement, the following replaces paragraph D. DEDUCTIBLE of the Building and Personal Property Coverage Form.

A. APPLICATION OF DEDUCTIBLES

We will not pay for loss or damage resulting from any one occurrence until the amount of a covered loss or damage exceeds the deductible shown in the Schedule for each applicable coverage. We will then pay the amount of covered loss or damage in excess of the deductible, up to the applicable Limit of Insurance.

When the initial occurrence causes another occurrence, all will be considered one occurrence. All occurrences at any one location that manifest themselves at the same time and are the result of the same cause will be considered one occurrence.

B. DETERMINATION OF DEDUCTIBLES

1. DOLLAR DEDUCTIBLE

If a dollar deductible is shown in the SCHEDULE, we will first subtract the deductible amount from any loss we would otherwise pay.

2. TIME DEDUCTIBLE

If a time deductible is shown in the Schedule, we will not be liable for any loss under that coverage that occurs during that specified time period immediately following an Equipment Breakdown. If a time deductible is shown in days, each day shall mean twenty-four consecutive hours.

3. MULTIPLE OF DAILY VALUE DEDUCTIBLE

If a multiple of daily value is shown in the Schedule, this deductible will be calculated as follows:

CP 70 54 08 08



EQUIPMENT BREAKDOWN DEDUCTIBLE - CONTINUED

- a. For the entire premises where the loss occurred, determine the total amount of Business Income that would have been earned during the "Restoration Period" had no Equipment Breakdown taken place.
- b. Divide the result in Paragraph a. by the number of days the business would have been open during the "Restoration Period". The result is the daily value.
- c. Multiply the daily value in Paragraph b. by the number of days shown in the Schedule. We will first subtract this deductible amount from any loss we would otherwise pay. We will then pay the amount of loss or damage in excess of the deductible, up to the applicable Limit of Insurance.

4. CAUSES OF LOSS DEDUCTIBLES

Deductibles applicable to Equipment Breakdown coverage are separate from deductibles applicable to all other Causes of Loss covered by this coverage part and shall be designated on the Deductible Exceptions schedule applicable to this endorsement.

5. PERIOD OF RESTORATION

The following definition is added with regard to Equipment Breakdown coverage:

"Restoration Period" means the period of time that:

- a. Begins at the time of the occurrence or 24 hours before we receive notice of occurrence whichever is later; and
- b. Ends 5 consecutive days after the date when the damaged property at the premises described in the Declarations is repaired or replaced with reasonable speed and similar quality.

CP 70 54 08 08

JAN 88-88999-01 00 081
03-20-08
PAGE 002 of 002

<i>SERFF Tracking Number:</i>	<i>SEPX-125796402</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CF AR08682CGF01</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>2008 C/L Property/CF AR08682CGF01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125796402 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CF AR08682CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: 2008 C/L Property/CF AR08682CGF01

Supporting Document Schedules

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

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 09/02/2008

Comments:

Attachment:

AR - NAIC FORM FILING SCHEDULE.PDF

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

Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name: Form Memorandum **Review Status:** Approved 09/02/2008

Comments:

Attachment:

Form Memorandum.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 09/02/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

SERFF Tracking Number: SEPX-125796402 State: Arkansas
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CF AR08682CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: 2008 C/L Property/CF AR08682CGF01

Satisfied -Name: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))
Review Status: Approved 09/02/2008

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).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: 60%; 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 #
Sentry Insurance Group	169

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Insurance a Mutual Company	WI	24988	39-0333950	
Middlesex Insurance Company	WI	23434	04-1619070	
Sentry Select Insurance Company	WI	21180	36-2674180	

5. Company Tracking Number	CF AR08682CGF01
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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
	Douglas D. Krueger 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-8614 Ext. 8614	715-346-6044	doug.krueger@sentry.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Douglas D. Krueger

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

9.	Type of Insurance (TOI)	01.0 Property
10.	Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Commercial Property
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: 11-1-08 Renewal: 11-1-08
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	8-28-08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CF AR08682CGF01
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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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We are submitting a form filing to revise our Equipment Breakdown endorsements; CP 70 47 (Special Form), CP 70 48 (Basic Form) and CP 70 49 (Broad Form). In these endorsements we have increased four sub-limits in the forms for no additional charge. The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage extension, the Expediting Expense additional coverage extension, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.

In addition we are introducing a new endorsement, Equipment Breakdown Deductible, CP 70 54 08 08. This optional endorsement will be called for when a deductible amount other than the property deductible amount is to be applied to the Equipment Breakdown causes of loss. The deductible amount(s) shown in the endorsement will apply in the event of an Equipment Breakdown loss.

We have submitted a rule filing, our company filing # CF AR08682CGR01, to update our rules due to the above form changes.

Please refer to the form memorandum for further details.

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]						
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td>NA</td> </tr> <tr> <td>Amount:</td> <td>\$50.00</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">To be sent via EFT</td> </tr> </table> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:	NA	Amount:	\$50.00	To be sent via EFT	
Check #:	NA						
Amount:	\$50.00						
To be sent via EFT							

***Refer to 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 #	CF AR08682CGF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	CF AR08682CGR01
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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	Equipment Breakdown	CP 70 47 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CP 70 47 04 02	
02	Equipment Breakdown	CP 70 48 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CP 70 48 10 00	
03	Equipment Breakdown	CP 70 49 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CP 70 49 10 00	
04	Equipment Breakdown Deductible	CP 70 54 08 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Sentry Insurance a Mutual Company
1800 North Point Drive
P.O. Box 8020
Stevens Point, WI 54481-8020



SENTRY[®]
INSURANCE
A MUTUAL COMPANY

August 28, 2008

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

Attn: Property and Casualty Division

SENTRY INSURANCE A MUTUAL COMPANY, NAIC#169-24988, FEID#39-0333950
MIDDLESEX INSURANCE COMPANY, NAIC#169-23434, FEID#04-1619070
SENTRY SELECT INSURANCE COMPNY, NAIC#169-21180, FEID#36-2674180
DEALER OPERATIONS PROGRAM
COMMERCIAL LINES FIRE - DIVISION FIVE
FORM FILING
COMPANY FILING #CF AR08682CGF01
REFERENCE FORM FILING #: CF AR08682CGR01
PROPOSED WRITTEN DATE: 11/1/2008

We are submitting a form filing to revise our Equipment Breakdown endorsements; CP 70 47 (Special Form), CP 70 48 (Basic Form) and CP 70 49 (Broad Form). In these endorsements we have increased four sub-limits in the forms for no additional charge. The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage extension, the Expediting Expense additional coverage extension, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.

In addition we are introducing a new endorsement, Equipment Breakdown Deductible, CP 70 54 08 08. This optional endorsement will be called for when a deductible amount other than the property deductible amount is to be applied to the Equipment Breakdown causes of loss. The deductible amount(s) shown in the endorsement will apply in the event of an Equipment Breakdown loss.

We have submitted a rule filing, our company filing # CF AR08682CGR01, to update our rules due to the above form changes.

Please refer to the form memorandum for further details.

Please notify me if you have any questions and/or concerns.

S T R E N G T H • P R O T E C T I O N • V I G I L A N C E SM

Sincerely,

A handwritten signature in cursive script that reads "Douglas D. Krueger". The signature is written in black ink on a light-colored background.

Douglas D. Krueger
Compliance/Development Analyst
715 346-8614
715 346-6044(fax)
Doug.Krueger@sentry.com

Form Memorandum

**SENTRY INSURANCE A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY (IF APPLICABLE)
PATRIOT GENERAL INSURANCE COMPANY (IF APPLICABLE)**

Endorsement #	Replaces #	Name of Endorsement and description
Special Form CP 70 47 08 08	Special Form CP 70 47 04 02	Equipment Breakdown We have increased four sub-limits in the form for no additional charge.
Basic Form CP 70 48 08 08	Basic Form CP 70 48 10 00	The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage, the Expediting Expense additional coverage, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.
Broad Form CP 70 49 08 08	Broad Form CP 70 49 10 00	Endorsement broadens coverage.

SENTRY SELECT INSURANC COMPANY – DEALER OPERATIONS PROGRAM

Endorsement #	Replaces #	Name of Endorsement and description
Special Form CP 70 47 08 08	Special Form CP 70 47 04 02	Equipment Breakdown We have increased four sub-limits in the form for no additional charge.
Basic Form CP 70 48 08 08	Basic Form CP 70 48 10 00	The Pollution Clean Up and Removal additional coverage, the Refrigerant Contamination additional coverage, the Expediting Expense additional coverage, and the Consequential Loss coverage (loss of perishable goods due to spoilage) sub-limits have been increased to \$100,000 from \$25,000.
Broad Form CP 70 49 08 08	Broad Form CP 70 49 10 00	Endorsement broadens coverage.

**SENTRY INSURANC A MUTUAL COMPANY
MIDDLESEX INSURANCE COMPANY (IF APPLICABLE)
PATRIOT GENERAL INSURANCE COMPANY (IF APPLICABLE)
SENTRY SELECT INSURANCE COMPANY – DEALER OPERATIONS PROGRAM**

Endorsement #	Replaces #	Name of Endorsement and description
CP 70 54 08 08	NEW	Equipment Breakdown Deductible We are introducing a new optional endorsement, Equipment Breakdown Deductible. This endorsement will be utilized when a deductible amount other than the property deductible amount is to be applied to the Equipment Breakdown causes of loss. The deductible amount(s) shown in the endorsement will apply in the event of an Equipment Breakdown loss.

ARKANSAS INSURANCE DEPARTMENT
FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 8-28-08

2. Company Name(s) Sentry Insurance a Mutual Company, Middlesex Insurance Company, Sentry Select Insurance Company

Group Name Sentry Insurance Group NAIC No. 21180 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 01.0

(b) Class of Business Commercial Property

© Coverages Affected Property

4. (a) Name of Advisory Organization, if any NA

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

NA

(b) Date of Filing NA

© Filing Designation Number or Description NA

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Yes

8. Is the form filed in response to or due to legislation? If so, specify legislation.

NO

9. Is the form in response to or due to recent court decisions? If so, give citation.

NO

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Douglas D. Krueger

Title

715-346-8614

Telephone Number

Form F-1
Rev. 4/96

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
CP 70 47 04 02	11-1-08	CP 70 47 08 08	Equipment Breakdown Special Form - Increased four sub-limits in the form for no additional charge – Broadens Coverage
CP 70 48 10 00	11-1-08	CP 70 48 08 08	Equipment Breakdown Basic Form - Increased four sub-limits in the form for no additional charge – Broadens Coverage
CP 70 49 10 00	11-1-08	CP 70 49 08 08	Equipment Breakdown Broad Form - Increased four sub-limits in the form for no additional charge – Broadens Coverage
New	11-1-08	CP 70 54 08 08	Equipment Breakdown Deductible Optional endorsement offering a different deductible to be applied to Equipment Breakdown causes of loss

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Janet Fagan, Vice President - Chief Actuary of
(Name) (Title of Authorized Officer)

Sentry Insurance a Mutual Company (See Attached)
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
---	-----

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • CF AR08682CGF01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Janet Fagan
Title of Authorized Officer •	Vice President - Chief Actuary
Email address of Authorized Officer •	
Telephone # of Authorized Officer •	Date • 8-28-08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

Arkansas Certificate of Compliance – Additional Companies List

Insuring Company
Middlesex Insurance Company
Sentry Select Insurance Company