

<i>SERFF Tracking Number:</i>	<i>UNON-125800602</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>## \$50</i>
<i>Company Tracking Number:</i>	<i>08-IL-FM-17</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 IL Form Filing</i>		
<i>Project Name/Number:</i>	<i>12-08 AR IL Form Filing/</i>		

## Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company

Product Name: 2008 IL Form Filing

SERFF Tr Num: UNON-125800602 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: ?? \$50

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: 08-IL-FM-17

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Authors: Frances Linker, Tamara  
Manuel

Disposition Date: 09/09/2008

Date Submitted: 09/08/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):  
12/01/2008

State Filing Description:

## General Information

Project Name: 12-08 AR IL Form Filing

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/09/2008

State Status Changed: 09/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt a new company endorsement, CL IL 99 09 07 08, Punitive Damages Exclusion, for all policies effective December 1, 2008.

This is an interline filing that applies to Commercial Automobile and Commercial General Liability.

<i>SERFF Tracking Number:</i>	<i>UNON-125800602</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>08-IL-FM-17</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 IL Form Filing</i>		
<i>Project Name/Number:</i>	<i>12-08 AR IL Form Filing/</i>		

Our check for \$50 will be mailed shortly.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com

## Company and Contact

### Filing Contact Information

Frances Linker, Compliance Analyst  
P. O. Box 152180  
Irving, TX 75015-2180

flinker@usic.com  
(972) 719-2400 [Phone]  
(972) 719-2301[FAX]

### Filing Company Information

Acadia Insurance Company  
P. O. Box 152180  
Irving, TX 75015-2180  
(972) 719-2465 ext. [Phone]

CoCode: 31325  
Group Code: 98  
Group Name: W. R. Berkley  
FEIN Number: 01-0471706  
-----

State of Domicile: New Hampshire  
Company Type: P & C  
State ID Number:

Continental Western Insurance Company  
P. O. Box 152180  
Irving, TX 75015-2180  
(972) 719-2400 ext. 2465[Phone]

CoCode: 10804  
Group Code: 98  
Group Name: W. R. Berkley  
FEIN Number: 42-0594770  
-----

State of Domicile: Iowa  
Company Type: P & C  
State ID Number:

Union Insurance Company  
122 W. Carpenter Freeway  
Suite 350  
Irving, TX 75039  
(972) 719-2400 ext. 2465[Phone]

CoCode: 25844  
Group Code: 98  
Group Name: W. R. Berkle  
FEIN Number: 47-0547953  
-----

State of Domicile: Iowa  
Company Type: P&C  
State ID Number:

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

<i>SERFF Tracking Number:</i>	<i>UNON-125800602</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>08-IL-FM-17</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 IL Form Filing</i>		
<i>Project Name/Number:</i>	<i>12-08 AR IL Form Filing/</i>		
<b>Fee Explanation:</b>			
<b>Per Company:</b>	<b>No</b>		

SERFF Tracking Number: UNON-125800602 State: Arkansas  
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50  
Company Tracking Number: 08-IL-FM-17  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: 2008 IL Form Filing  
Project Name/Number: 12-08 AR IL Form Filing/

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acadia Insurance Company	\$0.00		
Continental Western Insurance Company	\$0.00		
Union Insurance Company	\$0.00		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010034700	\$50.00	09/04/2008

SERFF Tracking Number: UNON-125800602 State: Arkansas  
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50  
Company Tracking Number: 08-IL-FM-17  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: 2008 IL Form Filing  
Project Name/Number: 12-08 AR IL Form Filing/

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: UNON-125800602 State: Arkansas  
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50  
Company Tracking Number: 08-IL-FM-17  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: 2008 IL Form Filing  
Project Name/Number: 12-08 AR IL Form Filing/

## Disposition

Disposition Date: 09/09/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

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: UNON-125800602 State: Arkansas  
 First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50  
 Company Tracking Number: 08-IL-FM-17  
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
 Product Name: 2008 IL Form Filing  
 Project Name/Number: 12-08 AR IL Form Filing/

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Punitive Damages Exclusion	CL IL 99 09	07 08	Endorsement/Amendment/Conditions			CL IL 99 09 07 08.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PUNITIVE DAMAGES EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
LIQUOR LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

**A.** The following exclusion is added:

This insurance does not apply to:

**PUNITIVE DAMAGES**

Damages arising, directly or indirectly, out of "bodily injury", "property damage", "personal and advertising injury", or "reduction in value" that are awarded as "punitive damages".

**B.** The following definitions are added:

1. "Punitive damages" means damages that may be imposed to punish a wrongdoer and to deter others from similar conduct. "Punitive damages" also includes exemplary damages and/or vindictive damages.
2. "Reduction in value" means any claim, demand or "suit" that alleges diminution, impairment or devaluation of property.

<i>SERFF Tracking Number:</i>	<i>UNON-125800602</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>08-IL-FM-17</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 IL Form Filing</i>		
<i>Project Name/Number:</i>	<i>12-08 AR IL Form Filing/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UNON-125800602 State: Arkansas  
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50  
Company Tracking Number: 08-IL-FM-17  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: 2008 IL Form Filing  
Project Name/Number: 12-08 AR IL Form Filing/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 09/09/2008

**Comments:**

**Attachment:**

12-08 IL Form Filing Trans.pdf

**Property & Casualty Transmittal Document**

**Reset Form**

**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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

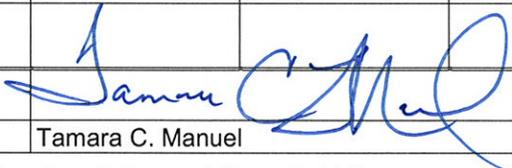
h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
W. R. Berkley	0098

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Western Insurance Company	IA	10804	42-0594770	
Union Insurance Company	IA	25844	47-0547953	
Acadia Insurance Company	NH	31325	01-0471706	

<b>5. Company Tracking Number</b>	08-IL-FM-17
-----------------------------------	-------------

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tamara C. Manuel, Irving, TX 75039	Filings Analyst	800-444-0049	972-719-2348	tmanuel@usic.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tamara C. Manuel		

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

<b>9. Type of Insurance (TOI)</b>	35.0 Interline Filings
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	35.0002 Commercial Interline Filings
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Punitive Damage
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 12/1/08      Renewal: 12/1/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	9/9/09
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-IL-FM-17
------------	--	-------------

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt CL IL 99 09 07 08, Punitive Damages Exclusion, for all policies effective December 1, 2008.

This filing applies to the following lines of business: Commercial Automobile, and Commercial General Liability.

Our check for \$40 will be mailed shortly.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com

[View Complete Filing Description](#)

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #:

Amount:

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-IL-FM-17
-----------	--	-------------

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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	Punitive Damages Exclusion	CL IL 99 09 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input 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		

PC FFS-1