

SERFF Tracking Number:	WSFG-125825088	State:	Arkansas
Filing Company:	Westfield Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	081124ARCMWFFO		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	CL Inland Marine		
Project Name/Number:	Boom Overload/081124ARCMWFFO		

Filing at a Glance

Company: Westfield Insurance Company

Product Name: CL Inland Marine

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: WSFG-125825088 State: Arkansas

SERFF Status: Closed

Co Tr Num: 081124ARCMWFFO

Co Status:

Author: Kimberly Tanner

Date Submitted: 09/20/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 09/22/2008

Disposition Status: Approved

Effective Date Requested (New): 11/24/2008

Effective Date Requested (Renewal): 11/24/2008

Effective Date (New): 11/24/2008

Effective Date (Renewal):

11/24/2008

State Filing Description:

General Information

Project Name: Boom Overload

Project Number: 081124ARCMWFFO

Reference Organization:

Reference Title:

Filing Status Changed: 09/22/2008

State Status Changed: 09/22/2008

Corresponding Filing Tracking Number:

Filing Description:

On behalf of the Westfield Insurance Company (NAIC: 228-24112), subscribers to Insurance Services Office, we are filing form CM7160 for all Commercial Inland Marine policies, on or after November 24, 2008.

- CM7160 07-08 – Boom Overload – This form is an optional form.

The Westfield Insurance Company does not consider this filing to be excessive, inadequate nor unfairly discriminatory.

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Company and Contact

Filing Contact Information

Kim Tanner, Line of Business Specialist kimtanner@westfieldgrp.com
 One Park Circle (800) 243-0210 [Phone]
 Westfield Center, OH 44251-5001

Filing Company Information

Westfield Insurance Company CoCode: 24112 State of Domicile: Ohio
 One Park Circle Group Code: 228 Company Type: P & C
 P.O. Box 5001
 Westfield Center, OH 44251-5001 Group Name: State ID Number:
 (800) 243-0210 ext. [Phone] FEIN Number: 34-6516838

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westfield Insurance Company	\$50.00	09/20/2008	22628882

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/22/2008	09/22/2008

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Disposition

Disposition Date: 09/22/2008

Effective Date (New): 11/24/2008

Effective Date (Renewal): 11/24/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Boom Overload	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Boom Overload	CM7160	0708	Endorsement/Amendment/Conditions		0.00	CM_7160_0708.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BOOM OVERLOAD

This endorsement modifies insurance provided under the following:

CONTRACTORS EQUIPMENT COVERAGE FORM - CM 70 20

Section B. Exclusions Paragraph 2., Subparagraph E. the weight of the load exceeding the registered lifting or supporting capacity of the equipment, extending beyond the registered length, or exceeding the registered angle of any crane, derrick, tower boom or similar equipment, is deleted from this coverage form.

CM 71 60 07 08

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/22/2008

Comments:

Attachment:

2008 11-24 AR PCTD-1.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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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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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]
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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.)**

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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 #	
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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			<input 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