

SERFF Tracking Number: ARKS-125936479 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO State Tracking Number: #90041543 \$50
Company Tracking Number: 4550
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO

Product Name: n/a

SERFF Tr Num: ARKS-125936479 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: #90041543 \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 4550

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author:

Disposition Date: 01/02/2009

Date Submitted: 12/08/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

1 form

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/02/2009

Deemer Date:

State Status Changed: 01/02/2009

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

SERFF Tracking Number: ARKS-125936479 State: Arkansas
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INS CO
Company Tracking Number: 4550
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

NA (123) 555-4567 [Phone]

NA, AR 00000

Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas

INS CO

No Address

Group Code:

Company Type:

City, AR 99999

Group Name:

State ID Number:

(999) 999-9999 ext. [Phone]

FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125936479 State: Arkansas
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Filing Fees

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

SERFF Tracking Number: ARKS-125936479 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/02/2009	01/02/2009

SERFF Tracking Number: ARKS-125936479 State: Arkansas
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Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 01/02/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125936479 *State:* Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL *State Tracking Number:* #90041543 \$50
INS CO
Company Tracking Number: 4550
TOI: 17.0 Other Liability-Occ/Claims Made *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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INS CO
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Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Unsatisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/02/2009

Comments:

Satisfied -Name: ARKS-125936479 **Review Status:** 01/02/2009

Comments:

Attachment:
ARKS-125936479.pdf



ARKS-125936479

ER

Indiana Lumbermens Mutual Insurance Company · ILM

National Building Material Assurance Company · NBMA

Lone Star National Insurance Company · LSN

90041543
50.00

December 2, 2008

Honorable Julie Benafiled Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 W. 3rd St.
Little Rock, AR 72201-1904

Approved until withdrawn
or revoked
Dec 08 2008
Arkansas Insurance Department
By: ER

RE: Indiana Lumbermens Mutual Insurance Company
Commercial General Liability Form Filing
Indiana Lumbermens Filing No.: 4550
NAIC No.: 14265

Dear Commissioner:

Indiana Lumbermens Mutual Insurance Company is requesting your approval of our independent form 1242 0708 Extended Property Damage Liability. This form will be used with our Commercial General Liability Policy. This is a New Program and will be effective on 01/01/09 for all new and renewal policies.

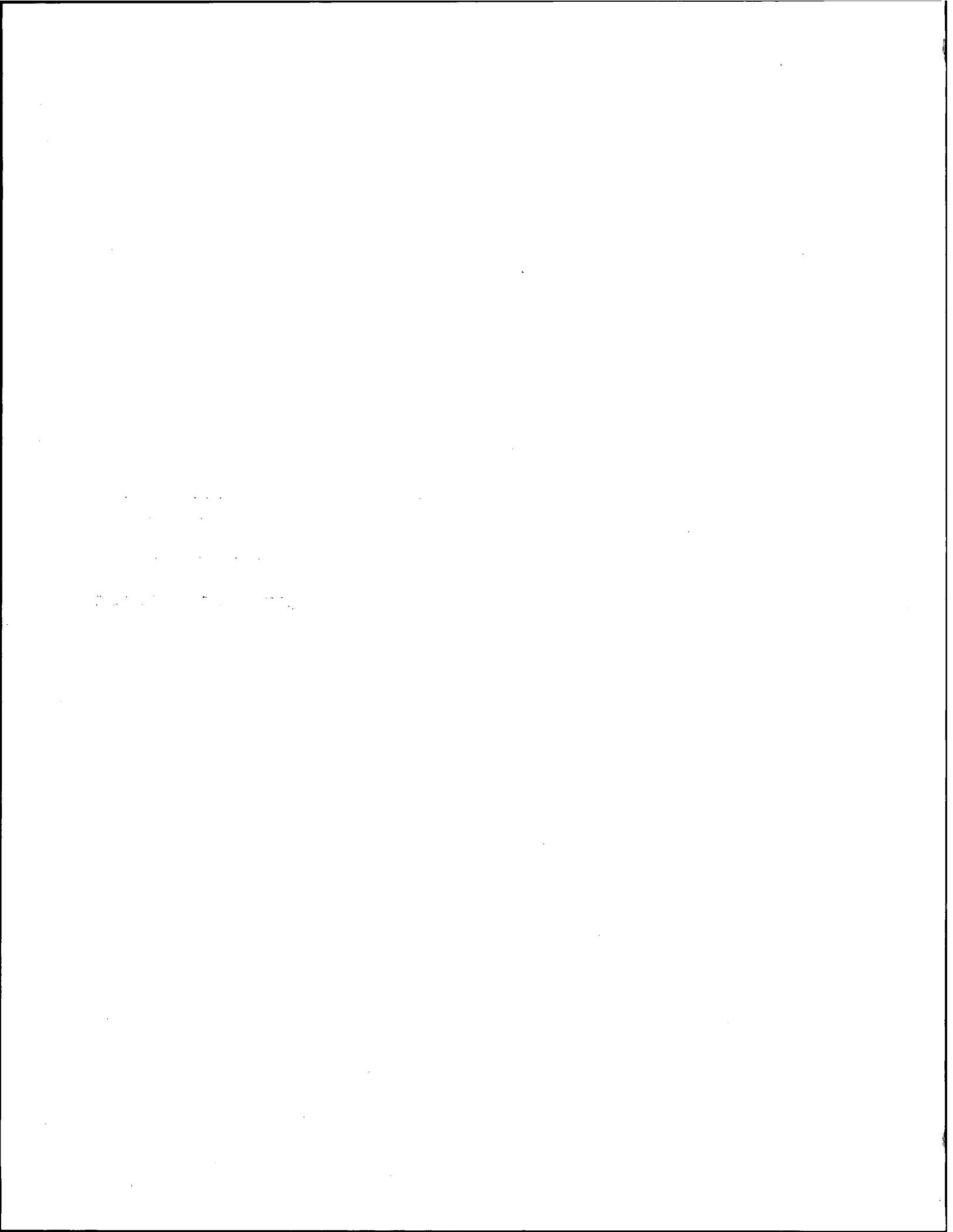
Respectfully submitted,

Tonya J. Burroughs, AIC
Regulatory Compliance Analyst
800-428-1441 ext .507
tburroughs@ilmgroup.com

RECEIVED

DEC 08 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT



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

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Indiana Lumbermens Mutual	IN	14265	35-0410420	

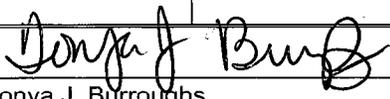
RECEIVED
1 DEC 08 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5. Company Tracking Number	4550
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

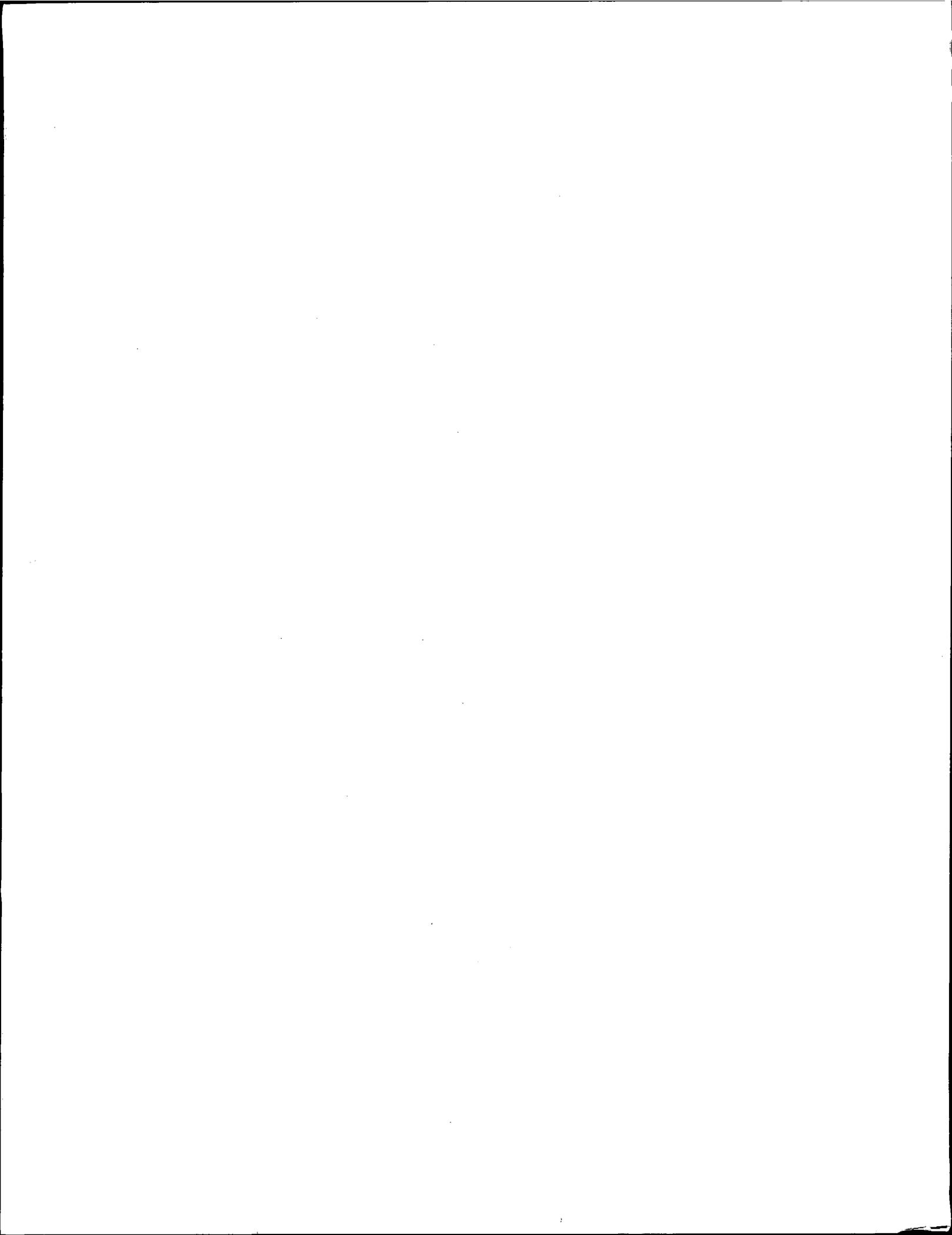
6. Name and address	Title	Telephone #s	FAX #	e-mail
Tonya J. Burroughs 3600 Woodview Trace Indianapolis, IN 46268	Regulatory Compliance Analyst.	800-428-1441	866-293-6591	tburroughs@ilmgroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Tonya J. Burroughs

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

9. Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Extended Property Damage Liability Filing
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: 12-02-08 Renewal:
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	01/01/09
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

2



Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 4550

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

Indiana Lumbermens Mutual Insurance Company is requesting your approval of our Independent form 1242 0808 Extended Property Damage Liability. This form will be used with our Commercial General Liability Policy. The effective date of this form for all new and renewal policies will be 01/01/09.

[View Complete Filing Description](#)

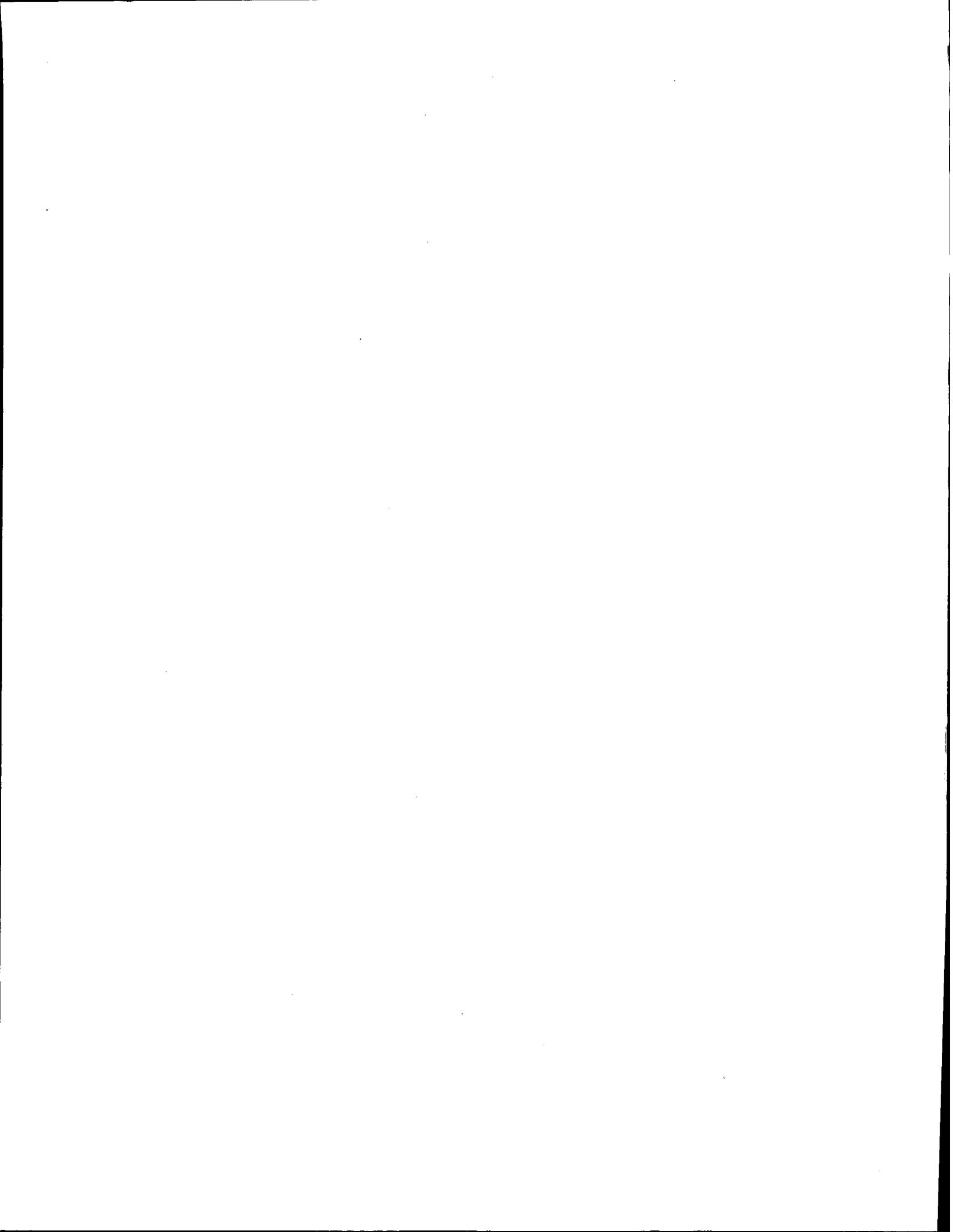
22. **Filing Fees** (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
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.)

PC TD-1 pg 2 of 2



THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY
EXTENDED PROPERTY DAMAGE LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to "logging or lumbering operations" conducted by or for you, or operations incidental thereto, the following applies; SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, is amended to include:

1. FIRE FIGHTING EXPENSE

We will pay up to \$250,000 fire fighting expense incurred by others for which you are legally liability. Such expenses must have been incurred because of the fire resulting from an "occurrence" directly connected with logging or lumbering operations" conducted by or for you.

The limits of insurance or any deductible applicable to "property damage" applies to this coverage. This provision shall not operate to increase the limit of our liability.

2. PROPERTY DAMAGE

Under Coverage A., exclusion 2.j, does not apply to:

- a. Property damage to timberlands, standing timber and felled or bucked timber at premises rented to or controlled by the insured. This provision does not apply if the timberland is owned by the insured or if the timber is being transported.
- b. Property damage (i) mobile equipment, (ii) automobiles and (iii) railroad cars, provided such items (i), (ii), (iii) are:

1. Not owned by the insured; and

2. The property damage occurred as a result of loading or unloading activities by or for the insured.

3. ADDITIONAL EXCLUSIONS

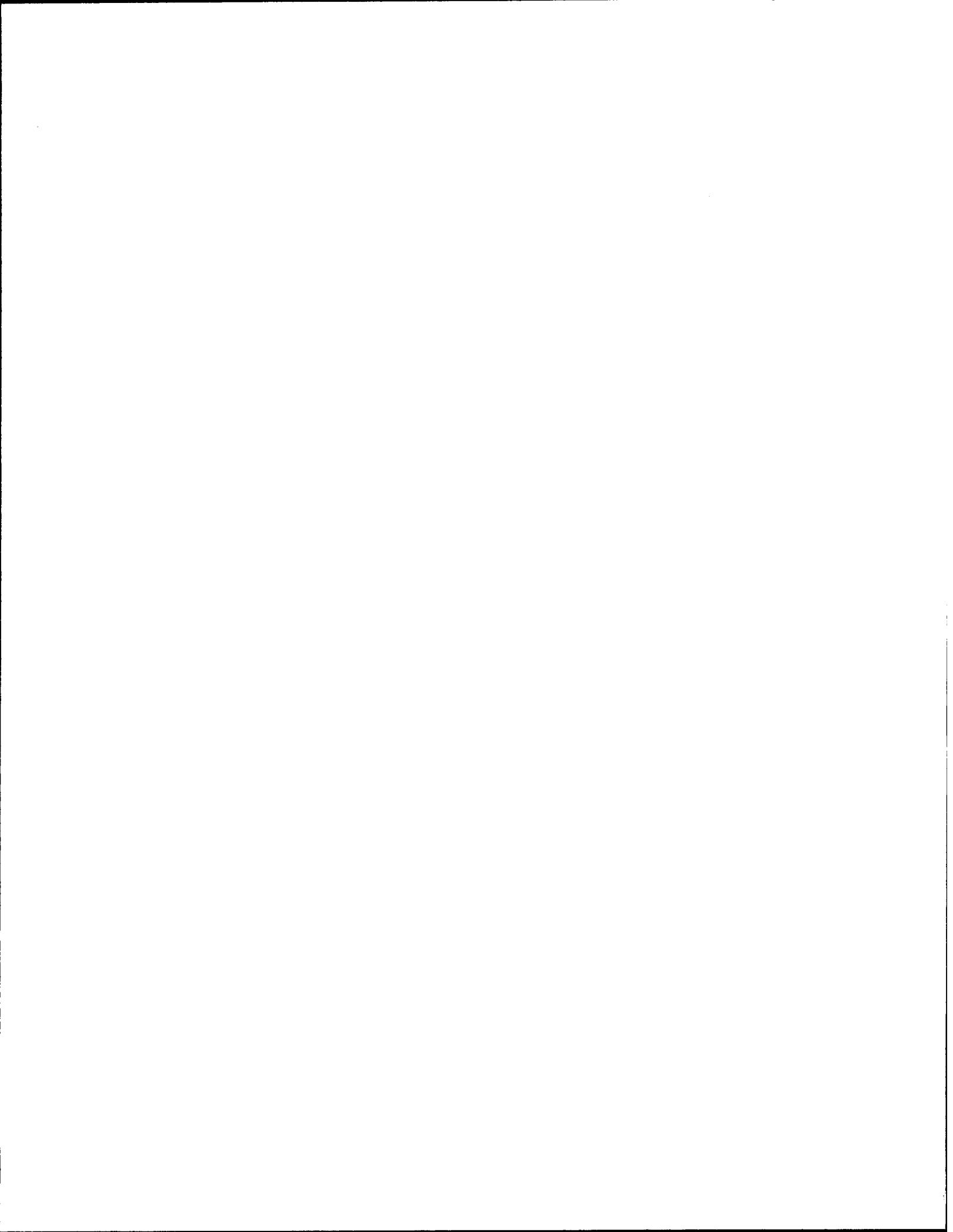
The following exclusions are added to Section I – Coverages, 2. Exclusion, of the Commercial General Liability Form.

This insurance does not apply to:

- (r) personal property, except logs and property described in Item 2.a. of this form, in your possession for sale, storage, processing, safekeeping or repair.
- (s) any person other than you or your employees while vehicles used in logging or mill operation are being loaded or unloaded.

4. DEDUCTIBLE

- a. Our obligation under the Property Damage Liability Coverage to pay damages on your behalf applies only to the amount of damages in excess of _____ each occurrence. The limits of insurance applicable to "Each Occurrence" for such coverage will be reduced by the amount of such deductible. "Aggregate" limits for such coverage shall not be reduced by the application of such deductible amount.
- b. The deductible applies to all damages because of "property damage" as the result of any one



"occurrence", regardless of the number of persons or organizations who sustain damages because of the "occurrence."

- c. We may pay any part or all of the deductible amount to effect settlement of any claim or suit and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.
- d. The terms of this insurance apply irrespective of the application of the deductible amount.

5. WARRANTIES

You warrant that:

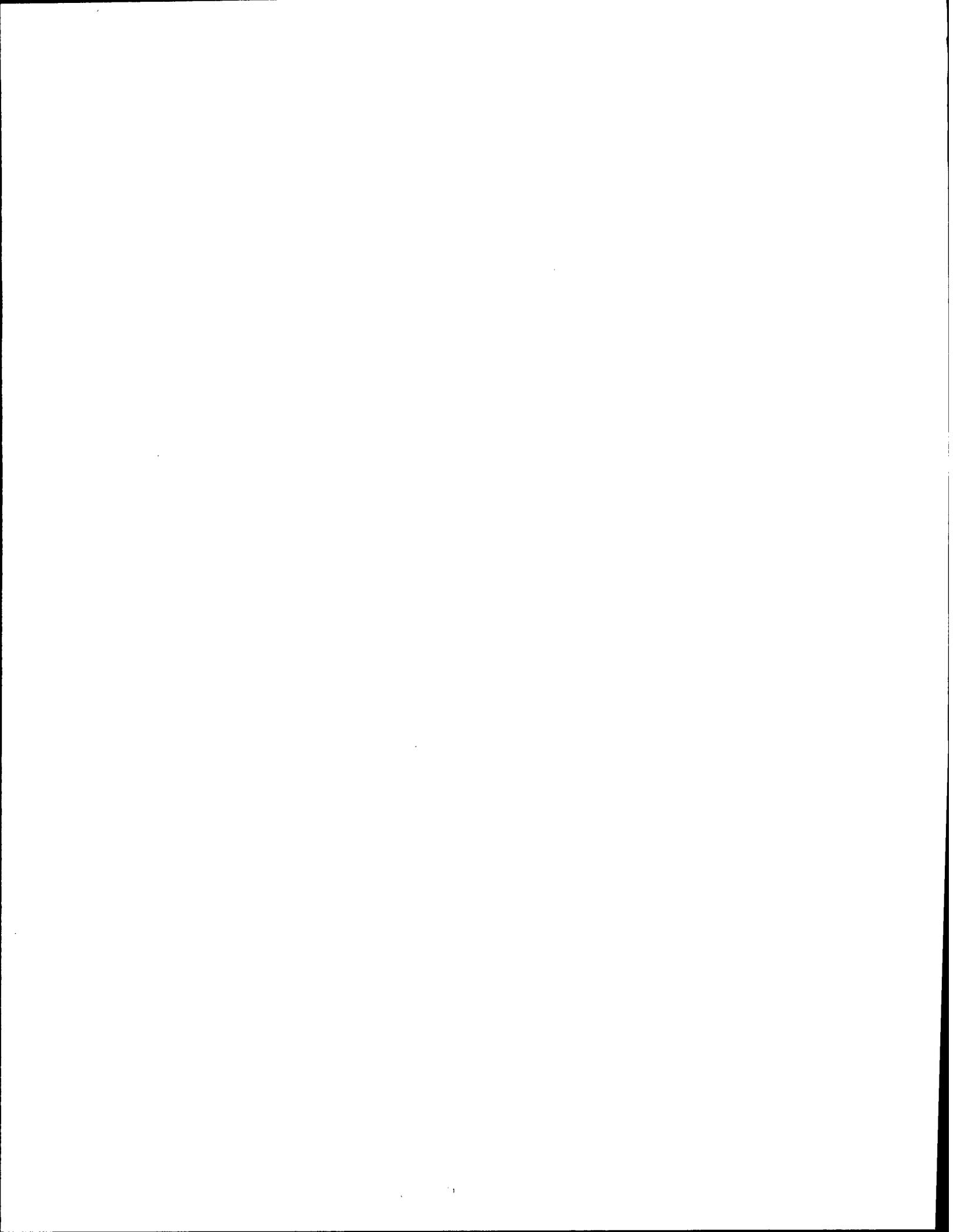
- a. Slash shall be burned only at such times and under such conditions as the proper State or Federal officials may approved direct or provide:
- b. All felling and bucking of timber, the operation of logging equipment, and the loading and unloading of logs shall be completely suspended when such suspensions are direct by the proper State or Federal officials

A breach of the above warranties shall render the insurance afforded hereunder null and void for the period of the breach, unless such breach is beyond your control.

6. ADDITIONAL DEFINITION

The following definition is added to Section V of the Commercial General liability Coverage Form:

- a. "Logging and Lumbering Operations" means logging, the felling and bucking of timber, log road building, sawmilling, planing, plywood, veneer, pulp or paper milling, and all operations necessary or incidental to logging including railroading or trucking of felled trees or timber, maintenance of logging campsites, and the ownership, management, or reforestation of timberlands by you or on your behalf.



Explanatory Memorandum

Indiana Lumbermens is a specialty company dealing primarily with entities involved in the lumber or lumber products business.

Indiana Lumbermens Mutual Insurance Company is requesting your approval of our independent form 1242 0808 Extended Property Damage Liability along with the pricing rules for this form. This form and rules will be used with our Commercial General Liability Policy. This is a New Program and will be effective on 11/01/08 for all new and renewal policies. This form is optional.

