

SERFF Tracking Number: CHUB-125944533 State: Arkansas
First Filing Company: Federal Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-CMQ-17-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Customarq
Project Name/Number: Customarq - Insuring Agreement/WR # 21792

Filing at a Glance

Companies: Federal Insurance Company, Great Northern Insurance Company, Pacific Indemnity Company, Vigilant Insurance Company

Product Name: Customarq SERFF Tr Num: CHUB-125944533 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 05.0003 Commercial Package Co Tr Num: 08-CMQ-17-F State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Flo Vocatura Disposition Date: 01/16/2009
Date Submitted: 01/16/2009 Disposition Status: Approved
Effective Date Requested (New): 08/01/2009 Effective Date (New): 08/01/2009
Effective Date Requested (Renewal): 08/01/2009 Effective Date (Renewal): 08/01/2009

State Filing Description:

General Information

Project Name: Customarq - Insuring Agreement Status of Filing in Domicile: Pending
Project Number: WR # 21792 Domicile Status Comments:
Reference Organization: N/A Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/16/2009
State Status Changed: 01/16/2009 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Enclosed for filing is an Insuring Agreement form for use with our filed and approved Customarq Program.

In order to assist you in your review, we have enclosed a Forms Explanatory Memorandum.

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Your approval will be appreciated effective August 1, 2009. However, it is possible that internal considerations may force us to delay the implementation of this filing. If this becomes necessary, we will provide you with the proper documentation to amend the implementation date.

Company and Contact

Filing Contact Information

Berenice Camillo, Supervisor
 202 Hall's Mill Road
 Whitehouse Station, NJ 08889
 bcamillo@chubb.com
 (908) 572-4454 [Phone]
 (908) 572-4820[FAX]

Filing Company Information

Federal Insurance Company	CoCode: 20281	State of Domicile: Indiana
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4422 ext. [Phone]	FEIN Number: 13-1963496	

Great Northern Insurance Company	CoCode: 20303	State of Domicile: Indiana
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4422 ext. [Phone]	FEIN Number: 41-0729473	

Pacific Indemnity Company	CoCode: 20346	State of Domicile: Wisconsin
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4422 ext. [Phone]	FEIN Number: 95-1078160	

Vigilant Insurance Company	CoCode: 20397	State of Domicile: New York
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650		
Whitehouse Station, NJ 08889-1650	Group Name:	State ID Number:
(908) 572-4422 ext. [Phone]	FEIN Number: 13-1963495	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Filing of 1 form form in this submission
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federal Insurance Company	\$50.00	01/16/2009	25077168
Great Northern Insurance Company	\$0.00	01/16/2009	
Pacific Indemnity Company	\$0.00	01/16/2009	
Vigilant Insurance Company	\$0.00	01/16/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/16/2009	01/16/2009

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Disposition

Disposition Date: 01/16/2009
Effective Date (New): 08/01/2009
Effective Date (Renewal): 08/01/2009
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

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Insuring Agreement	80-02-9800	(Ed. 12-08)	Endorsement/Amendment/Conditions	New	0.00	80-02-9800_1208_CW Insuring Agreement.pdf
Approved	Insuring Agreement	10-02-0495	(Ed. 2-98)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	10-02-0989	(Ed. 6-00)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	10-02-1151	(Ed. 1-02)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	10-02-1152	(Ed.1-02)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	10-02-1409	(Ed. 6-03)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	10-02-1410	(Ed.6-03)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	80-02-9002	(Ed. 2-98)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:

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Approved Insuring 80-02- (Ed 2-98) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9003 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 2-98) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9004 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 2-98) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9014 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 4-94) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9018 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 4-94) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9019 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 4-94) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9021 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 2-98) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9022 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 2-98) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9023 nt/Amendment/Conditions Previous Filing #:

Approved Insuring 80-02- (Ed. 4-94) Endorsement Withdrawn Replaced Form #:0.00
 Agreement 9024 nt/Amendment/Conditions Previous Filing #:

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Approved	Insuring Agreement	80-02-9035	(Ed. 8-98)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	80-02-9044	(Ed. 6-03)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:
Approved	Insuring Agreement	80-02-9045	(Ed. 6-03)	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #:0.00	Previous Filing #:

Insuring Agreement

Chubb Group of Insurance Companies
15 Mountain View Road
Warren, NJ 07059

Named Insured and Mailing Address

Policy Number

Effective Date

Issued by the stock insurance company
indicated below, herein called the
company.

Producer No.

Incorporated under the laws of

Producer

Company and Policy Period

Insurance is issued by the company in consideration of payment of the required premium.

This policy is issued for the period 12:01 AM standard time at the Named Insured's mailing address shown above:

From: _____ To: _____

Your acceptance of this policy terminates, effective with the inception of this policy, any prior policy of the same number issued to you by us.

This Insuring Agreement together with the Premium Summary, Schedule Of Forms, Declarations, Contracts, Endorsements and Common Policy Conditions comprise this policy.

In Witness Whereof, the company issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the company.

President

Secretary

Authorized Representative

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/16/2009

Comments:
Attachment:
Transmittal.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 01/16/2009

Comments:
Attachment:
EM Ins Agr.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:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Chubb Group of Insurance Companies	038

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
FEDERAL INSURANCE COMPANY	IN	20281	13-1963496	
GREAT NORTHERN INSURANCE COMPANY	IN	20303	41-0729472	
PACIFIC INDEMNITY COMPANY	WI	20346	95-1078160	
VIGILANT INSURANCE COMPANY	NY	20397	13-1963496	

5. Company Tracking Number	08-CMQ-17-F
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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
Jane Gutman	Mgr.	908-572-4422	908-572-4820	jgutman@chubb.com
202 Hall's Mill Road Whitehouse Station NJ 18045				
7. Signature of authorized filer				
8. Please print name of authorized filer		Jane Gutman		

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

9. Type of Insurance (TOI)	CMP
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)	CUUSTOMARQ
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: 08/01/2009 Renewal: 08/01/2009

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	01/16/2009
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-CMQ-17-F
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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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Enclosed for filing is an Insuring Agreement form for use with our filed and approved Customarq Program.

In order to assist you in your review, we have enclosed a Forms Explanatory Memorandum.

Your approval will be appreciated effective August 1, 2009. However, it is possible that internal considerations may force us to delay the implementation of this filing. If this becomes necessary, we will provide you with the proper documentation to amend the implementation date.

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.)**

Explanatory Memorandum

We have streamlined and simplified the Insuring Agreement used in connection with the *Customarq Program*. The new form is enclosed.

Insuring Agreements do not grant insurance coverage and do not impose rights with duties on either the insurer or the policyholder. Rather, they operate in conjunction with the other documents that comprise the policy to effectuate the insurance transaction.

80-02-9800 (Ed. 12-08) *Insuring Agreement*

THIS EXPLANATORY MEMORANDUM IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY. IT DOES NOT MODIFY, LIMIT OR ENLARGE POLICY PROVISIONS AND MAY NOT DESCRIBE EVERY CHANGE. THE BEST EXPLANATION OF THE INSURANCE PROVIDED IS OBTAINED BY CONSULTING THE LANGUAGE OF THE ISSUED POLICIES. WHETHER OR NOT A PARTICULAR LOSS IS COVERED CAN ONLY BE DETERMINED AT THE TIME OF LOSS BY APPLYING ALL OF THE POLICY PROVISIONS TO THE FACTS AND CIRCUMSTANCES OF THE CLAIM. THE ACTUAL RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUAL MEMBER INSURERS OF THE CHUBB GROUP OF INSURANCE COMPANIES AND THE INSURED ARE CONTAINED IN THE TERMS AND CONDITIONS OF THE ISSUED POLICIES.