

SERFF Tracking Number: HRLV-125991117 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: #? \$0
Company Tracking Number: E-MAIL 12-08-08
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: AAIS deferral/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CIM SERFF Tr Num: HRLV-125991117 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #? \$0
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: E-MAIL 12-08-08 State Status: Fees verified and received
Filing Type: Form Co Status: Deferral/Non-adoption Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Carol Zwoyer Disposition Date: 01/16/2009
Date Submitted: 01/15/2009 Disposition Status: Approved
Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: AAIS deferral Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: AAIS Reference Number: AAIS-2008-50, AAIS-2008-54
Reference Title: Advisory Org. Circular: 08-2666, 08-2634
Filing Status Changed: 01/16/2009 Deemer Date:
State Status Changed: 01/16/2009
Corresponding Filing Tracking Number:
Filing Description:
deferring AAIS revisions

Company and Contact

Filing Contact Information

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Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	01/15/2009	

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *HRLV-125991117* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *#? \$0*
Company Tracking Number: *E-MAIL 12-08-08*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *CIM*
Project Name/Number: *AAIS deferral/*

Disposition

Disposition Date: 01/16/2009

Effective Date (New): 02/01/2009

Effective Date (Renewal): 02/01/2009

Status: Approved

Comment: Requests approval to defer the captioned filings.

American Association of Insurance Services announced approval of the New Riggers' Legal Liability Coverage Form and Schedule and New & Revised Electronic Data Processing, Motor Truck Cargo, Transit, and General Endorsements and Schedules.

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	Accepted for Informational Purposes	Yes

SERFF Tracking Number: HRLV-125991117

State: Arkansas

Filing Company: Harleysville Mutual Insurance Company

State Tracking Number: #? \$0

Company Tracking Number: E-MAIL 12-08-08

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: CIM

Project Name/Number: AAIS deferral/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125991117

State: Arkansas

Filing Company: Harleysville Mutual Insurance Company

State Tracking Number: #? \$0

Company Tracking Number: E-MAIL 12-08-08

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: CIM

Project Name/Number: AAIS deferral/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 01/16/2009
Purposes

Comments:

Attachment:

NAIC 2007.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="border: none;">New Business</td> <td style="border: none; width: 100px;"></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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	

5. Company Tracking Number	125991117
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Carol Zwoyer		

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

9.	Type of Insurance (TOI)	Commercial Inland Marine
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 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: 02/01/2009 Renewal: 02/01/09

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	AAIS
17.	Reference Organization # & Title	Bulletins: 08-2666, 08-2634
18.	Company's Date of Filing	1/15/09
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	125991117
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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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American Association of Insurance Services announced approval of the New Riggers' Legal Liability Coverage Form and Schedule and New & Revised Electronic Data Processing, Motor Truck Cargo, Transit, and General Endorsements and Schedules.

Harleysville Mutual Insurance Company does not wish to implement these changes at this time and therefore requests approval to defer the above captioned filings.

Your favorable consideration would be appreciated.

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]
<p>Check #: N/A Amount: N/A</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**