

SERFF Tracking Number: STNA-125973117 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: State National Insurance SERFF Tr Num: STNA-125973117 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #79353 \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: SUS-IM-AR State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Sean Finnigan Disposition Date: 01/07/2009
Date Submitted: 01/04/2009 Disposition Status: Approved
Effective Date Requested (New): 11/24/2008 Effective Date (New): 11/24/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: STNA Arkansas Policy Forms Filing
Project Number: SUS-IM-AR-01
Reference Organization: N.A.
Reference Title: N.A.
Filing Status Changed: 01/07/2009
State Status Changed: 01/06/2009
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile: Not Filed
Domicile Status Comments:
Reference Number: N.A.
Advisory Org. Circular: N.A.

Deemer Date:

This filing is being submitted on behalf of State National Insurance Company, Inc. by Sean Finnigan who is an attorney at Meissner Tierney Fisher & Nichols S.C. (please see the Letter of Filing Authorization attached in the Supporting Documentation tab for more information).

This filing constitutes State National Insurance Company's policy form filing for its Arkansas Equipment Maintenance Insurance Program.

SERFF Tracking Number: STNA-125973117 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Please note that State National Insurance Company's Arkansas Equipment Maintenance Insurance Program is a property and casualty commercial risk insurance product that is not written according to manual rates or rating plans. As such, consistent with Arkansas state law and the discussions our office had with regulators within your office, no rates or rating manual materials need be filed with this policy form filing.

The first policy issued in connection with this policy form filing will have an effective date of November 24, 2008.

Thank you for your attention to this filing.

Sean M. Finnigan

Company and Contact

Filing Contact Information

Terri Hudson, Compliance Manager thudson@statenational.com
8200 Anderson Blvd (817) 265-2000 [Phone]
Fort Worth, TX 76120

Filing Company Information

State National Insurance Company Inc. CoCode: 12831 State of Domicile: Texas
8200 Anderson Boulevard Group Code: 93 Company Type: Property &
Casualty
Fort Worth, TX 76120 Group Name: State ID Number:
(800) 877-4567 ext. [Phone] FEIN Number: 75-1980552

Filing Fees

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

SERFF Tracking Number: STNA-125973117 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|--------|----------------|---------------|
| State National Insurance Company Inc. | \$0.00 | 01/04/2009 | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 79353 | \$50.00 | 01/02/2009 |

SERFF Tracking Number: STNA-125973117 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 01/07/2009 | 01/07/2009 |

SERFF Tracking Number: STNA-125973117 *State:* Arkansas
Filing Company: State National Insurance Company Inc. *State Tracking Number:* #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Disposition

Disposition Date: 01/07/2009

Effective Date (New): 11/24/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| Item Type | Item Name | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Letter of Filing Authorization | Approved | Yes |
| Supporting Document | Cover Letter encl. Filing Fee | Approved | Yes |
| Form | Inland Marine Policy Application | Approved | Yes |
| Form | Declarations Page - Dispatch Option | Approved | Yes |
| Form | Declarations Page - Retro Reimbursement Option | Approved | Yes |
| Form | Policy Provisions | Approved | Yes |
| Form | General Conditions | Approved | Yes |
| Form | Special Conditions | Approved | Yes |
| Form | Location Schedule | Approved | Yes |
| Form | Installment Schedule | Approved | Yes |
| Form | Equipment Schedule | Approved | Yes |
| Form | In-House Labor Endorsement | Approved | Yes |
| Form | Authorized Loss Control Endorsement | Approved | Yes |
| Form | Additional Insured Endorsement | Approved | Yes |
| Form | Tagging Endorsement | Approved | Yes |
| Form | Books and Records Endorsement | Approved | Yes |
| Form | Aviation Endorsement | Approved | Yes |
| Form | Return Premium Endorsement | Approved | Yes |
| Form | Additional Premium Endorsement | Approved | Yes |
| Form | Policy Change Endorsement - PM Coverage | Approved | Yes |
| Form | Policy Change Endorsement - PM Coverage - Time of Service | Approved | Yes |
| Form | Policy Change Endorsement - PM Coverage - Notification to Named Insured | Approved | Yes |
| Form | Policy Change Endorsement - Notification to Vendor | Approved | Yes |
| Form | Policy Change Endorsement - Coverage for PM Kits | Approved | Yes |
| Form | Policy Change Endorsement - PM | Approved | Yes |

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Coverage - Itemized

| | | | |
|-------------|--|----------|-----|
| Form | Policy Change Endorsement - Copier | Approved | Yes |
| | Cleaning Web Replacement | | |
| Form | Policy Change Endorsement - | Approved | Yes |
| | Exclusion/Limitation of Overtime | | |
| Form | Policy Change Endorsement - Renewal | Approved | Yes |
| | Credit | | |
| Form | Policy Change Endorsement - Copier | Approved | Yes |
| | Usage Surcharge | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Coverage | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Excluded Costs | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Consummables & No | | |
| | Corrective Maintenance Events) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Consummables) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Consummables) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Consummables) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Consummables) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Consummables) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Software) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (No Problem Found Events) | | |
| Form | Policy Change Endorsement - Additional | Approved | Yes |
| | Services (Consummables) | | |
| Form | Policy Change Endorsement - | Approved | Yes |
| | Amendatory Endorsement - Arkansas | | |
| Form | Policy Change Endorsement - | Approved | Yes |
| | Amendatory Endorsement Arkansas - | | |

SERFF Tracking Number: STNA-125973117 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

TRIA Definitions

Form

Terrorism Risk Insurance Act Disclosure Approved

Yes

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|----------|--------------|------------------------------------|----------------------|-------------|---|
| Approved | Inland Marine Policy Application | SUS 00A | 12-08 | Application/ New Binder/Enrollment | | | Inland Marine Policy Application (AR).pdf |
| Approved | Declarations Page - Dispatch Option | SUS 001D | 12-08 | Declaration News/Schedule | | | Declarations Page - Dispatch Option (AR).pdf |
| Approved | Declarations Page - Retro Reimbursement Option | SUS 001R | 12-08 | Declaration News/Schedule | | | Declarations Page - Retro Reimbursement Option (AR).pdf |
| Approved | Policy Provisions | SUS 002 | 12-08 | Policy/Coverage New Form | | | Policy Provisions (AR).pdf |
| Approved | General Conditions | SUS 003 | 12-08 | Endorsement/Amendment/Conditions | | | General Conditions (AR).pdf |
| Approved | Special Conditions | SUS 004 | 12-08 | Endorsement/Amendment/Conditions | | | Special Conditions (AR).pdf |
| Approved | Location Schedule | SUS 100 | 12-08 | Declaration News/Schedule | | | Location Schedule (AR).pdf |
| Approved | Installment Schedule | SUS 101 | 12-08 | Declaration News/Schedule | | | Installment Schedule (AR).pdf |
| Approved | Equipment | SUS 102 | 12-08 | Declaration New | | | Equipment |

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| | Schedule | | | s/Schedule | Schedule (AR).pdf |
|----------|---|---------|-------|----------------------------------|--|
| Approved | In-House Labor Endorsement | SUS 200 | 12-08 | Endorsement/Amendment/Conditions | In-House Labor Endorsement (AR).pdf |
| Approved | Authorized Loss Control Endorsement | SUS 201 | 12-08 | Endorsement/Amendment/Conditions | Authorized Loss Control Endorsement (AR).pdf |
| Approved | Additional Insured Endorsement | SUS 202 | 12-08 | Endorsement/Amendment/Conditions | Additional Insured Endorsement (AR).pdf |
| Approved | Tagging Endorsement | SUS 203 | 12-08 | Endorsement/Amendment/Conditions | Tagging Endorsement (AR).pdf |
| Approved | Books and Records Endorsement | SUS 205 | 12-08 | Endorsement/Amendment/Conditions | Books and Records Endorsement (AR).pdf |
| Approved | Aviation Endorsement | SUS 206 | 12-08 | Endorsement/Amendment/Conditions | Aviation Endorsement (AR).pdf |
| Approved | Return Premium Endorsement | SUS 207 | 12-08 | Endorsement/Amendment/Conditions | Return Premium Endorsement (AR).pdf |
| Approved | Additional Premium Endorsement | SUS 208 | 12-08 | Endorsement/Amendment/Conditions | Additional Premium Endorsement (AR).pdf |
| Approved | Policy Change Endorsement - PM Coverage | SUS 300 | 12-08 | Endorsement/Amendment/Conditions | Policy Change Endorsement - PM |

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| Approval | Policy Change | SUS | 12-08 | Endorsement/Amendment/Conditions | Coverage (AR).pdf |
|----------|---|---------|-------|----------------------------------|--|
| Approved | Endorsement - PM Coverage - Time of Service | SUS 301 | 12-08 | Endorsement/Amendment/Conditions | Policy Change Endorsement - PM Coverage - Time of Service (AR).pdf |
| Approved | Endorsement - PM Coverage - Notification to Named Insured | SUS 302 | 12-08 | Endorsement/Amendment/Conditions | Policy Change Endorsement - PM Coverage - Notification to Named Insured (AR).pdf |
| Approved | Endorsement - Notification to Vendor | SUS 303 | 12-08 | Endorsement/Amendment/Conditions | Policy Change Endorsement - PM Coverage - Notification to Vendor (AR).pdf |
| Approved | Endorsement - Coverage for PM Kits | SUS 304 | 12-08 | Endorsement/Amendment/Conditions | Policy Change Endorsement - Coverage for PM Kits (AR).pdf |
| Approved | Endorsement - PM Coverage - Itemized | SUS 305 | 12-08 | Endorsement/Amendment/Conditions | Policy Change Endorsement - PM Coverage - |

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| Approval | Policy Change | SUS | 12-08 | Endorsement/Amendment/Conditions | New | Itemized (AR).pdf |
|----------|--|---------|-------|----------------------------------|-----|---|
| Approved | Policy Change - Copier Cleaning Web Replacement | SUS 400 | 12-08 | Endorsement/Amendment/Conditions | New | Policy Change Endorsement - Copier Cleaning Web Replacement (AR).pdf |
| Approved | Policy Change - Exclusion/Limitation of Overtime | SUS 401 | 12-08 | Endorsement/Amendment/Conditions | New | Policy Change Endorsement - Exclusion/Limitation of Overtime (AR).pdf |
| Approved | Policy Change - Renewal Credit | SUS 402 | 12-08 | Endorsement/Amendment/Conditions | New | Policy Change Endorsement - Renewal Credit (AR).pdf |
| Approved | Policy Change - Copier Usage Surcharge | SUS 403 | 12-08 | Endorsement/Amendment/Conditions | New | Policy Change Endorsement - Copier Usage Surcharge (AR).pdf |
| Approved | Policy Change - Additional Coverage | SUS 404 | 12-08 | Endorsement/Amendment/Conditions | New | Policy Change Endorsement - Additional Coverage (AR).pdf |
| Approved | Policy Change | SUS 405 | 12-08 | Endorsement/Amendment/Conditions | New | Policy Change Endorsement (AR).pdf |

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| | | | | | |
|----------|--|---------|-------|--|---|
| | Endorsement - Additional Excluded Costs | | | nt/Amendm ent/Condi ons | Change Endorsemen t - Additional Excluded Costs (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Consummables & No Corrective Maintenance Events) | SUS 406 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Consummab les & No Corrective Maintenance Events (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Consummables) | SUS 407 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Consummab les - 407 (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Consummables) | SUS 408 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Consummab les - 408 (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Consummables) | SUS 409 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Consummab les - 409 (AR).pdf |
| Approved | Policy Change | SUS 410 | 12-08 | Endorseme New | Additional |

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| | | | | | |
|----------|--|---------|-------|--|--|
| | Endorsement - Additional Services (Consummables) | | | nt/Amendm ent/Condi ons | Services Endorsemen t - Consummab les - 410 (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Consummables) | SUS 411 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Consummab les - 411 (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Consummables) | SUS 412 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Consummab les - 412 (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Software) | SUS 413 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Software (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (No Problem Found Events) | SUS 414 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - No Problem Found Events (AR).pdf |
| Approved | Policy Change Endorsement - Additional Services (Consummables) | SUS 415 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | Additional Services Endorsemen t - Consummab |

SERFF Tracking Number: STNA-125973117 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
 Company Tracking Number: SUS-IM-AR
 TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
 Product Name: State National Insurance
 Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

| | | | | | | |
|----------|--|---------|-------|--|--|--|
| | | | | | | les - 415 (AR).pdf |
| Approved | Policy Change Endorsement - Amendatory Endorsement - Arkansas | SUS 521 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | | Policy Change Endorsemen t - Amendatory Endorsemen t - Arkansas (AR).pdf |
| Approved | Policy Change Endorsement - Amendatory Endorsement Arkansas -TRIA Definitions | SUS 510 | 12-08 | Endorseme New nt/Amendm ent/Condi ons | | Policy Change Endorsemen t - Amendatory Endorsemen t Arkansas - TRIA Definitions (AR).pdf |
| Approved | Terrorism Risk Insurance Act Disclosure | SUS 600 | 12-08 | Disclosure/ New Notice | | Terrorism Risk Insurance Act Disclosure (AR).pdf |

**STATE NATIONAL INSURANCE COMPANY
EQUIPMENT MAINTENANCE INSURANCE
DECLARATIONS**

*Insurance is provided by the Company
designated below:*

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Blvd.
Fort Worth, Texas 76120
(817)-265-2000
Incorporated under the laws of Texas

INLAND MARINE POLICY APPLICATION

Date: _____

This application forms part of policy number:

NAMED INSURED AND MAILING ADDRESS:

Please list on the attached page the following information for the equipment for which you are applying for: equipment manufacture's name, description of the equipment, model number of the equipment and the serial number of the equipment.

LOCATION OF EQUIPMENT:

**STATE NATIONAL INSURANCE COMPANY
EQUIPMENT MAINTENANCE
INSURANCE
DECLARATIONS**

*Insurance is provided by the Company
designated below:*

STATE NATIONAL INSURANCE COMPANY

8200 Anderson Blvd.
Forth Worth, Texas 76120
(817) 265-2000
Incorporated under the laws of Texas

INLAND MARINE POLICY FORM

NAMED INSURED AND MAILING ADDRESS:

POLICY NO.:

POLICY PERIOD

FROM:

TO:

PRODUCER NAME AND ADDRESS:

Premium: _____

PRODUCER CODE:

REFERENCE CODING: Dispatch Option

*Insurance is issued by State National Insurance Company in consideration of the payment of the
required premium stated above.*

This Policy becomes effective and expires at 12:01 a.m. Standard Time at your mailing address shown.

*The Policy Declarations, Policy Provisions, General Conditions and Special Conditions, along with
the schedules and endorsements stated below, comprise this Policy at the time of issuance.*

*The above Named Insured has selected the Dispatch Option found in Special Conditions, Notice of
Loss, item 1B.*

SCHEDULES:

ENDORSEMENTS:

(Read carefully, endorsements may change the provisions and conditions of this policy.)



State National Insurance Company, President



State National Insurance Company, Secretary (attest)

**Authorized Signature
Company**

STATE NATIONAL INSURANCE COMPANY
EQUIPMENT MAINTENANCE
INSURANCE
DECLARATIONS

Insurance is provided by the Company designated below:

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Blvd.
Forth Worth, Texas 76120
(817) 265-2000
Incorporated under the laws of Texas

INLAND MARINE POLICY FORM

NAMED INSURED AND MAILING ADDRESS:

POLICY NO.:

POLICY PERIOD

FROM:

TO:

PRODUCER NAME AND ADDRESS:

Premium: _____

PRODUCER CODE:

REFERENCE CODING: Retro Reimbursement
Option

Insurance is issued by State National Insurance Company in consideration of the payment of the required premium stated above.

This Policy becomes effective and expires at 12:01 a.m. Standard Time at your mailing address shown.

The Policy Declarations, Policy Provisions, General Conditions and Special Conditions, along with the schedules and endorsements stated below, comprise this Policy at the time of issuance.

The above Named Insured has selected the Retro Reimbursement Option found in Special Conditions, Notice of Loss, item 1A.

SCHEDULES:

ENDORSEMENTS:

(Read carefully, endorsements may change the provisions and conditions of this policy.)



State National Insurance Company, President



State National Insurance Company, Secretary (attest)

**Authorized Signature
Company**

STATE NATIONAL INSURANCE COMPANY

POLICY PROVISIONS

I. AGREEMENT/PROPERTY COVERED

In consideration of the premium paid, it is hereby agreed that State National Insurance Company, hereinafter called the Company, will reimburse the Named Insured for those direct costs (including temporary rental of substitute equipment as provided herein) incurred by the Named Insured to repair or replace the equipment, or equipment systems, scheduled herein, hereinafter collectively referred to as the scheduled equipment, subject however to all of the terms and conditions contained in these Policy Provisions and the Declarations, General Conditions, Special Conditions, schedules and endorsements attached hereto, said Policy Provisions, Declarations, General Conditions, Special Conditions, schedules and endorsements hereinafter collectively referred to as this Policy.

II. INTENT/PERILS

It is the intent of this Policy, subject to all exclusions, limitations, conditions and warranties contained in this Policy, to reimburse the Named Insured for fortuitous corrective maintenance costs for the scheduled equipment caused by electrical or mechanical breakdown, human error, power surge fluctuations within one hundred feet of the building in which the affected item of scheduled equipment is located, and environmental changes.

III. EXCLUSIONS

This Policy, unless otherwise endorsed, does not insure against loss, damage or expense caused directly or indirectly by or resulting from:

1. Fire, lightning, windstorm, civil commotion, smoke damage, hail, damage by aircraft and other vehicles, explosion, riot, theft, vandalism, malicious mischief, sprinkler leakage, radioactive contamination, release, discharge or disposal of pollutants, and perils (other than human error, power surge fluctuations and environmental changes) covered under the insurance industry standard ISO, boiler and machinery, electronic data processing and "all risk" property forms.
2. Earthquake or earth movement.
3. Flood (meaning inundation from surface, underground, inland or tidal waters) and damage from water which backs up through sewers or drains.
4. Gradual deterioration or depreciation of the scheduled equipment, though any resulting corrective maintenance required to restore same to normal operations is covered.
5. (a) War, terrorism, hostile or war-like action in time of peace or war, including but not limited to action in hindering, combating or defending against an actual, impending or expected attack (i) by any government or sovereign power (de jure or de facto) or by any authority maintaining or using military, naval or air forces, (ii) by military, naval or air forces or (iii) by any agent of any such government, power, authority or forces, (b) any weapon of war employing atomic fission, radioactive force or biological or chemical agents, whether in time of peace or war, or (c) invasion, insurrection, rebellion, revolution, civil war, usurped power or any order of any authority.

STATE NATIONAL INSURANCE COMPANY

6. Any dishonest, fraudulent, criminal or deliberate act by any insured (including a partner therein or an officer, director, trustee, employee or other representative thereof) or willful acts of malicious intent by any party, whether acting alone or in collusion with others and whether during working hours or not.
7. Delay, loss of market, loss of income or loss of use.

IV. EXCLUDED COSTS

This Policy, unless otherwise endorsed, does not reimburse for the following costs:

1. X-ray tubes, glassware, electronic tubes, valve tubes, therapy tubes, laser systems and tubes, image intensifiers, pick-up tubes, accelerator beam center lines, wave guides and attachments, electron guns, magnetrons, klystrons, thyratrons, transducers, gamma camera crystals, CT detectors, mounting hardware and supports, MRI magnets and coils, fiber optics and external wiring.
2. Costs for safety checks or preventive maintenance, including but not limited to any consumable items and preventive maintenance kits replaced during such service; the replacement of operating supplies, auxiliary material, consumables, disposables, expendable parts, radioactive sources, data operating media, software, magnetic tapes and discs, developing agents, reagents, typewriter/printer ribbons, copier drums, laser imaging drums, prepared papers, films, film cassettes and screens, sound pick-up systems including but not limited to stylus tips of disc recorders, screen plates and type carriers, containers, pipettes and test tubes; recovery costs for disturbances or erasures of electronic recordings and software viruses; and repair or replacement of batteries, battery cells or electrodes or equalizations thereof.
3. Costs of improvements or updates, cosmetic restorations, overhauls, refurbishments, de-installations, movements or installations of scheduled equipment; conditions of obsolescence (including but not limited to recommendations by a vendor as a universal improvement) or elective service work for repairs required or recommended by a service vendor without a breakdown occurring. Also excluded are all costs of repairing or replacing parts when discovery of the need or desirability thereof occurs as a result of or in conjunction with any of the foregoing services.
4. Expenses incurred when no problem is found with the scheduled equipment or no corrective maintenance is performed thereon.
5. Expenses incurred for functions and services normally performed by the equipment operator.

STATE NATIONAL INSURANCE COMPANY

GENERAL CONDITIONS

All coverage under this Policy is subject to the following conditions:

1. **Misrepresentation and Fraud.** This entire Policy shall be voidable, at the option of the Company, if, on or before the date of this Policy, whether before or after a loss, the insured or any of its employees or other representatives has concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured or its employees or representatives relating thereto.
2. **Examination.** The insured, as often as may be reasonably required, shall exhibit to any person designated by the Company all that remains of any scheduled equipment, and shall submit, and insofar as is within its power cause its employees and others to submit, to examinations under oath by any person named by the Company, and subscribe the same; and, as often as may be reasonably required, shall produce for examination all writings, books of account, bills, invoices and other vouchers, or certified copies thereof if originals be lost, at such reasonable time and place as may be designated by the Company or its representative, and shall permit extracts and copies thereof to be made. No such examination under oath or examination of writings or other items, nor any other act of the Company or any of its employees or representatives in connection with the investigation of any loss or claim hereunder, shall be deemed a waiver of any defense which the Company might otherwise have with respect to any loss or claim, but all such examinations and acts shall be deemed to have been made or done without prejudice to the Company's rights.
3. **No Benefit to Bailee.** This insurance shall not inure, directly or indirectly, to the benefit of any carrier or other bailee.
4. **Subrogation or Loan.** If in the event of loss or damage the insured shall acquire any claim or right of action against any individual, firm or corporation for loss of, or damage to, scheduled equipment, the insured will, if requested by the Company, assign and transfer such claim or right of action to the Company and/or, at the Company's option, execute and deliver to the Company the customary form of loan receipt upon receiving an advance of funds in respect of the loss or damage; and will subrogate the Company to, or will hold in trust for the Company, all such claims and rights of action to the extent of the amount paid or advanced, and will permit suit to be brought in the insured's name under the direction of and at the expense of the Company.
5. **Loss Clause.** Any loss hereunder shall not reduce the amount of this Policy, except in the event of payment of a claim for total loss of one or more items of scheduled equipment, in which case such amount shall be reduced by the limit of liability shown for such item(s) in the list of scheduled equipment included herein. If a claim is paid for total loss of one or more such items, the unearned premium applicable to such item(s) will be refunded to the insured or applied to the premium due on item(s) replacing same.
6. **Pair, Set or Parts.** In the event of loss of or damage to:
 - (a) any article or articles which are a part of a pair or set, the measure of loss of or damage to such article or articles shall be a reasonable and fair proportion of the total value of the part or set, giving consideration to the importance of said article or articles, but in no event shall such loss or damage be construed to mean total loss of the pair or set.

STATE NATIONAL INSURANCE COMPANY

- (b) any part of the scheduled equipment consisting, when complete for use, of several parts, the Company shall only be liable for the value of the part lost or damaged.
7. **Protection of Property.** In case of loss, it shall be lawful and necessary for the insured and its employees and representatives to sue, labor and travel for, in and about the defense, safeguard and recovery of the scheduled equipment, or any part thereof, without prejudice to this insurance, nor shall the acts of the insured or the Company, in recovering, saving and preserving the scheduled equipment in case of loss, be considered a waiver or an acceptance of abandonment. The expenses so incurred shall be borne by the insured and the Company proportionately to the extent of their respective interests.
8. **Suit.** No suit, action or proceeding for the recovery of any claim under this Policy shall be sustainable in any court of law or equity unless all of the requirements of this Policy shall have been complied with, and unless the same be commenced within twelve (12) months next after inception of the loss, provided however that if by the laws of the applicable State such limitation is invalid, then any such claims shall be void unless such action, suit or proceeding be commenced within the shortest limit of time permitted by the laws of such State.
9. **Appraisal.** If the insured and the Company fail to agree as to the actual cash value or the amount of loss, each shall, on the written demand of either, select a competent and disinterested appraiser and notify the other thereof within twenty (20) days of such demand. The appraisal shall be made at a reasonable time and place. The appraisers shall first select a competent and disinterested umpire, and failing for fifteen (15) days to agree upon such umpire, then, on the request of the insured or the Company, such umpire shall be selected by a judge of a court of record in the State in which such appraisal is pending. The appraisers shall then appraise the loss, stating separately the actual cash value at the time of loss and the amount of loss, and failing to agree, shall submit their differences, only, to the umpire. An award in writing of any two, when filed with the Company, shall determine the amount of actual cash value and/or loss. The insured and the Company shall each pay the costs of its chosen appraiser and shall bear equally the other expenses of the appraisal and umpire. The Company shall not be held to have waived any of its rights by any act relating to appraisal.
10. **Conformity to Statute.** Terms of this Policy which are in conflict with the statutes of the applicable State law are hereby amended to conform to such statutes.
11. **Territorial Limits.** This Policy covers only scheduled equipment located within the limits of the United States.
12. **Impairment of Recovery Rights.** Any act or agreement by the insured before or after loss or damage whereby any right of the insured to recover in whole or in part for loss or damage to scheduled equipment against any carrier, bailee or other party liable therefor is released, impaired or lost shall render any claim hereunder with respect to such loss or damage null and void, but the Company's right to retain or recover the premium shall not be affected. The Company is not liable for any loss or damage which without its consent has been settled or compromised by the insured other than as provided herein.
13. **Abandonment.** There can be no abandonment to the Company of any scheduled equipment or other property.
14. **Assignment of Policy.** This Policy shall be void if assigned or transferred without the written consent of the Company.

STATE NATIONAL INSURANCE COMPANY

15. **Inspection.** The Company and its representatives shall be permitted but not obligated to inspect, at all reasonable times, any scheduled equipment. Neither the Company's right to make inspections nor the making thereof nor any report thereon shall constitute an undertaking on behalf of or for the benefit of the insured or others to determine or warrant that such equipment is safe and healthful.
16. **Notices.** Any and all notices required or permitted hereunder shall be in writing and shall be delivered in person or sent by first class mail to the address shown in the Declarations. Notices delivered as provided above shall be deemed given upon such delivery. Notices mailed as provided above shall be deemed given on the date of their deposit in the United States mail. If notice is mailed, proof of mailing will be sufficient proof of notice. Either party hereto may change the address to which notices thereto should be given hereunder by giving notice of such change to the other party hereto in accordance with the foregoing provisions.
17. **Cancellation.** Cancellation is limited as follows:
 - A. The Named Insured shown in the Declarations may cancel this Policy by mailing or delivering to the Company advance written notice of cancellation.
 - B. The Company may cancel this Policy by mailing or delivering to the Named Insured written notice of cancellation at least:
 1. Ten (10) days before the effective date of cancellation if the Company cancels for nonpayment of premium.
 2. Thirty (30) days before the effective date of cancellation if the Company cancels for any other reason permitted by applicable law.
 - C. Notice of cancellation will state the effective date of cancellation. The Policy period will end as of 12:01 a.m. Standard Time on that date.
 - D. If this Policy is canceled, the Company will send the Named Insured any premium refund due. If the Company cancels, the refund will be pro rata. If the Named Insured cancels, the refund will be reduced by ten percent (10%) of the unearned return premium. The cancellation will be effective even if the Company has not made or offered a refund.
18. **Nonrenewal.** Either party may elect to not renew this Policy upon expiration of the term specified in the Declarations. If the Company exercises its right of nonrenewal, the Company agrees to notify the Named Insured at least sixty (60) days prior to the effective date of nonrenewal.

STATE NATIONAL INSURANCE COMPANY

SPECIAL CONDITIONS

All coverage under this Policy is subject to the following conditions:

1. **Notice of Loss. (Program Option as identified in the Declarations)**
 - A. **Retro Reimbursement.** For losses subject to retroactive reimbursement, the following provisions apply: The insured shall provide to the Company notification of all losses. The notification shall include the vendor invoice and corresponding service report. The insured must notify the Company of a loss within ninety (90) days of its occurrence. Failure to comply with these notification requirements will result in nonpayment.
 - B. **Dispatch.** For losses subject to dispatch treatment, the following provisions apply: Upon electrical or mechanical breakdown of any item of scheduled equipment, the insured shall notify the Company of the needed repair by calling the Company's Dispatch Center at 800-833-7050 prior to the commencement of such repair and within seventy-two (72) hours of the breakdown. The Company shall, on behalf of the insured, engage a service provider to repair such item. The insured shall be responsible for providing the Company with the vendor invoice and corresponding service report. Failure of the insured to comply with its obligations under this Section will result in nonpayment.
2. **Other Loss Provisions.** For all losses, the following provisions apply: For losses expected to result in costs in excess of \$5,000, the insured must report the loss to the Company before authorizing or commencing any repairs. The Company reserves the right to arrange for alternative service provider(s) for parts and labor required to complete the repair of scheduled equipment. Any alternative service providers proposed by the Company will comply with original equipment manufacturer specifications. The insured retains the option to utilize its vendor of choice for any given repair; however, in such event the Company's obligation hereunder shall not exceed the amount proposed by its alternative service provider(s) for such repair. The insured acknowledges that persons engaged to provide parts or labor with respect to the scheduled equipment hereunder shall be independent contractors, and the Company shall not be responsible for any act, omission or defect with regard to their performance. The insured acknowledges that the Company is responsible only for repairs covered by this Policy. The Company may, but is not obligated to, make payment on items not covered by this Policy from time to time in connection with its handling of covered items. The insured agrees to reimburse the Company for any payments for such non-covered items immediately upon request. Failure of the insured to comply with its obligations under this Section will result in nonpayment.
3. **Valuation.** With respect to any loss or damage to any item of scheduled equipment hereunder, the Company shall not be liable beyond the actual cash value of such item, with proper deduction for depreciation, at the time such loss or damage occurs, but in no event to exceed the limit of liability shown for such item in the list of scheduled equipment included herein.
 - A. The Company shall not be liable for:
 1. Any increase in the cost of repair or replacement necessitated by any ordinance or law regulating or restricting repairs, alterations, construction or installation.

STATE NATIONAL INSURANCE COMPANY

2. Loss or damage to scheduled equipment that is useless or obsolete to the insured.
 3. Rental of substitute equipment with respect to any loss or series of related losses hereunder for rental periods totaling more than 45 days or for rental charges totaling more than \$10,000.
- B. If any damaged scheduled equipment is not repaired or replaced, the Company's liability as respects such equipment shall not be greater than the cost of repair or replacement that would have been incurred, limited as provided above.
4. **Changes.** This Policy, including the Declarations, the Policy Provisions, the General Conditions, the Special Conditions and schedules and endorsements attached hereto, shall constitute the entire agreement between the parties with respect to the subject matter hereof. Notice to or knowledge possessed by any agent or any other person shall not effect a waiver or a change in any part of this Policy or preclude the Company from asserting any right under the terms of this Policy, nor shall the terms of this Policy be waived or changed, except by endorsement signed by an authorized official on behalf of the Company and issued to form a part of this Policy.
 5. **Repair Options.** It shall be optional with the Company to repair, rebuild or replace scheduled equipment destroyed or damaged with other property of like kind and quality within a reasonable time, on giving notice of its intention to do so within thirty (30) days after receipt of the proof of loss herein required.
 6. **Settlement of Loss.** The amount of loss for which the Company may be liable shall be payable sixty (60) days after proof of loss, as herein provided, is received by the Company and ascertainment of the loss is made either by agreement between the insured and the Company expressed in writing or by the filing with the Company of an award as herein provided. No loss shall be paid or made good if the insured has collected the same from others.
 7. **Other Payment.** The Company shall not be liable for those losses covered by any other valid and collectible insurance covering the same scheduled equipment available to a Named Insured or unnamed insured or any other interested party.
 8. **Examination of Records.** The insured shall, as often as may be reasonably requested during the term of this Policy and for one year thereafter, produce for examination by the Company or its duly authorized representatives all books and records, inventories and accounts relating to the scheduled equipment.
 9. **Warranties.** This insurance shall not apply to any loss or damage to any scheduled equipment to the extent that such loss or damage is covered under any warranty, guarantee or service contract.

STATE NATIONAL INSURANCE COMPANY

| | | |
|---|--------------------------------------|-----------------------|
| SUS 100 | LOCATION SCHEDULE | Schedule No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this schedule forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

Location No.

[T-1]

Location Name and Address

[123 Main Street]
[Hometown, WI 53402]

This Schedule is attached for the convenience of the insured. No item of equipment is covered by the Policy unless it is properly listed on the Equipment Schedule.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|---|--------------------------------------|-----------------------|
| SUS 101 | INSTALLMENT SCHEDULE | Schedule No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this schedule forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

| <u>Date</u> | <u>Installment</u> |
|-------------|--------------------|
| [04/13/05] | [\$ 311.00] |
| [07/13/05] | [\$ 313.00] |
| [10/13/05] | [\$ 313.00] |
| [01/13/06] | [\$ 313.00] |

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|---|--------------------------------------|-----------------------|
| SUS 102 | EQUIPMENT SCHEDULE | Schedule No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this schedule forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 200 | IN-HOUSE LABOR ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

It is hereby understood and agreed that this Policy is endorsed to permit authorized personnel employed by the Named Insured to perform repair work on the scheduled equipment listed on this Policy's Equipment Schedule(s).

The Company will reimburse the Named Insured at the rate of \$[_____] per hour for authorized in-house labor to provide corrective maintenance of scheduled equipment covered by this Policy.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--|-----------------------|
| SUS 201 | AUTHORIZED LOSS CONTROL ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

It is hereby understood and agreed that the Company is authorized, on behalf of the Named Insured, to adjust claims for items shown on the Equipment Schedule and reimburse service vendors for repairs covered under this Policy.

NOTWITHSTANDING Clause 6. SETTLEMENT OF LOSS contained in the Special Conditions, the Company is authorized to pay claims for loss or damage collectible under this Policy to either the service provider or the Named Insured.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|---------------------------------------|-----------------------|
| SUS 202 | ADDITIONAL INSURED ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

It is hereby understood and agreed that the following is added as an additional insured to this Policy.

[XYZ Company]
[321 Main Street]
[Cleveland, OH 45400]

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 203 | TAGGING ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

The parties acknowledge that the Company assisted the Named Insured in obtaining a description of the covered equipment, and provided equipment identification tags in connection with that process. The Company will retain information provided to it by the Named Insured during that process regarding repair companies associated with the scheduled equipment. The Named Insured warrants that the Equipment Schedule is now accurate and complete.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 205 | BOOKS AND RECORDS ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

It is hereby understood and agreed that, to the extent required by Section 952 of the Medicare and Medicaid Amendments of 1980 (adding Section 1861 [42 U.S.C. §1395X] (v)(1)(I) of the Social Security Act), this Policy is hereby amended to provide that, with respect to costs incurred by the insured with respect to any services furnished pursuant to this Policy for which payment may be made under the Social Security Act:

- (i) Until the expiration of the four years after the furnishing of such services pursuant to this Policy, the Company shall make available, upon written request by the Secretary, or upon request by the Comptroller General, or any of their duly authorized representatives, this Policy, and its books, documents and records that are necessary to certify the nature and extent of such costs, and
- (ii) If the Company carries out any of the duties of this Policy through a subcontract, with a value or cost of \$10,000 or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request by the Secretary, or upon request by the Comptroller General, or any of their duly authorized representatives, the subcontract, and books, documents and records of such organization that are necessary to verify the nature and extent of such costs.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 206 | AVIATION ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

It is hereby understood and agreed that Exclusion III.1. contained in the Policy Provisions is amended to read as follows:

III. Exclusions

1. Fire, lightning, windstorm, civil commotion, smoke damage, hail, damage by aircraft and other vehicles, explosion, riot, theft, vandalism, malicious mischief, sprinkler leakage, radioactive contamination, release, discharge or disposal of pollutants, and perils (other than human error, power surge fluctuations and environmental changes) covered under the insurance industry standard ISO, boiler and machinery, electronic data processing and "all risk" aircraft physical damage coverage forms.

It is further understood and agreed that Exclusion III.8. is added to the Policy Provisions to read as follows:

8. Any loss to any other aircraft equipment that is not scheduled, including the aircraft itself.

It is further understood and agreed that Section 11 of the General Conditions is amended to read as follows:

11. Geographic Limits. This Policy covers only scheduled equipment on a worldwide basis. Premiums and losses under the Policy are payable in United States currency. If any repairs are made and charged in non-US currency, reimbursement will be made based on the official exchange rate at the time of the loss.

All other terms and conditions remain the same.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 207 | RETURN PREMIUM ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

It is hereby understood and agreed that the item(s) on the schedule listed below is (are) deleted from this Policy.

| | |
|------------------------------|---------------------|
| <u>Equipment No.</u> | <u>Schedule No.</u> |
| [04] | [T-1] |
| [ANNUAL PREMIUM: | \$ 40.00] |
| [PRO-RATE RETURN PREMIUM: | \$ 40.00] |
| [REVISED LIMIT OF LIABILITY: | \$ 15,000.00] |

It is further understood and agreed that the pro-rate return premium identified above will be credited as follows:

CURRENT RETURN PREMIUM DUE: [\$ 10.00]

| <u>Date</u> | <u>Previous Installment</u> | <u>Return Premium</u> | <u>Revised Installment</u> |
|-------------|-----------------------------|-----------------------|----------------------------|
| [07/13/05 | \$ 313.00 | \$ 10.00 | \$ 303.00] |
| [10/13/05 | \$ 313.00 | \$ 10.00 | \$ 303.00] |
| [01/13/05 | \$ 313.00 | \$ 10.00 | \$ 303.00] |

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|---------------------------------------|-----------------------|
| SUS 208 | ADDITIONAL PREMIUM ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

It is hereby understood and agreed that the item(s) listed on the schedule below is (are) added to this Policy.

| | |
|-------------------------------|---------------------|
| <u>Equipment No.</u> | <u>Schedule No.</u> |
| [05] | [T-1] |
| [ANNUAL PREMIUM: | \$ 80.00] |
| [PRO-RATE ADDITIONAL PREMIUM: | \$ 80.00] |
| [REVISED LIMIT OF LIABILITY: | \$ 15,000.00] |

It is further understood and agreed that the pro-rate additional premium identified above is due and payable as follows:

CURRENT ADDITIONAL PREMIUM DUE: [\$ 20.00]

| <u>Date</u> | <u>Previous Installment</u> | <u>Additional Premium</u> | <u>Revised Installment</u> |
|-------------|-----------------------------|---------------------------|----------------------------|
| [07/13/05 | \$ 303.00 | \$ 20.00 | \$ 323.00] |
| [10/13/05 | \$ 303.00 | \$ 20.00 | \$ 323.00] |
| [01/13/05 | \$ 303.00 | \$ 20.00 | \$ 323.00] |

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 300 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

PM COVERAGE

It is hereby understood and agreed that Section IV, Number 2, of the Policy Provisions is amended to delete the Preventive Maintenance exclusion only.

Reimbursement applies to travel and labor costs incurred to perform preventive maintenance (exclusive of preventive maintenance kits and other parts unless otherwise endorsed). Covered preventive maintenance is limited to that required by the Original Equipment Manufacturer's (OEM) maintenance specifications. Reimbursement for preventive maintenance excludes all overtime charges.

All other costs itemized in Section IV, Number 2, of the Policy Provisions remain excluded.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 301 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

PM COVERAGE - TIME OF SERVICE

It is hereby understood and agreed that Section IV, Number 2, of the Policy Provisions is amended to delete the Preventive Maintenance exclusion only.

Reimbursement applies only to travel and labor costs incurred to perform preventive maintenance at the time of a covered corrective repair (exclusive of preventive maintenance kits and other parts unless otherwise endorsed). Covered preventive maintenance is limited to that required by the Original Equipment Manufacturer's (OEM) maintenance specifications. Reimbursement for preventive maintenance excludes all overtime charges.

All other costs itemized in Section IV, Number 2, of the Policy Provisions remain excluded.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 302 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

PM COVERAGE - NOTIFICATION TO NAMED INSURED

It is hereby understood and agreed that Section IV, Number 2, of the Policy Provisions is amended to delete the Preventive Maintenance exclusion only.

Reimbursement applies to travel and labor costs incurred to perform preventive maintenance (exclusive of preventive maintenance kits and other parts unless otherwise endorsed). Covered preventive maintenance is limited to that required by the Original Equipment Manufacturer's (OEM) maintenance specifications. Reimbursement for preventive maintenance excludes all overtime charges.

In accordance with procedures mutually agreed upon by the Company and the Named Insured, the Company agrees to notify the Named Insured when preventive maintenance is due per manufacturers' specifications. The Named Insured agrees that the Company assumes no responsibility for the scheduling and completion of the preventive maintenance by the repair vendor.

All other costs itemized in Section IV, Number 2, of the Policy Provisions remain excluded.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 303 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

PM COVERAGE - NOTIFICATION TO VENDOR

It is hereby understood and agreed that Section IV, Number 2, of the Policy Provisions is amended to delete the Preventive Maintenance exclusion only.

Reimbursement applies to travel and labor costs incurred to perform preventive maintenance (exclusive of preventive maintenance kits and other parts unless otherwise endorsed). Covered preventive maintenance is limited to that required by the Original Equipment Manufacturer's (OEM) maintenance specifications. Reimbursement for preventive maintenance excludes all overtime charges.

In accordance with procedures mutually agreed upon by the Company and the Named Insured, the Company agrees to notify the Vendor when preventive maintenance is due per manufacturers' specifications. The insured agrees that the Company assumes no responsibility for the scheduling and completion of the preventive maintenance by the repair vendor.

All other costs itemized in Section IV, Number 2, of the Policy Provisions remain excluded.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 304 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

COVERAGE FOR PM KITS

It is hereby understood and agreed that Section IV, Number 2, of the Policy Provisions is amended to delete the exclusion for Preventive Maintenance Kits only.

All other costs itemized in Section IV, Number 2, of the Policy Provisions remain excluded.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 306 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

PM COVERAGE - ITEMIZED

It is hereby understood and agreed that Section IV, Number 2, of the Policy Provisions is amended to delete the Preventive Maintenance exclusion subject to the following conditions.

Reimbursement for Preventive Maintenance under this Policy is limited to travel and labor costs incurred to perform the preventive maintenance itemized on this Policy's Equipment Schedule, and only for the hours and visits listed thereon for the policy period.

This preventative maintenance reimbursement excludes all overtime charges.

All other costs itemized in Section IV of the Policy Provisions remain excluded.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 400 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

Copier Cleaning Web Replacement

It is hereby understood and agreed that the Company will provide coverage for the replacement of one (1) copier cleaning web per policy period for each copier unit listed on this Policy's Equipment Schedule(s).

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 401 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

EXCLUSION/LIMITATION OF OVERTIME

It is hereby understood and agreed that Section IV of the Policy Provisions of this Policy is amended to exclude coverage for the category(ies) of costs marked with an "X" below (or with respect to all item(s) listed on this Policy's Equipment Schedule(s) if no such item(s) are listed below):

Equipment No.

[Item _____
Item _____
Item _____
Item _____
Item _____
Item _____
Item _____]

TOTAL EXCLUSION OF OVERTIME

_____ This Policy excludes all reimbursement for all direct or indirect labor, service and travel cost performed on an overtime basis. Overtime is defined to include any standard, regular, straight time and surcharged costs, rate or expenses incurred outside of the vendor's published standard cost normal hours of operation. This also includes any evening, holiday or weekend charges or surcharges.

EXCLUSION OF OVERTIME DIFFERENTIAL

_____ This Policy excludes reimbursement for any overtime differential costs. Overtime differential is defined to include any surcharged cost, rate or expense beyond a vendor's standard, regular or straight time costs. This includes without limitation, any evening, holiday, or weekend surcharge. This exclusion also applies to any overtime rate of travel or service begun during regular hours and which continues into overtime.

All other costs itemized in Section IV of the Policy Provisions remain excluded.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 402 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

RENEWAL CREDIT

It is hereby understood and agreed that this Policy is endorsed to provide that the Named Insured may be entitled to a credit upon Policy renewal (the "Renewal Credit") subject to the following:

Renewal Credit Requirements

- **Total Losses < Renewal Credit Threshold:** The Named Insured shall only be entitled to the Renewal Credit if the total paid and incurred losses under the Named Insured's Policy for the policy period immediately prior to the Policy renewal date (the "Total Losses") are less than [sixty five percent (65%)] of the Company's annual earned premium under this Policy for such policy period (the "Renewal Credit Threshold"). The Company shall calculate Total Losses and the Renewal Credit Threshold as of the ninetieth (90th) day after expiration of such policy period (the "Calculation Date").
- **Renewal Credit = 50% of Surplus:** The Renewal Credit shall be calculated based upon the excess, if any, of the Renewal Credit Threshold over Total Losses (the "Surplus"). For purposes of this Policy, the Renewal Credit shall be [fifty percent (50%)] of the amount of the Surplus.
- **Renewal Credit applied ninety (90) days after Policy renewal date:** The Company shall apply the Renewal Credit to premiums due under the Named Insured's renewed Policy with the Company on and after the Calculation Date.
- **Non-renewal:** In the event that the Policy is not renewed, the Named Insured shall not be entitled to the Renewal Credit.

STATE NATIONAL INSURANCE COMPANY

Example of Renewal Credit Application

Example Policy Information:

Company's earned premium for prior Policy term \$120,000.00

Total Losses \$50,000.00

"Renewal Credit Threshold" calculation:

| | |
|---------------------------------|--------------|
| Earned premiums for Policy term | \$120,000.00 |
| (multiplied by 65%) | <u>65%</u> |
| Renewal Credit Threshold | \$78,000.00 |

"Surplus" calculation:

| | |
|--------------------------|--------------------|
| Renewal Credit Threshold | \$78,000.00 |
| Less Total Losses | <u>\$50,000.00</u> |
| Surplus | \$28,000.00 |

"Renewal Credit" calculation:

| | |
|---------------------|--------------|
| Surplus | \$28,000.00 |
| (multiplied by 50%) | <u>50%</u> |
| Renewal Credit | \$14,000.00] |

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 403 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the Policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

COPIER USAGE SURCHARGE

It is hereby understood and agreed that there shall be a usage surcharge with respect to the copier(s) listed below (identified by both Equipment No. and Equipment Schedule No.), which will be calculated and applied by Company as follows.

This usage surcharge may result in additional premium being due to the Company from the insured.

This usage surcharge shall be payable as and when calculated by the Company. Based on copier usage, the Company reserves the right to adjust the policy premium stated in this Policy Declaration on either a quarterly basis or at the end of the policy period.

The insured agrees to pay the adjusted premium including any copier usage surcharge as provided herein.

| <u>Equipment No.</u> | <u>Equipment Schedule No.</u> | <u>Usage Limit</u> | <u>Copier Usage Surcharge Rate</u> |
|----------------------|-------------------------------|--------------------|--------------------------------------|
| | | | [_____ ¢ per copy over Usage Limit] |

This usage surcharge shall be equal to the number of copies made on each such copier in excess of its applicable usage limit times the appropriate usage surcharge rate.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 404 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL COVERAGE

It is hereby understood and agreed that Section IV of the Policy Provisions of this Policy is amended to include coverage for the following excluded cost(s) with respect to the following item(s) of equipment (or with respect to all item(s) listed on this Policy's Equipment Schedule(s) if no such item(s) are listed below):

Equipment No.

Cost(s) Included

[ALL ACCESSORIES EXCEPT NETWORK COMMUNICATIONS EQUIPMENT

PM KIT

OZONE FILTERS AT TIME OF PM

DRUMS

BATTERY REPAIR

BATTERY REPLACEMENT

QUARTERLY SYSTEM TEST INSPECTIONS

SMOKE DETECTOR CLEANING AND SENSITIVITY TESTING

DETECTOR HEADS

LABOR FOR TROUBLESHOOTING AND DIAGNOSING SYSTEM PROBLEMS INCLUDING REPROGRAMMING OF SYSTEM DUE TO FAILURE

PORTABLE RADIO ANTENNAS

MOBILE RADIO CABLES, MICROPHONES AND SPEAKERS, COAX AND CONNECTORS

CONTROL STATION SPEAKERS, MICROPHONES & POWER SUPPLY

TWO PREVENTIVE MAINTENANCE INSPECTIONS PER POLICY YEAR FOR ALL PORTABLE & MOBILE FM TRANSMITTING EQUIPMENT ONLY. SUCH PREVENTIVE MAINTENANCE INSPECTIONS SHALL INCLUDE, BUT NOT BE LIMITED TO, THE INSPECTION AND/OR ADJUSTMENT OF THE FOLLOWING: (1) TRANSMITTER POWER (FREQUENCY, AUDIO AND DATE DEVIATION); (2) RECEIVER SENSITIVITY (FREQUENCY, AUDIO AND MODULATION BANDWIDTH); (3) KNOBS (SWITCHES AND BUTTONS FOR PROPER OPERATION); (4) RADIO HOUSING AND BATTERIES (FREE FROM CRACKS AND CRAZES); AND (5) CONTACT AND CONNECTION CLEANING]

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 405 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL EXCLUDED COSTS

It is hereby understood and agreed that, in addition to the excluded costs listed under Section IV of the Policy Provisions of this Policy, which apply to all items of equipment listed on this Policy's Equipment Schedule(s), this Policy is amended to exclude from reimbursement the following cost(s) only with respect to the following item(s) of equipment (or with respect to all item(s) of equipment listed on the this Policy's Equipment Schedule(s) if no such item(s) are listed below):

Item(s) (Equipment No.)

Cost(s) Excluded

[COLLECTORS; MEMBRANES; JETS; UV LAMPS; UV LAMPS;
FILAMENTS; MULTIPLIERS; VALVES; DETECTORS AND DIP PROBES

PARTS

POLE PIECES, FIBER OPTICS, APERTURES, FLUORESCENT
SCREEN, SPECIMEN HOLDERS, CASSETTES, CUT FILM ADAPTERS,
FE & LAB TIPS

COPIER DRUMS

BATTERIES

TRAVEL

GLASS

X-RAY TUBES

IMAGE INTENSIFIERS

IMAGING UNIT

LABOR TO REPLACE FAILED PERIPHERAL PIECES

BASE STATION ANTENNA; TRANSMISSION LINES; MULTICOUPLERS;
TOWER/TOWER LIGHTING; EXTERNAL POWER SUPPLY SYSTEM;
PAGERS; ACCESSORIES AND CCTV VIDEO TUBES]

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 406 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES AND NO CORRECTIVE MAINTENANCE EVENTS

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for consumables or no corrective maintenance calls. The Company will, however, provide limited reimbursement on an "additional services basis" for service events relating to "no corrective maintenance calls" and "consumables" on scheduled equipment from the pool described below. Invoices for such additional service events up to \$[_____] will automatically be paid from this pool; invoices in excess of this amount will require approval from the Company for payment of all, a portion or none of such non-covered costs (in which case the insured shall be responsible to pay such invoices). Special incidents mutually agreed to upon request can also be paid from this pool.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) (the "pool") is \$[_____] on an aggregate basis per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 407 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for toner and developer replacement and consumables. The Company will, however, provide limited reimbursement on an "additional service basis" for events requiring toner and developer replacement for Item(s) [_____] and consumables (except paper and staples) for Item(s) [_____] to the extent included on this Policy's Equipment Schedule(s). This reimbursement will be limited to services provided by Original Equipment Manufacturer (OEM) or Independent Service Organization (ISO) service providers.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) is \$[_____] on an aggregate basis per item per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|--------------------------|
| SUS 408 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for toner and developer replacement and consumables replacement. The Company will, however, provide limited reimbursement on an "additional service basis" for events requiring toner and developer replacement and consumables replacement (except paper) for only those item(s) shown on this Policy's Equipment Schedule(s). This reimbursement will be limited to services provided by Original Equipment Manufacturer (OEM) or Independent Service Organization (ISO) service providers.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) is \$[_____] on an aggregate basis per item per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 409 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for consumables replacement. The Company will, however, provide limited reimbursement on an "additional services basis" for service resulting in "consumables" being used on scheduled equipment included on this Policy's Equipment Schedule(s). This reimbursement will be limited to services provided by Original Equipment Manufacturer (OEM) and Independent Service Organization (ISO) service providers.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) is \$[_____] on an aggregate basis per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 410 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for consumables replacement. The Company will, however, provide limited reimbursement on an "additional services basis" for service events requiring replacement of consumables (except paper) to the extent the related equipment is included on this Policy's Equipment Schedule(s). This reimbursement will be limited to services provided by Original Equipment Manufacturer (OEM) or Independent Service Organization (ISO) service providers.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) hereunder is \$[_____] on an aggregate basis per item per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 411 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for reagents. The Company will, however, provide limited reimbursement on an "additional services basis" for events requiring "reagents" being used and limited to only those items shown on this Policy's Equipment Schedule(s). This additional service will be limited to services provided by Original Equipment Manufacturer (OEM) or Independent Service Organization (ISO) service providers.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) hereunder is \$[_____] on an aggregate basis per item per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 412 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES

It is hereby understood and agreed that under the Policy Provisions, the Company does not provide coverage for consumables replacement. The Company will, however, provide limited reimbursement on an "additional service basis" for events resulting in all consumables (except paper and only black toner) being used and limited to only those items shown on this Policy's Equipment Schedule(s). This additional service will be limited to services provided by Original Equipment Manufacturer (OEM) or Independent Service Organization (ISO) service providers.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) hereunder is \$[_____] on an aggregate basis per item per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Services on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 413 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

SOFTWARE

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for software. The Company will, however, provide limited reimbursement for service events relating to "software" on scheduled Diagnostic Imaging equipment for the cost of resetting covered equipment back to operational conditions prior to the loss covered by this Policy. Additional services hereunder include: resetting of a covered item, re-establishing the system configuration, reloading the operating system, reloading software programs, replacing failed firmware, rebooting a system and reinitializing a drive. All new and additional software licenses and upgrades will still be excluded. This additional service will be limited to services provided by Original Equipment Manufacturer (OEM) and Independent Service Organizations (ISO) service providers, and will not include: installation of new software, modifications to hardware for software compatibility, data recovery, reconstruction of lost or altered customer files, data or programs and firmware and software updates used to enhance the features and capabilities of a system.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) hereunder is \$[_____] on an aggregate basis per item per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 414 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

NO PROBLEM FOUND EVENTS

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for "no problem found" service events. The Company will, however, provide limited reimbursement on an "additional services basis" for service events resulting in "no problem found" on scheduled equipment. This reimbursement will be limited to services provided by Original Equipment Manufacturer (OEM) and Independent Service Organization (ISO) service providers.

It is further understood and agreed that the maximum limit of liability for such Additional Service(s) hereunder is \$[_____] on an aggregate basis per item per policy period.

Service Fee: \$[_____]

The maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 415 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: [ABC Company] | By: State National Insurance Company | |

ADDITIONAL SERVICES

It is hereby understood and agreed that, with respect to the equipment listed on this Policy's Equipment Schedule(s) the following Additional Service(s) are provided under this Policy for the listed Service Fee:

CONSUMABLES

It is hereby understood and agreed that under the Policy Provisions of this Policy, the Company does not provide coverage for out of scope service events including but not limited to reprogramming, reprogramming to upgrade radios for system performance and no corrective maintenance performed. The Company will, however, provide limited reimbursement on an "additional service basis" for events requiring reprogramming, reprogramming to upgrade radios for system performance and non corrective maintenance performed for Item(s) [_____, _____] to the extent included on this Policy's Equipment Schedule(s). This additional service will be limited to services provided by Original Equipment Manufacturer (OEM) or Independent Service Organization (ISO) service providers.

Service Fee: \$[_____]

It is further understood and agreed that as long as the premium charged for the Item(s) covered hereunder is equal to or exceeds \$[_____] the maximum limit of liability for the above listed Additional Service(s) on scheduled equipment is \$[_____] on an aggregate basis per policy period. However, in the event that the premium charged for the Item(s) covered hereunder falls below \$[_____] the maximum limit of liability for the above listed Additional Service(s) shall be reduced proportionately to a Revised Maximum Limit and the Insured shall be responsible for reimbursing the Company for any claims paid under this Policy that exceed the Revised Maximum Limit.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|--------------------------|
| SUS 521 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: ABC Company | By: State National Insurance Company | |

AMENDATORY ENDORSEMENT

Arkansas

- 1. Arkansas Insurance Commissioner.**
Arkansas Insurance Department
Consumer Services Division
1200 W. 3rd St.
Little Rock, AR 72201-1904
Telephone: (501) 371-1600 Legal Division: (501) 371-2820
2. Section 1. of the General Conditions, entitled "Misrepresentation and Fraud", shall be amended to add the following sentence: "Under state law, any person who knowingly presents a false or fraudulent claim for a payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."
3. Section 8. of the General Conditions, entitled "Suit", shall be amended to read in its entirety as follows: "No suit, action or proceeding for the recovery of any claim under this Policy shall be sustainable in any court of law or equity unless all of the requirements of this Policy shall have been complied with, and unless the same shall be commenced within the shortest limit of time permitted by the laws of the state of Arkansas."
4. Section 9. of the General Conditions, entitled "Appraisal" shall be re-titled "Non-Binding Appraisal" and shall be amended to add the following sentence: "The foregoing appraisal process shall not be interpreted as a waiver by the Company or the Named Insured of their respective rights to a jury trial on the subject matter thereof."
5. Section 17.B. of the General Conditions, entitled "Cancellation" shall be amended to read in its entirety as follows: "The Company may cancel this Policy by mailing or delivering to the Named Insured and to any lien holder or loss payee named in this Policy written notice of cancellation at least:."
6. The second sentence of section 18. of the General Conditions, entitled "Renewal" shall be amended to read in its entirety as follows: "If the Company exercises its right of nonrenewal, the Company agrees to notify the Named Insured at least sixty (60) days prior to the effective date of nonrenewal, however, in the event this Policy has a term longer than one (1) year and does not have a fixed expiration date, then at least sixty (60) days prior to the Policy's anniversary date."

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|--------------------------------------|-----------------------|
| SUS 510 | POLICY CHANGE ENDORSEMENT | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: ABC Company | By: State National Insurance Company | |

AMENDATORY ENDORSEMENT

Arkansas

Non-Certified Loss Exclusion and Federal Terrorism Risk Insurance Act Definitions

Non-Certified Loss Exclusion:

1. It is hereby understood and agreed that the Insured's acceptance of Terrorism Insurance Coverage under this Policy only applies only to "Certified Losses" as defined herein and excludes "Non-Certified Losses" as defined herein.
2. This "Non-Certified Loss Exclusion" for acts of terrorism only applies if the acts of terrorism result in industry-wide insured losses that exceed \$25,000,000 for related incidents that occur within a 72 hour period, however, such exclusion is not subject to this limitation if one of the following applies:
 - a. The act involves the use, release or escape of nuclear materials or that directly or indirectly results in nuclear reaction or radiation or radioactive contamination;
 - b. The act is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
 - c. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the terrorism was to release such materials.

Terrorism Risk Insurance Act Definitions:

1. "Certified Losses" shall have the same meaning as "act of terrorism" as defined in Section 102(1) of the Terrorism Risk Insurance Act (the "Act"). Under the Act, the term "act of terrorism" means an act certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to: be an act of terrorism; be a violent act or an act that is dangerous to human life, property, or infrastructure; have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel described in paragraph 5(B) of that Section or the premises of a United States mission; and have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. No act shall be certified by the Secretary as an act of terrorism if: (i) the act is committed as part of the course of a war declared by Congress; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000.
2. "Non-Certified Losses" means a any loss resulting from a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not certified as an "act of terrorism" pursuant to the Federal Terrorism Risk Insurance Act of 2002.

Authorized Signature
Company

Authorized Signature
[Named Insured]

STATE NATIONAL INSURANCE COMPANY

| | | |
|--|---|-----------------------|
| SUS-600 | POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE | Endorsement No. _____ |
| Effective on and after dd-mmm-yyyy, 12:01 a.m. Standard Time at your mailing address shown on the policy declarations, this endorsement forms part of Policy No. SUS _____, Expiration Date dd-mmm-yyyy. | | |
| Issued To: ABC Company | By: State National Insurance Company | |

Terrorism Risk Insurance Act Disclosure

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

STATE NATIONAL INSURANCE COMPANY

Acceptance or Rejection of Terrorism Insurance Coverage

UNDER FEDERAL LAW, YOU, THE NAMED INSURED, HAVE THIRTY (30) DAYS TO CONSIDER THIS OFFER OF COVERAGE FOR TERRORIST ACTS AND TO SUBMIT THE REQUIRED PREMIUM LISTED BELOW FOR SUCH COVERAGE. IF THE COMPANY DOES NOT RECEIVE THE BELOW LISTED PREMIUM BY THE END OF THIS THIRTY (30) DAY PERIOD, THE TERRORISM EXCLUSION CONTAINED WITHIN THIS POLICY THAT IS NULLIFIED BY THE FEDERAL TERRORISM RISK INSURANCE ACT WILL BE REINSTATED RETROACTIVELY TO THE EFFECTIVE DATE OF THIS POLICY, AND YOU, THE NAMED INSURED, WILL NOT BE COVERED FOR LOSSES ARISING FROM TERRORIST ACTS THAT ARE EXCLUDED UNDER THIS POLICY.

| | |
|--------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____ (two percent (2%) of this current Policy on a pro rata basis). |
| <input type="checkbox"/> | I hereby decline to purchase terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism. |

Policyholder/Applicant's Signature

State National Insurance Company
Insurance Company

Print Name

Policy Number

Date

Authorized Signature
Company

SERFF Tracking Number: STNA-125973117 *State:* Arkansas
Filing Company: State National Insurance Company Inc. *State Tracking Number:* #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine *Sub-TOI:* 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125973117 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #79353 \$50
Company Tracking Number: SUS-IM-AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: State National Insurance
Project Name/Number: STNA Arkansas Policy Forms Filing/SUS-IM-AR-01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/07/2009

Comments:

Attached please find the Property & Casualty Transmittal Document prepared for this policy form filing.

Attachment:

Property & Casualty Transmittal Document (AR).pdf

Satisfied -Name: Letter of Filing Authorization **Review Status:** Approved 01/07/2009

Comments:

Attached please find the Letter of Filing Authorization which authorizes Sean M. Finnigan to submit this policy form filing on behalf of State National Insurance Company, Inc.

Attachment:

Letter of Filing Authorization (Arkansas).pdf

Satisfied -Name: Cover Letter encl. Filing Fee **Review Status:** Approved 01/07/2009

Comments:

Attached please find a copy of the cover letter that was sent to your office via Federal Express enclosing the filing fee for this filing. Please proceed with the processing of this policy form filing upon receipt of this letter.

Thank you.

Attachment:

Copy of Cover Letter encl. Filing Fee.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 | | |

| | | | | | | |
|--|--|---------------|---------------|----------------|---------------------|------|
| 3. Group Name | State National Insurance Company, Inc. | | | | Group NAIC # | 0093 |
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # | | |
| State National Insurance Company, Inc. | Texas | 12831 | 75-1980552 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|-----------------------------------|-----------|
| 5. Company Tracking Number | SUS-IM-AR |
|-----------------------------------|-----------|

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

| | | | | |
|---|-------------------------|---------------------|----------------|---------------|
| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
| Sean M. Finnigan Meisner Tierney Fisher & Nichols S.C. 111 E. Kilbourn Ave, 19th Floor Milwaukee, WI 53202 | Attorney | (414) 273-1300 | (414) 226-2126 | smf@mtfn.com |
| | | | | |
| 7. Signature of authorized filer | <i>Sean M. Finnigan</i> | | | |
| 8. Please print name of authorized filer | Sean M Finnigan | | | |

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

| | |
|---|--|
| 9. Type of Insurance (TOI) | 09.0 Inland Marine |
| 10. Sub-Type of Insurance (Sub-TOI) | 09.0005 Other Commercial Inland Marine |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Equipment Maintenance Insurance |
| 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: November 24, 2008 Renewal: |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | N.A. |
| 17. Reference Organization # & Title | N.A. |
| 18. Company's Date of Filing | January 4, 2008 |
| 19. Status of filing in domicile | <input checked="" 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 # SUS-IM-AR

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

To whom it may concern:

This filing is being submitted on behalf of State National Insurance Company, Inc. by Sean Finnigan who is an attorney at Meissner Tierney Fisher & Nichols S.C. (please see the Letter of Filing Authorization attached in the Supporting Documentation tab for more information).

This filing constitutes State National Insurance Company's policy form filing for its Arkansas Equipment Maintenance Insurance Program.

Please note that State National Insurance Company's Arkansas Equipment Maintenance Insurance Program is a property and casualty commercial risk insurance product that is not written according to manual rates or rating plans. As such, consistent with Arkansas state law and the discussions our office had with regulators within your office, no rates or rating manual materials need be filed with this policy form filing.

The first policy issued in connection with this policy form filing will have an effective date of November 24, 2008.

Thank you for your attention to this filing.

Sean M. Finnigan

[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 #: 79353

Amount: 50.00

A check made payable to the "Arkansas Insurance Department - Property & Casualty Division" in the above amount was mailed to the Arkansas Insurance Department's Office simultaneous with the submission of this SERFF filing.

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.)

| | | | | | |
|--|---|------------------------------------|---|--|---|
| 1. This filing transmittal is part of Company Tracking # | | SUS-IM-AR | | | |
| 2. This filing corresponds to rate/rule filing number (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 | Inland Marine Application | SUS 00A-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 02 | Declarations Page-Dispatch Option | SUS 001D-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 03 | Declarations Page- Retro Reimbursement Option | SUS 001R-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 04 | Policy Provisions | SUS 002-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 05 | General Conditions | SUS 003-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 06 | Special Conditions | SUS 004-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 07 | Location Schedule | SUS 100-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 08 | Installment Schedule | SUS 101-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 09 | Equipment Schedule | SUS 102-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 10 | In-House Labor Endorsement | SUS 200-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |

PC FFS-1

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 # | SUS-IM-AR | | | |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | | | | |
| 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 | Authorized Loss Control Endorsement | SUS 201-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 02 | Additional Insured Endorsement | SUS 202-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 03 | Tagging Endorsement | SUS 203-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 04 | Books and Records Endorsement | SUS 205-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 05 | Aviation Endorsement | SUS 206-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 06 | Return Premium Endorsement | SUS 207-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 07 | Additional Premium Endorsement | SUS 208-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 08 | Policy Change Endorsement - PM Coverage | SUS 300-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 09 | Policy Change Endorsement - PM Coverage - Time of Service | SUS 301-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 10 | Policy Change Endorsement - PM Coverage - Notification to Named Insured | SUS 302-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |

PC FFS-1

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 # | SUS-IM-AR | | | |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | | | | |
| 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 | Policy Change Endorsement - Notification to Vendor | SUS 303-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 02 | Policy Change Endorsement - Coverage for PM Kits | SUS 304-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 03 | Policy Change Endorsement - PM Coverage - Itemized | SUS 305-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 04 | Policy Change Endorsement - Copier Cleaning Web Replacement | SUS 400-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 05 | Policy Change Endorsement - Exclusion/Limitation of Overtime | SUS 401-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 06 | Policy Change Endorsement - Renewal Credit | SUS 402-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 07 | Policy Change Endorsement - Copier Usage Surcharge | SUS 403-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 08 | Policy Change Endorsement - Additional Coverage | SUS 404-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 09 | Policy Change Endorsement - Additional Excluded Costs | SUS 405-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 10 | Policy Change Endorsement - Additional Services (Consummables and No-Corrective Maintenance Events) | SUS 406-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |

PC FFS-1

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 # | SUS-IM-AR | | | |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | | | | |
| 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 | Policy Change Endorsement - Additional Services (Consummables) | SUS 407-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 02 | Policy Change Endorsement - Additional Services (Consummables) | SUS 408-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 03 | Policy Change Endorsement - Additional Services (Consummables) | SUS 409-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 04 | Policy Change Endorsement - Additional Services (Consummables) | SUS 410-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 05 | Policy Change Endorsement - Additional Services (Consummables) | SUS 411-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 06 | Policy Change Endorsement - Additional Services (Consummables) | SUS 412-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 07 | Policy Change Endorsement - Additional Services (Software) | SUS 413-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 08 | Policy Change Endorsement - Additional Services (No Problem Found Events) | SUS 414-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 09 | Policy Change Endorsement - Additional Services (Consummables) | SUS 415-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 10 | Policy Change Endorsement - Amendantory Endorsement - Arkansas | SUS 521-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |

PC FFS-1

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 # | SUS-IM-AR | | | |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | | | | |
| 3. | Form Name /Description/Synopsls | Form # Include editlon date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | Policy Change Endorsement - Amendatory Endorsement - TRIA Definitions | SUS 510-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 02 | Terrorism Risk Insurance Act Disclosure | SUS 600-12-08 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | N.A. | N.A. |
| 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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

| | | |
|-----------|--|--|
| 1. | This filing transmittal is part of Company Tracking # | |
|-----------|--|--|

| | | |
|-----------|---|--|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | |
|-----------|---|--|

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

| | | |
|-----------|--|--|
| 3. | Filing Method (Prior Approval, File & Use, Flex Band, etc.) | |
|-----------|--|--|

| 4a. Rate Change by Company (As Proposed) | | | | | | | |
|--|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change (where required) | Minimum % Change (where required) |
| | | | | | | | |
| | | | | | | | |

| 4b. Rate Change by Company (As Accepted) For State Use Only | | | | | | | |
|---|--|-----------------------|---|--|----------------------------------|------------------|------------------|
| Company Name | Overall % Indicated Change (when applicable) | Overall % Rate Impact | Written premium change for this program | # of policyholders affected for this program | Written premium for this program | Maximum % Change | Minimum % Change |
| | | | | | | | |
| | | | | | | | |

| 5. Overall Rate Information (Complete for Multiple Company Filings only) | | | |
|--|---|-------------|-----------|
| | | COMPANY USE | STATE USE |
| 5a | Overall percentage rate indication (when applicable) | | |
| 5b | Overall percentage rate impact for this filing | | |
| 5c | Effect of Rate Filing – Written premium change for this program | | |
| 5d | Effect of Rate Filing – Number of policyholders affected | | |

| | | |
|-----------|--|--|
| 6. | Overall percentage of last rate revision | |
|-----------|--|--|

| | | |
|-----------|--------------------------------------|--|
| 7. | Effective Date of last rate revision | |
|-----------|--------------------------------------|--|

| | | |
|-----------|---|--|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | |
|-----------|---|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn? | 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 | |



December 11, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Inland Marine
Initial Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Meissner Tierney Fisher & Nichols S.C. has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence regarding this particular filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Meissner Tierney Fisher & Nichols S.C., 111 E. Kilbourn Avenue, 19th Floor, Milwaukee, WI 53202-6622. Should you have any questions concerning this filing, please contact Meissner Tierney Fisher & Nichols at (414) 273-1300.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", written over a horizontal line.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (SU)

MEISSNER TIERNEY
FISHER & NICHOLS
S.C.

ATTORNEYS AT LAW

THE MILWAUKEE CENTER
19TH FLOOR
111 EAST KILBOURN AVENUE
MILWAUKEE, WISCONSIN 53202-6622
TELEPHONE (414) 273-1300
FACSIMILE (414) 273-5840

SEAN M. FINNIGAN
ATTORNEY-AT-LAW

EXTENSION 178
SMF@MTFN.COM

January 4, 2009

VIA FEDERAL EXPRESS

Arkansas Insurance Department
Property & Casualty Division
1200 W. 3rd Street
Little Rock, AR 72201-1904

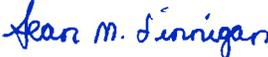
Re: State National Insurance Company, NAIC No. 12831
Arkansas Policy Form Filing
SERFF Tracking No. STNA-125973117

To Whom It May Concern:

Consistent with your office's directions and pursuant to the SERFF filing instructions, enclosed please find a check made payable to the "Arkansas Insurance Department – Property & Casualty Division" in the amount of Fifty Dollars (\$50.00) for payment of the filing fee associated with the above referenced policy form filing. Upon your receipt of the enclosed payment please proceed with the processing of the above referenced filing.

If you have any questions regarding the above policy form filing, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,


Sean M. Finnigan

encs.

cc: Joseph A. Fallico (w/o encls.)
Debbie VanSanford (w/ encls.)
Thomas J. Nichols, Esq. (w/o encls.)

**MEISSNER TIERNEY
FISHER & NICHOLS S.C.**

79353

| DATE | DESCRIPTION | INVOICE # | CHECK | | NET AMOUNT |
|----------|--|-----------|--------|-----------|------------|
| | | | AMOUNT | DEDUCTION | |
| 01/02/09 | Arkansas Insurance Department - Property Policy Form Filing Fee (SMF) | 322.0002 | 50.00 | | 50.00 |

| | | | | | |
|------------------------|-------------------------|----------|--------------|-----------|------------|
| CHECK DATE 01/02/09 | CONTROL NUMBER 79353 | TOTALS ▶ | Gross: 50.00 | Ded: 0.00 | Net: 50.00 |
|------------------------|-------------------------|----------|--------------|-----------|------------|

COPY

79353

**MEISSNER TIERNEY
FISHER & NICHOLS S.C.**
111 E. KILBOURN AVE., 19TH FLOOR
MILWAUKEE, WI 53202-6622

JPMORGAN CHASE BANK, N.A.
MILWAUKEE, WISCONSIN 53202
12-1-750

| DATE | CHECK | AMOUNT |
|----------|-------|---------|
| 01/02/09 | ***** | \$50.00 |

*** FIFTY & 00/100 DOLLARS

PAY
TO THE
ORDER
OF: Arkansas Insurance Department - Property
& Casualty Division

Handwritten signature

⑈079353⑈ ⑆075000019⑆

632645909⑈

080918/12-91

Security Features Included. Details on back.