

SERFF Tracking Number: GNFD-125701792 State: Arkansas  
Filing Company: General Fidelity Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CA-TPN-0608-F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Commercial Auto  
Project Name/Number: TPN Commercial Auto/CA-TPN-0608-F

## Filing at a Glance

Company: General Fidelity Insurance Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0004 Truckers

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

SERFF Tr Num: GNFD-125701792 State: Arkansas

SERFF Status: Closed

Co Tr Num: CA-TPN-0608-F

Co Status: Submitted

Author: Leslie Bowar

Date Submitted: 06/23/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Disposition Date: 06/24/2008

Disposition Status: Approved

Effective Date (New): 06/23/2008

Effective Date (Renewal):

06/23/2008

State Filing Description:

## General Information

Project Name: TPN Commercial Auto

Project Number: CA-TPN-0608-F

Reference Organization: ISO

Reference Title:

Filing Status Changed: 06/24/2008

State Status Changed: 06/24/2008

Corresponding Filing Tracking Number:

Filing Description:

This Forms filing is for the General Fidelity Insurance Company forms filing for our Transportation/Tow Truck program. This filing is for a new program for General Fidelity Insurance Company and does not replace any prior forms for our company. We adopt ISO and ACCORD forms where available and ISO is authorized to file forms on our behalf for this program.

If you need additional information, please let me know.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Regards,  
 Leslie Bowar  
 980-388-4423  
 leslie.a.bowar@bankofamerica.com

## Company and Contact

### Filing Contact Information

Leslie Bowar, VP, Compliance Manager  
 201 N. Tryon St.  
 Charlotte, NC 28255  
 leslie.a.bowar@bankofamerica.com  
 (704) 388-4423 [Phone]  
 (704) 387-1606[FAX]

### Filing Company Information

General Fidelity Insurance Company  
 201 N. Tryon Street  
 CoCode: 30007  
 Group Code: 1281  
 State of Domicile: South Carolina  
 Company Type: Property & Casualty

NC1-022-19-02  
 Charlotte, NC 28255  
 (704) 387-8098 ext. [Phone]  
 Group Name:  
 FEIN Number: 33-0242848  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Fidelity Insurance Company	\$50.00	06/23/2008	21039618

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/24/2008	06/24/2008

*SERFF Tracking Number:* GNFD-125701792      *State:* Arkansas  
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## **Disposition**

Disposition Date: 06/24/2008

Effective Date (New): 06/23/2008

Effective Date (Renewal): 06/23/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GNFD-125701792 State: Arkansas  
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 Product Name: Commercial Auto  
 Project Name/Number: TPN Commercial Auto/CA-TPN-0608-F

Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Truckers Declaration Page	Approved	Yes
<b>Form</b>	Schedule of Autos	Approved	Yes
<b>Form</b>	Reporting Policy Form	Approved	Yes
<b>Form</b>	Electronic Equip Coverage	Approved	Yes
<b>Form</b>	Motor Carrier Laws	Approved	Yes
<b>Form</b>	Drivers Exclusion	Approved	Yes
<b>Form</b>	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	Approved	Yes
<b>Form</b>	Supplemental Coverage Endorsement	Approved	Yes
<b>Form</b>	Add'l Insured - Lessor	Approved	Yes
<b>Form</b>	Single Deductible Endorsement	Approved	Yes
<b>Form</b>	Retention Endorsement	Approved	Yes
<b>Form</b>	Fire & Lightning	Approved	Yes
<b>Form</b>	Stated Amount Endorsement	Approved	Yes
<b>Form</b>	Multi-Policy Aggregate Limit Endorsement	Approved	Yes
<b>Form</b>	Common Policy Declarations Page	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Truckers Declaration Page	GFIC-TPN-200	04/08	Declaration News/Schedule		0.00	GFIC-TPN-200 (04-08) Truckers Dec.pdf
Approved	Schedule of Autos	GFIC-TPN-201	04/08	Declaration News/Schedule		0.00	GFIC-TPN-201 (04-08) - Schedule of Autos (2).pdf
Approved	Reporting Policy Form	GFIC-TPN-400	04/08	Endorsement/Amendment/Conditions		0.00	GFIC-TPN-400 (04-08) Reporting policy form.pdf
Approved	Electronic Equip Coverage	GFIC-TPN-701	04/08	Endorsement/Amendment/Conditions		0.00	GFIC-TPN-701 (04-08) - Electronic Equip Coverage.pdf
Approved	Motor Carrier Laws	GFIC-TPN-702	04/08	Endorsement/Amendment/Conditions		0.00	GFIC-TPN -702 (04-08) Motor Carrier Laws (form F) (2).pdf
Approved	Drivers Exclusion	GFIC-TPN-99	06/08	Endorsement/Amendment/Conditions		0.00	GFIC-TPN -99 (06-08) - Drivers Exclusion-GF.pdf
Approved	WAIVER OF TRANSFER OF RIGHTS OF	GFIC-TPN-202	06/08	Endorsement/Amendment/Conditions		0.00	GFIC-TPN -202(06-08)-Waiver AL-

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Approval	Description	GFIC-TPN	Effective Date	Endorsement/Condition	Amount	Attachment
	RECOVERY AGAINST OTHERS TO US			ons		GF.pdf
Approved	Supplemental Coverage Endorsement	GFIC-TPN-203	06/08	Endorsement/Amendment/Conditions	0.00	GFIC-TPN - 203 (06-08) Supplemental Endt-GF.pdf
Approved	Add'l Insured - Lessor	GFIC-TPN-601	06/08	Endorsement/Amendment/Conditions	0.00	GFIC-TPN - 601(06-08) Add'l Insured-Lessor-GF(2).pdf
Approved	Single Deductible Endorsement	GFIC-TPN-1000	06/08	Endorsement/Amendment/Conditions	0.00	GFIC-TPN - 1000 6-07 - Singe Ded Endt (revised)-GF(06-08).pdf
Approved	Retention Endorsement	GFIC-TPN-1001	06/08	Endorsement/Amendment/Conditions	0.00	GFIC-TPN - 1001(06-08) Retention Endt(revised)-GF.pdf
Approved	Fire & Lightning	GFIC-TPN-2001A	06/08	Endorsement/Amendment/Conditions	0.00	GFIC-TPN - 2001A(06-08) -Fire & Lightning - CA0012-GF.pdf
Approved	Stated Amount Endorsement	GFIC-TPN-2001B	06/08	Endorsement/Amendment/Conditions	0.00	GFIC-TPN - 2001B(06-08) Stated Amount-GF.pdf
Approved	Multi-Policy	GFIC-	06/08	Endorsement New	0.00	GFIC-TPN -

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	Aggregate Limit	TPN-2002		nt/Amendm		2002(06-08)
	Endorsement			ent/Condi		Mult-Policy
				ons		Endt.-GF.pdf
Approved	Common Policy	GFIC-	06/08	Declaration New	0.00	GFIC-TPN-
	Declarations	TPN-		s/Schedule		ILDS00(6-
	Page	ILDS00				08) -
						Common
						Policy Dec-
						GF (2).pdf



# TRUCKERS DECLARATIONS

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**ITEM ONE**

<b>Named Insured:</b>	
<b>Mailing Address:</b>	
<b>Policy Period</b>	
<b>From:</b>	
<b>To:</b>	At 12:01 A.M. Standard Time at your mailing address
<b>Previous Policy Number:</b>	

**Form Of Business:**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

<b>Premium shown is payable at inception: \$</b>
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

**Countersignature Of Authorized Representative**

Name:

Title:

Signature:

Date:

**Note**

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

**ITEM TWO****Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	LIMIT	
		The most we will pay for any one accident or loss.	Premium
Liability		\$	\$
Personal Injury Protection (Or Equivalent No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$



**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY		
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged		
1					\$		\$			
2					\$		\$			
3					\$		\$			
4					\$		\$			
5					\$		\$			
Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Dam- age Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.		
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor			Code
1										
2										
3										
4										
5										
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)			AUTO MEDICAL PAYMENTS	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium	Limit	Premium	
1	\$	\$	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	\$	\$	\$	
4	\$	\$	\$	\$	\$	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	\$	\$	
<b>Total Premium</b>		\$		\$	\$		\$		\$	
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION			TOWING & LABOR		
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Premium		Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium		
1	\$	\$	\$		\$	\$	\$	\$		
2	\$	\$	\$		\$	\$	\$	\$		
3	\$	\$	\$		\$	\$	\$	\$		
4	\$	\$	\$		\$	\$	\$	\$		
5	\$	\$	\$		\$	\$	\$	\$		
<b>Total Premium</b>		\$			\$		\$		\$	



**ITEM FOUR - Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

<b>Liability Coverage – Rating Basis, Cost Of Hire – Autos Used In Your Trucking Operations</b>				
<b>Estimated Cost Of Hire</b>		<b>Rate Per Each \$100 Cost Of Hire</b>		<b>Total Estimated Premium</b>
\$		\$		\$
<b>Liability Coverage – Rating Basis, Cost Of Hire – Autos Not Used In Your Trucking Operations</b>				
<b>State</b>	<b>Estimated Cost Of Hire For Each State</b>	<b>Rate Per Each \$100 Cost Of Hire</b>	<b>Factor (If Liability Coverage Is Primary)</b>	<b>Premium</b>
	\$	\$		\$
<b>Total Premium</b>				\$
<b>Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)</b>				
<b>State</b>	<b>Estimated Number Of Days Equipment Will Be Rented</b>	<b>Base Premium</b>	<b>Factor</b>	<b>Premium</b>
		\$		\$
<b>Total Premium</b>				\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

**Physical Damage Coverage**

<b>Coverages</b>	<b>Limit Of Insurance</b>		
<b>Comprehensive</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Specified Causes Of Loss</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Collision</b>	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	<b>Estimated Annual Cost Of Hire</b>	<b>Rate Per Each \$100 Annual Cost Of Hire</b>	<b>Premium</b>
	\$	\$	\$
<b>Total Premium:</b>			\$

**ITEM FIVE**

**Schedule For Non-Ownership Liability**

<b>Rating Basis</b>	<b>Number</b>	<b>Premium</b>
Number Of Employees		\$
Number Of Partners		\$
<b>Total Premiums</b>		\$

**ITEM SIX**

**Trailer Interchange Coverage**

Coverages	Limit Of Insurance	Daily Rate	Estimated Premium
Comprehensive	Stated In Item Two	\$	\$
Specified Causes Of Loss		\$	\$
Collision		\$	\$
<b>Total Premium</b>			<b>\$</b>

**ITEM SEVEN**

**Schedule For Gross Receipts Rating Basis – Liability Coverage**

<b>Location No:</b>	
<b>Estimated Yearly:</b>	
<b>Rates (Gross Receipts/ Mileage/Per \$100)</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Medical Expense Benefits (VA Only)</b>	\$
<b>Income Loss Benefits (VA Only)</b>	\$
<b>Premiums</b>	
<b>Liability</b>	\$
<b>Auto Medical Payments</b>	\$
<b>Medical Expense Benefits (VA Only)</b>	\$
<b>Income Loss Benefits (VA Only)</b>	\$

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. Gross Receipts includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

## SCHEDULE OF AUTOS

**POLICY NUMBER:**

AUTO	YEAR	MAKE	RADIUS	COVERAGE	PREMIUM
				LIABILITY.....	
				PIP.....	
<b>TYPE</b>		<b>SERIAL NUMBER</b>		MED PAY.....	
				UM.....	
				UIM.....	
<b>FOR PHYSICAL DAMAGE LOSS WE WILL PAY YOU AND:</b>				<b>LIMIT</b>	<b>DED</b>
				COMP	
				SPEC PERILS	
				COLLISION	
				CARGO	
<b>ADD DATE:</b>		<b>CANCEL DATE:</b>		<b>PREMIUM FOR THIS AUTO</b>	
<b>CHANGE DATE:</b>					

AUTO	YEAR	MAKE	RADIUS	COVERAGE	PREMIUM
				LIABILITY.....	
				PIP.....	
<b>TYPE</b>		<b>SERIAL NUMBER</b>		MED PAY.....	
				UM.....	
				UIM.....	
<b>FOR PHYSICAL DAMAGE LOSS WE WILL PAY YOU AND:</b>				<b>LIMIT</b>	<b>DED</b>
				COMP	
				SPEC PERILS	
				COLLISION	
				CARGO	
<b>ADD DATE:</b>		<b>CANCEL DATE:</b>		<b>PREMIUM FOR THIS AUTO</b>	
<b>CHANGE DATE:</b>					

AUTO	YEAR	MAKE	RADIUS	COVERAGE	PREMIUM
				LIABILITY.....	
				PIP.....	
<b>TYPE</b>		<b>SERIAL NUMBER</b>		MED PAY.....	
				UM.....	
				UIM.....	
<b>FOR PHYSICAL DAMAGE LOSS WE WILL PAY YOU AND:</b>				<b>LIMIT</b>	<b>DED</b>
				COMP	
				SPEC PERILS	
				COLLISION	
				CARGO	
<b>ADD DATE:</b>		<b>CANCEL DATE:</b>		<b>PREMIUM FOR THIS AUTO</b>	
<b>CHANGE DATE:</b>					

AUTO	YEAR	MAKE	RADIUS	COVERAGE	PREMIUM
				LIABILITY.....	
				PIP.....	
<b>TYPE</b>		<b>SERIAL NUMBER</b>		MED PAY.....	
				UM.....	
				UIM.....	
<b>FOR PHYSICAL DAMAGE LOSS WE WILL PAY YOU AND:</b>				<b>LIMIT</b>	<b>DED</b>
				COMP	
				SPEC PERILS	
				COLLISION	
				CARGO	
<b>ADD DATE:</b>		<b>CANCEL DATE:</b>		<b>PREMIUM FOR THIS AUTO</b>	
<b>CHANGE DATE:</b>					

AUTO	YEAR	MAKE	RADIUS	COVERAGE	PREMIUM
				LIABILITY.....	
				PIP.....	
<b>TYPE</b>		<b>SERIAL NUMBER</b>		MED PAY.....	
				UM.....	
				UIM.....	
<b>FOR PHYSICAL DAMAGE LOSS WE WILL PAY YOU AND:</b>				<b>LIMIT</b>	<b>DED</b>
				COMP	
				SPEC PERILS	
				COLLISION	
				CARGO	
<b>ADD DATE:</b>		<b>CANCEL DATE:</b>		<b>PREMIUM FOR THIS AUTO</b>	
<b>CHANGE DATE:</b>					

POLICY NUMBER:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PREMIUM DETERMINATION – REPORTING BASIS**

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This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY FORM  
INLAND MARINE COVERAGE PART – TRANSPORTATION CARGO COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

The premiums we are charging you for coverages shown below are calculated monthly as follows:

**Auto Liability and/or Physical Damage Coverage**

Premium Basis	Estimated Annual Rating Basis	Rate
Gross Receipts		per 100
Gross Mileage		per 100
Stated Values		per 100 total insured values
Number of Autos		per covered auto

**Inland Marine / Cargo Coverage**

Premium Basis	Estimated Annual Rating Basis	Rate
Gross Receipts		per 100
Gross Mileage		per 100
Stated Values		per 100 total insured values
Number of Autos		per covered auto

Estimated Annual Premium:

\_\_\_\_\_ % Minimum Annual Premium applies

The following are provisions of the policy applicable to paying for your policy on a Reporting Basis:

## **I. PREMIUM BASIS**

### **A. GROSS RECEIPTS**

“Gross Receipts” mean the total amount to which the named insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the named insured or other carrier, and shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. Gross Receipts shall include 15% of the gross receipts developed for automobiles rented with or without drivers, to or from any person or organization engaged in the business of transporting property for hire by automobile, when the other carrier provides primary coverage and the named insured has not executed a Hold Harmless Agreement, agreeing to indemnify the other carrier, subject to 100% compliance by the Named Insured with the following conditions:

- 1.) A written contract requiring the lessee to provide the primary insurance.**
- 2.) A written hold harmless agreement from the lessee to your benefit, and;**
- 3.) A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from U.S. admitted insurance carriers**

- with an A.M. Best rating of A-VII or better; and**
- 4.) An additional insured endorsement from the lessee insurance carriers issued to your benefit.**

Gross receipts shall not include:

- 1.) The amount which the named insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own State and Federal permits.
- 2.) Direct taxes on the shipper which the named insured collects as a separate item and remits directly to a governmental division.
- 3.) C.O.D. collections for cost of merchandise including collection fees.
- 4.) Warehouse storage charges.
- 5.) Advertising revenue.

### **B. MILEAGE**

“Gross Mileage” means the total mileage, loaded and unloaded miles, of all automobiles operated for the shipment or transportation of property during the policy period, whether shipment originates with the named insured or other carrier and shall include the total mileage developed from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in business of transporting property for hire by automobile. Gross Mileage shall include 15% of the mileage developed from the rental of automobiles, with or

without drivers, to any person or organization engaged in the business of transporting property for hire by automobile, when the other carrier provides primary coverage and the named insured has not executed a Hold Harmless Agreement, agreeing to indemnify the other carrier, subject to 100% compliance by the Named Insured with the following conditions:

- 1.) **A written contract requiring the lessee to provide the primary insurance.**
- 2.) **A written hold harmless agreement from the lessee to your benefit, and;**
- 3.) **A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from U.S. admitted insurance carriers with an A.M. Best rating of A-VII or better; and**
- 4.) **An additional insured endorsement from the lessee insurance carriers issued to your benefit.**

### **C. NUMBER OF AUTOS**

NUMBER OF AUTOS is all "autos" covered by the policy of the commercial type owned by or leased to you under a written agreement of not less than thirty (30) days, during the policy period.

### **D. VALUE**

VALUE is the actual cash value of all "autos" covered by the policy.

## **II. ESTIMATED PREMIUM**

ESTIMATED PREMIUM is the sum of each Rating Basis times the applicable Rate. The estimated premium we charge you for reporting form rating is based on exposures reported to us. We will compute the final premium due when we determine your actual exposures. The estimated premium will be credited against the final premium due when the First Named Insured will be billed for the balance, if any. If the estimated total premium is more than the final premium due, the First Named Insured will get a refund.

## **III. DEPOSIT**

If a DEPOSIT is shown on the policy it is because the policy is subject to adjustment. The deposit shall be retained by us until all monies due us have been paid.

We shall determine how and when the deposit shall be credited to you based on the status of monies due us at policy expiration. Under no circumstances will we retain the deposit if monies due us have been paid to us.

#### **IV. REPORTING**

You must give your report of premium basis and a check for the estimated premium to your agent by the 15<sup>th</sup> day of each month. Your reports will contain

the value for the last business day of the preceding month. Failure to file your report and to pay estimated premium by the 15<sup>th</sup> day of each month may result in cancellation of the policy for nonpayment of premium.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ELECTRONIC EQUIPMENT COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement:

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

**SCHEDULE**

Description of Covered "Auto(s)": **PREMIUM**  
**ACCORDING TO THE SCHEDULE OF AUTOS ON FILE WITH US. \*\***

This endorsement extends Physical Damage Coverage provided on covered "autos" described in the SCHEDULE on this endorsement for specific Electronic Equipment which is indicated below by and "X".

**Electronic Equipment**

**Limit of Insurance for each Covered "Auto"**

- Computer System
- Computer Media
- FAX Machine
- Satellite Communication or Tracking System
- Video Camera Monitoring System
- Cellular Telephone
- Two-way Mobile Radio or Telephone
- Scanning Monitor Receiver
- Collision Prevention System
- Other: \_\_\_\_\_

**A. COVERAGE**

Physical damage coverage provided on covered "autos" described in the SCHEDULE on this endorsement is extended to apply to the specified electronic equipment for the Limit of Insurance shown, when permanently installed in the covered "auto" described in the SCHEDULE on this endorsement.

**B. LIMIT OF INSURANCE**

The most we will pay for any one "loss" to the specified amount equipment is the Limit of Insurance shown in the SCHEDULE on this endorsement and will apply separately to each covered "auto".

**C. DEDUCTIBLE**

The coverage provided by this endorsement is only for Electronic Equipment and a \$100.00 deductible per "loss" will apply. No other policy deductible(s) apply to this coverage.

**D. ADDITIONAL EXCLUSIONS**

1. The term Computer System does not include vehicle operation recording devices.
2. The term Scanning Monitor Receiver does not include radar detection devices.

**E. ADDITIONAL DEFINITION**

As used in this endorsement:

"Computer Media" means:

1. Materials on which data is recorded, including magnetic tapes, floppy discs, or hard discs; or
2. Programs, either purchased or written on a custom basis, which are regularly used with your computer system.

"Computer Media" does not include data, facts, concepts or instructions converted to a form used in your data processing operations. This includes documentation and source materials.

POLICY NUMBER:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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MOTOR CARRIER LAWS – AUTO LIABILITY INSURANCE

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This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

The following CONDITION is added:

When this Coverage Part is certified as proof of financial responsibility for the future under the provisions of any motor carrier cargo liability financial responsibility law or regulation, the cargo insurance provided by the Coverage part of Bodily Injury Liability or Property Damage Liability will comply with the provisions of the law or regulation to the extent of the coverage and limits of insurance required by the law or regulation. If a state law or regulations says we have to pay for a “loss” that is not covered by

this Coverage Part, then you agree to reimburse us for the “loss” payment we made.

We may not cancel this endorsement without canceling the Coverage Part also. If you ask us to cancel, or if we elect to cancel your Auto Insurance, then we will give 30 days notice in writing to any State Commission where a Certificate of Bodily Injury or Property Damage liability Insurance has been filed by us. The 30 day notice time begins the day the notice is received in the State Commission Office.

We have filed a Motor Carrier Certificate of Bodily Injury or Property Damage Liability Insurance with these State Commissions:

Policy Number:

Endorsement Effective:

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DRIVER EXCLUSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM  
COMMERCIAL UMBRELLA POLICY

In consideration of the issuance or continuation of this policy, it is agreed that the insurance afforded by this policy shall not apply, nor will we provide a legal defense, with respect to any claim arising from accidents which occur while any automobile is being operated, maintained, or used by:

Name:  
License #:  
Date of Birth:

**ACCEPTANCE**

I have read and accept the restriction in this endorsement.  
Signature of the first Named Insured (see note)\*.

---

Insured Signature

Date Signed

Note:

If acceptance is for a Partnership or Joint Venture or Other Organization, the person whose signature appears above is authorized to sign for such Partnership or Joint Venture or Other Organization as indicated.

Named Insured:  
Policy Term:

POLICY NUMBER:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

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This endorsement modifies insurance provided under the following:

**COMMERCIAL TRUCKERS COVERAGE FORM**

The provision of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

**SCHEDULE**

SECTION V – TRUCKERS CONDITIONS IS AMENDED TO INCLUDE THE FOLLOWING AS RESPECTS TO THE SCHEDULE PERSON OR ORGANIZATION LISTED ABOVE:

**A. LOSS CONDITIONS**

**6. Waiver of Transfer Of Rights Of Recovery Against Others To Us**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization. This waiver applies only to the person or organization shown in the schedule above.

POLICY NUMBER:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SUPPLEMENTAL COVERAGE ENDORSEMENT**

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This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

The following coverage A. through F., described by this endorsement are to be mutually exclusive of each other and constitute separate insuring agreements. These coverages are supplementary to the coverages offered in your Commercial Auto Policy. Definitions not included in this endorsement are those definitions in the Commercial Auto Policy to which this endorsement is attached.

**Coverage is provided only when a premium charge is displayed next to the Supplemental Coverage Item Line scheduled below.**

**Supplemental Schedule of Coverages**

<b>Coverages</b>	<b>Premium</b>
A. Downtime / Rental Reimbursement	\$
B. Personal Effects Coverage	\$
C. Electronic Equipment Coverage	\$
D. Tarps, Chains and Binders	\$
E. Single Deductible Clause	\$
F. Diminishing Deductible	\$

## **A. DOWNTIME /RENTAL REIMBURSEMENT COVERAGE**

We will pay for “Downtime” in an amount of up to a maximum of \$150 each day, or \$750 a week, subject to a maximum of \$5,000 each “Loss” incurred after the “Waiting Period”.

“Downtime” includes:

1. Loss of “Business Income” you incur due to necessary suspension of your operations during the “Period of Restoration”. The suspension must be caused by direct physical loss of or damage to a Covered Auto described in the Certificate on file with the Company, caused by or resulting from any Covered Cause of Loss.
2. Extra expenses that minimize the suspension of your business operations and that you would not have incurred if there had been no direct physical loss of or damage to your Covered Auto caused by or resulting from a Covered Cause of Loss. This includes the rental of a reasonable substitute vehicle.

### **Definitions**

“Business Income” means:

1. Net income, which is gross income less operation expenses before income taxes, that would have been earned or incurred; and

2. Continuing normal operating expenses incurred, including payroll.

“Waiting Period” means:

1. Seven days after we have given you our agreement to pay for appraised repairs and you have given “Authorization of Repair” or
2. If you choose to wait, or use your vehicle for some period of time before authorizing repair, then “downtime” coverage will begin on the seventh day after the date on which you authorize those repairs which we had previously given our agreement to pay.

“Authorization of Repair” means:

1. The insured’s signing of the work order at the repair facility or the time when the repairs of the Covered Auto commence.

“Period of Restoration” means:

1. The period of time after the waiting period has been satisfied until the date when the Covered Auto has reasonably been scheduled to be repaired, rebuilt or replaced.

### **Exclusions**

1. We will not pay for “Loss” arising out of any dishonest or illegal act, alone or in collusion with another by you, others under your employment or service or any person or persons to whom the property may be entrusted.

2. We will not pay for “Downtime” for the period of time between the date of the “Loss” and our authorization to repair the vehicle.
3. “Period of Restoration” does not include any increased period required due to the enforcement of any ordinance or law that requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effect of “Pollutants”.

- b. Electronic equipment or tapes, records, discs or other similar audio visual or data electronic equipment.
- c. Jewelry, watches, necklaces, bracelets or rings.
- d. Precious metals and stones such as gems, gold, platinum or silver.
- e. Furs.
- f. Animals, birds or fish.
- g. Motorized vehicles.

### **Other Insurance Provision**

In the event of other insurance for the same loss, the coverage provided by this **Supplemental Coverage Endorsement** will be excess over any other collectable insurance.

### **B. PERSONAL EFFECTS COVERAGE**

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one loss subject to a \$250.00 deductible, for “Loss” to personal property or effects of the Insured. The property must be in the Covered Auto at the time of loss.

### **Exclusions**

1. This coverage excludes “Loss” of the following:
  - a. Accounts, bills, currency, deeds, evidence of debt, money, notes or securities

2. This coverage excludes “Loss” caused by the following:

Theft if, at the time of “Loss” the Covered Auto is unattended, unless the Loss is the result of forcible entry into such vehicle while all doors, windows or other openings are closed and locked and provided there are visible signs or marks of forcible entry.

3. This coverage excludes:

Mysterious disappearance of the covered property. Collusion, conversion, embezzlement, secretion or any other intentional loss to the covered property.

### **Other Insurance Provision**

In the event of other insurance for the same coverage, the coverage provided by this **Supplemental Coverage Endorsement** will be excess over any other collectable insurance.

### **C. ELECTRONIC EQUIPMENT COVERAGE**

We will pay the lesser of actual cash value, repair cost or replacement cost, up to a limit of \$5,000 for any one loss subject to a \$250.00 deductible, for "Loss" to electronic equipment, including satellite communication equipment, antennas, tapes, records, discs or other similar devices used with the electronic equipment and other accessories used for audio, visual or data purposes. At the time of "Loss" the equipment must be in or on the Covered Auto.

#### **Exclusions**

We will not pay for the following:

1. Equipment used to operate the Covered Auto.
2. Radar detection devices.
3. Actual data, however maintained.
4. Facts, concepts or instructions converted to a form for use with electronic equipment.
5. The cost to reproduce or replace information placed on electronic equipment.
6. Loss because of theft if, at the time of "Loss" the Covered Auto is unattended, unless the loss is the result of forcible entry into such auto while all doors, windows or other openings are closed and locked and provided there are visible signs or marks of forcible entry.

7. Loss due to mysterious disappearance of covered property.
8. Loss from collusion, conversion, embezzlement, secretion or any other intentional loss to the covered equipment.
9. Any satellite and satellite equipment, speakers, stereo equipment, computers and computer equipment, monitors or televisions not permanently installed to the vehicle.

#### **Other Insurance Provision**

In the event of other insurance for the same coverage, the coverage provided by this **Supplemental Coverage Endorsement** will be excess over any other collectable insurance.

### **D. TARPS, CHAINS AND BINDERS**

We will pay for Loss of tarps, chains and binders up to a limit of \$500 and subject to a deductible of \$100 per loss if the loss occurs while the tarps, chains and binders are used with the insured trailer or semi-trailer as described in the policy/certificate. This coverage extends to loss caused by:

1. Fire, lighting or explosion;
2. Theft, provided notice of theft is reported to the police;
3. Windstorm, hail or earthquake;
4. Flood

5. The sinking, burning, collision or derailment of any conveyance transporting the covered auto;
6. Mischief or vandalism; or
7. Collision

#### **E. SINGLE DEDUCTIBLE CLAUSE**

You will pay the deductible stated on the declarations page only once for damages to your tractor and trailer when both are insured by this policy and are damaged by the same covered cause of loss.

#### **F. DIMINISHING DEDUCTIBLE**

The deductible stated on the declarations page will decrease 25% of the deductible amount at policy inception for every year in which the insured does not have a loss until the deductible reaches \$0. The deductible will reset to the original amount as at policy inception when the insured has a loss.

POLICY NUMBER:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT**

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This endorsement modifies insurance provided under the following:

**TRUCKERS COVERAGE FORM**

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured:	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

**SCHEDULE**

<b>Name of Person(s) or Organization(s):</b>
--

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations or Schedule as applicable to this endorsement.)

Who Is An Insured is amended to include as an insured the person(s) or organization(s) shown in the Declarations or Schedule, but only with respect to their liability arising out of the maintenance, operation or use by you of equipment leased to you or to someone from whom you lease such equipment by such person(s) or organization(s), subject to the following additional exclusions:

This insurance does not apply:

- a. To any "accident which takes place after the equipment lease under which you lease such equipment expires.
- b. To "bodily injury", "property damage" or "covered pollution cost or expense" arising out of the joint and/or sole negligence of the Person(s) or Organization(s) shown in the Declarations or Schedule.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SINGLE DEDUCTIBLE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM  
TRANSPORTATION CARGO COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

A. Section IV. – Deductible in the Commercial Auto Coverage Part is changed to read as follows:

**D. Deductible**

For each covered “auto”, our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations.

If you have a “loss” to more than one covered “auto” when such “autos” are attached to one another at the time of “loss”, then only the highest single deductible for any of the covered “autos” attached to one another and involved in the “loss” will apply. The single deductible paragraph shall not apply to any comprehensive or specified causes of “loss” while such “autos” are located on premises you own, rent, or lease.

B. The following is added to Section D. – Deductible in the Commercial Inland Marine Coverage Part § Cargo Coverage:

If the “covered property” is on a covered “auto” at the time of the “loss”, and there is a “loss” to both the “covered property” and at least one covered “auto”, then only:

- a. The deductible shown on the Declarations, or
- b. The applicable deductible on the Commercial Auto Coverage Part,

Whichever is higher, will apply.

If there is no “loss” to any covered “auto”, the “covered property” is not on the “auto” at the time of the “loss”, or if the “loss” to the “auto” is a comprehensive or specified causes of “loss” while such “autos” are located on premises you own, rent, or lease; then the deductible shown on the Declarations shall apply.

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**RETENTION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

- COMMERCIAL AUTO COVERAGE PART
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART – CARGO COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

**(X) Coverage(s) Applicable**

<b>Auto Liability</b>		<b>Hired and Non-Owned</b>	
<b>Physical Damage OTC</b>		<b>UM/UIM</b>	
<b>Physical Damage Comprehensive</b>		<b>Personal Injury Protection</b>	
<b>Motor Truck Cargo (including Reefer Breakdown if applicable)</b>		<b>General Liability</b>	

**SCHEDULE**

“Retained Amount” of “Loss” per “Occurrence”:

“Loss Adjustment Expense”:

“Total Retained Amount” per “Occurrence”:

**A. RETAINED AMOUNT**

You agree to reimburse us for the “total retained amount” shown in the SCHEDULE on this endorsement.

The Limit of Insurance shall not be increased by the “total retained amount”.

**B. LOSS ADJUSTMENT EXPENSE**

1. If the SCHEDULE on this endorsement indicates an amount in the “loss adjustment expense”, you agree to reimburse us for any “loss adjustment expense” we pay, up to the amount shown in the SCHEDULE on this endorsement.
2. If the SCHEDULE on this endorsement indicates that pro-ration applies, you are responsible

only for your share of the “loss adjustment expense” when the amount of “loss” from an “occurrence” exceeds the “retained amount”. Your share of “loss adjustment expense” is the same proportion that your “retained amount” bears to the total amount of the “loss”.

3. If the SCHEDULE on this endorsement indicates that the “loss adjustment expense”, is zero, we will pay any “loss adjustment expense” and it will not be used to calculate your “total retained amount”.
4. If the SCHEDULE on this endorsement indicates that the “loss adjustment expense”, is excluded from the “retained amount” you agree to reimburse us for any “loss adjustment expense” we pay. There is no limit to the “loss adjustment expense” and it is in addition to your “retained amount”.

#### **C. RECOVERY FROM OTHERS**

Any recovery for a “loss” paid by us under a policy covered by this Endorsement, will be allocated as follows:

1. To reimburse us for all of your payments, including indemnity, “loss adjustment expenses”, and recovery expenses; and
2. Any balance of the recovery that remains after we have been reimbursed will be paid to you.

#### **D. ADDITIONAL DEFINITIONS**

1. “Loss adjustment expense” means the amount that you or we pay as expense for the handling or settling an “occurrence” or “suit”. “Loss adjustment expense” includes the following costs:
  - a. Attorney fees and expense.

- b. Testimony transcript fees and expenses.
- c. Medical exam fees and expenses.
- d. Police reports.
- e. Appeal costs and expenses.
- f. General courts costs and expenses.
- g. Medical testimony fees and expenses.
- h. Expert witness fees and expenses.
- i. Lay witness fees and expenses.
- j. Service of process costs.
- k. Miscellaneous claim costs such as title searches, photos, death certificates, etc.
- l. Independent claims adjuster fees and expenses.
- m. Appraisal fees and expenses.
- n. Post judgment interest when the interest is a consequence of an appeal initiated with our written agreement.
- o. Travel expenses directly related to handling or settling any “occurrence”, “loss” or “suit”.

But “loss adjustment expense” shall not include the following costs:

- a. Your or our “employee’s” salaries or expenses except those travel

expense directly related to handling or settling any “occurrence”, “loss” or “suit”;

- b. Other expenses we incur not directly associated with a specific claim; and
  - c. Any expense associated with an appeal that you initiate without our written agreement.
2. **“Loss”** means direct and accidental “loss” or damage resulting from an “occurrence”.
  3. **“Loss supervision fee”** means a fee for our administrative supervision, office expenses, salaries and remuneration of our “employees”.
  4. **“Occurrence”** means an “accident”, including continuous or

repeated exposure to substantially the same general harmful conditions.

5. **“Retained amount”** means the total amount of “loss” to be reimbursed by you. Your “retained amount” shall not be reduced or eliminated by salvage, contributions, recoveries, or reimbursement of any type from another source.
6. **“Total retained amount”** means the “loss adjustment expense”, if applicable, and the “retained amount” to be reimbursed to you.

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Your signature indicates you acknowledge and accept the provisions of this endorsement.

POLICY NUMBER:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**COMMERCIAL AUTO DEDUCTIBLE ENDORSEMENT – APPLICABLE TO LOSS CAUSED BY FIRE OR LIGHTNING**

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This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

Section IV. – Physical Damage Coverage in the Truckers Coverage form is amended to read as follows:

**A. Coverage**

2. Towing

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered “auto” is disabled.

**D. Deductible**

For each covered “auto”, our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations.



- A. This endorsement provides only those coverages where a premium is shown in the Schedule. Each of these coverages applies only to the vehicles shown as covered "autos".
- B. For a covered "auto" described in the Schedule, the Physical Damage Coverage **Limit Of Insurance** is replaced by the following:

**Limit Of Insurance And Deductible**

- 1. The most we will pay for "loss" in any one "accident" is the least of the following amounts minus any applicable deductible shown in the Schedule:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss";
  - b. The cost of repairing or replacing the damaged or stolen property with property of like kind and quality; or
  - c. The amount shown in the Schedule.

- 2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- 3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

**C. Deductible**

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations or Schedule.

POLICY NUMBER:

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MULTI – POLICY AGGREGATE LIMIT ENDORSEMENT**

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This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured	Endorsement effective:	Number
	Countersigned by:	

(Authorized Representative)

Our obligation to pay for liability losses covered by the following policies shall be subject to a maximum aggregate limit of insurance per “accident” or per “occurrence” of \$\_\_\_\_\_

**NAMED INSURED**

**POLICY NUMBER**

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(Signature of Named Insured, Executive Officer or Partner)  
Your signature indicates you acknowledge and accept the provisions of this endorsement.

POLICY NUMBER:

GFIC-TPN-IL DS 00 06 08

## COMMON POLICY DECLARATIONS

NAMED INSURED: _____	
MAILING ADDRESS: _____	
POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.	

BUSINESS DESCRIPTION	
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**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

<b>THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.</b>	
	<b>PREMIUM</b>
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____
	_____
	_____
	_____
STATE FEES AND SURCHARGES	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>
Premium shown is payable: \$ _____ at inception. \$ _____	

**FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION: See Endorsement Schedule**

Countersigned:	By:
(Date)	(Authorized Representative)

**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.



<i>SERFF Tracking Number:</i>	<i>GNFD-125701792</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>General Fidelity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA-TPN-0608-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0004 Truckers</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>TPN Commercial Auto/CA-TPN-0608-F</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: GNFD-125701792 State: Arkansas  
Filing Company: General Fidelity Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CA-TPN-0608-F  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0004 Truckers  
Product Name: Commercial Auto  
Project Name/Number: TPN Commercial Auto/CA-TPN-0608-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

06/24/2008

**Comments:**

**Attachment:**

PCTD- Comm Auto - FORMS.pdf

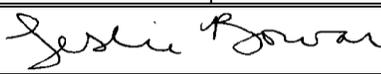
## Property &amp; Casualty Transmittal Document (Revised 1/1/06)

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	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		

<b>3. Group Name</b>				<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	
General Fidelity Insurance Company	SC	30007	33-0242848	

<b>5. Company Tracking Number</b>	CA-TPN-0608-F
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Leslie Bowar NC1-022-05-01 201 N Tryon St Charlotte, NC 28255	Business Operations Manager	980.388.4423 866.763.7790	704.387.1606	Leslie.a.bowar@banko famerica.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Leslie Bowar			

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

<b>9. Type of Insurance (TOI)</b>	20.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	20.0004
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Commercial Auto - Truckers
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 6/23/2008      Renewal: 6/23/08
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	ISO
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	6/23/08
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CA-TPN-0608-F
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This Forms filing is for the General Fidelity Insurance Company forms filing for our Transportation/Tow Truck program. This filing is for a new program for General Fidelity Insurance Company and does not replace any prior forms for our company. We adopt ISO and ACCORD forms where available and ISO is authorized to file forms on our behalf for this program.

Your approval and/or acknowledgement of this submission is respectfully requested. If you need additional information, please let me know.

Regards,

Leslie Bowar  
Business Operations Manager  
e-mail: [leslie.a.bowar@bankofamerica.com](mailto:leslie.a.bowar@bankofamerica.com)  
980.388.4423

<b>22. Filing Fees</b> (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 #: EFT**  
**Amount: \$50**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

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**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1. This filing transmittal is part of Company Tracking #</b>		<b>CA-TPN-0608-F</b>			
<b>2. This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)					
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Truckers Declarations Page	GFIC-TPN-200 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Schedule of Autos	GFIC-TPN-201 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Reporting Policy Form	GFIC-TPN-400 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Electronic Equipment Coverage	GFIC-TPN-701 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Motor Carrier Laws	GFIC-TPN-702 (4/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Drivers Exclusion	GFIC-TPN-99 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	GFIC-TPN-202 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Supplemental Coverage Endorsement	GFIC-TPN-203 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Add'l Insured - Lessor	GFIC-TPN-601 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Single Deductible Endorsement	GFIC-TPN-1000 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Retension Endorsement	GFIC-TPN-1001 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

12	Fire & Lightning	GFIC-TPN-2001A (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Stated Amount Endorsement	GFIC-TPN-2001B (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Multi-Policy Aggregate Limit Endorsement	GFIC-TPN-2002 (6/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Common Policy Declarations Page	GFIC-TPN-ILDS00	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

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