

Filing at a Glance

Company: Sentry Select Insurance Company

Product Name: Commercial Auto

TOI: 20.0 Commerical Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: SEPX-125242661 State: Arkansas

SERFF Status: Closed

Co Tr Num: CA AR07315DOF01

Co Status:

Author: SPI SentryInsurancePC

Date Submitted: 07-24-2007

State Tr Num: AR-PC-07-025570

State Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 07-27-2007

Disposition Status: Approved

Effective Date Requested (New): 10-01-2007

Effective Date Requested (Renewal): 10-01-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-
2007

General Information

Project Name: 2007 C/L Auto

Project Number: CA AR07315DOF01

Reference Organization:

Reference Title:

Filing Status Changed: 07-27-2007

State Status Changed: 07-25-2007

Corresponding Filing Tracking Number:

Filing Description:

In response to Arkansas's approval of ISO's (SBP) change endorsement for 10-1-07, we have revised the independent change endorsements CA 88 25 10 07 (Bus Auto) and CA 88 68 (Garage) used by Sentry to reflect the changes made by ISO in filing designation CA-2007-OCH1.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The CA 88 25 10 07 replaces the previous 03 06 edition and the CA88 68 10 07 replaces the previous 02 02 edition.

Company and Contact

Filing Contact Information

Earl Lais, Compliance/Development Sr. Analyst earl.lais@sentry.com

1800 North Point Drive

(715) 346-7898 [Phone]

Stevens Point, WI 54481

(715) 346-6044[FAX]

Filing Company Information

Sentry Select Insurance Company

1800 North Point Drive

Stevens Point, WI 54481

CoCode: 21180

Group Code: 169

Group Name: Sentry Insurance

State of Domicile: Wisconsin

Company Type:

State ID Number:

Group

(715) 346-6000 ext. [Phone]

FEIN Number: 36-2674180

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Select Insurance Company	\$50.00	07-24-2007	14756223

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-27-2007	07-27-2007

Disposition

Disposition Date: 07-27-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-27-2007 03:20 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas Business Auto Amendatory	Approved	Yes
Form	Arkansas Changes - Garage	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Business Auto Amendatory	CA 88 25	10 07	Endorsement/Amendment/Conditions Replaced	CA 88 25	0.00	CA 88 25.PDF
Approved	Arkansas Changes - Garage	CA 88 68	10 07	Endorsement/Amendment/Conditions Replaced	CA 88 68	0.00	CA 88 68.PDF



ARKANSAS BUSINESS AUTO AMENDATORY

For covered "autos" licensed or principally garaged in Arkansas, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

A. Subparagraph 1.WHO IS AN INSURED of SECTION II - LIABILITY COVERAGE paragraph A. COVERAGE is deleted and replaced with the following:

1. WHO IS AN INSURED

a. The following are "insureds":

- (1) You for any covered "auto".
- (2) Your partners (if you are a partnership), members (if you are a limited liability company), stockholders, officers, "employees", "temporary workers" and members of their or your households while using or legally responsible for the use of a covered "auto" you own, hire (a covered "auto" you hire includes an "auto" rented by your "employee" for use in company business) or borrow, if the use is within the scope of your permission.
- (3) Anyone else required by law to be an insured while using a covered "auto" you own, hire or borrow, if the use is within the scope of your permission.
- (4) Anyone liable for the conduct of an "insured" described above, but only to the extent of that liability.

b. The following are not "insureds":

- (1) The owner or anyone else from whom you hire or borrow a covered "auto". This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.
- (2) Your "employee" or "temporary worker" if the covered "auto" is owned by that "employee", "temporary worker" or a member of his or her household.
- (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
- (4) Anyone other than your "employees", "temporary workers", partners (if you are a partnership), members (if you are a limited liability company), a lessee or borrower or any of their "employees" while moving property to or from a covered "auto".
- (5) A partner (if you are a partnership) or a member (if you are a limited liability company) of yours for a covered "auto" owned by him or her or a member of his or her household.

CA 88 25 10 07



ARKANSAS BUSINESS AUTO AMENDATORY - CONTINUED

- B. SECTION II - LIABILITY COVERAGE paragraph C. LIMIT OF INSURANCE is amended by the addition of the following:

For anyone required by law to be an "insured" for the use of a covered "auto", the most we will pay for all damages resulting from one "accident" is that portion of the Limit of Insurance needed to comply with the minimum limits provision of the law in the jurisdiction where the "accident" took place. When there is other insurance applicable to the "accident", we will pay only the amount needed to comply with these minimum limits after the other insurance is exhausted.

- C. SECTION III - PHYSICAL DAMAGE COVERAGE is amended by the addition of the following:

1. If Hired Auto Physical Damage is provided, your "employee" is an insured for a covered "auto" rented or hired by your "employee" while performing duties related to the conduct of your business.
2. If collision coverage, comprehensive coverage or specified causes of loss coverage is provided by this Coverage Form, on at least one covered "auto" then a temporary substitute vehicle is also a covered "auto". A temporary substitute vehicle means any "auto" you do not own which is provided for your use with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
 - a. Breakdown;
 - b. Repair; or
 - c. Servicing.

- D. SECTION IV - BUSINESS AUTO CONDITIONS is amended as follows:

1. Paragraph A.1. APPRAISAL FOR PHYSICAL DAMAGE LOSS Condition is deleted and replaced with the following:

1. APPRAISAL FOR PHYSICAL DAMAGE LOSS

If you and we disagree on the amount of "loss" either party may make a written request for and appraisal of the "loss". However, an appraisal will be made only if you and we agree voluntarily, to have the loss appraised. If so agreed, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

CA 88 25 10 07



ARKANSAS BUSINESS AUTO AMENDATORY - CONTINUED

An appraisal decision will not be binding on either party.

2. The following is added to paragraph A.5. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition:

We will be entitled to recovery only after the "insured" has been fully compensated for the "loss" or damage sustained.

3. Paragraph B. GENERAL CONDITIONS is amended by deleting General Condition 5. OTHER INSURANCE and replacing it with the following:

5. OTHER INSURANCE

- a. When the following applies:

(1) This Coverage Form and any other Coverage Form or policy providing liability, physical damage, uninsured motorists, and underinsured motorists coverage apply to an "auto" in a given accident; and

(2) This Coverage Form provides coverage to an "insured" who:

(a). Is engaged in the business of providing primarily private passenger vehicles to the public under a rental agreement for a period not to exceed 90 days and rents or leases the "auto" to an individual; or

(b). Is a duly licensed automobile dealer loaning an "auto" as a temporary replacement to a person whose "auto" is out for use because of its breakdown, repair, or servicing; or

(c). Is a duly licensed automobile dealer and loans the "auto" out for use as a demonstrator "auto"; and

(3). The other coverage form provides coverage to a person who is not working for, and not employed by, a business described in Paragraphs (2)(a), (2)(c) above, and who, at the time of the "accident", is operating an "auto" provided by a business described in Paragraphs (2)(a), (2)(b), or (2)(c) above.

then, the other Coverage Form is primary and this Coverage Form is excess over any coverage available to the person described in 3.a.(3).

- b. Except as provided in a. above, for any covered "auto" you own, this Coverage Form provides primary insurance, except it provides excess insurance while the covered "auto" is in the care, custody, or control of any person or organization other than you, your partners (if you are a partnership), your members (if you are a limited liability company), stockholders, officers, "employees", "temporary workers" or members of their or your household.

For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a

CA 88 25 10 07



ARKANSAS BUSINESS AUTO AMENDATORY - CONTINUED

"trailer" is connected to another vehicle, the Liability Coverage this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own.
 - (2) Primary while it is connected to a covered "auto" you own.
- c. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow, including an "auto" hired by your "employee" for use in the conduct of your business is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".
 - d. Regardless of the provisions of paragraph b. above, this Coverage Forms Liability Coverage is primary for any liability assumed under an "insured contract".
 - e. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit Of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

All other terms and provisions of the policy remain unchanged.

CA 88 25 10 07



ARKANSAS CHANGES - GARAGE

For covered "autos" licensed or principally garaged in or "garage operations" conducted in Arkansas, this endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

A. The APPRAISAL FOR PHYSICAL LOSS Condition is replaced by the following:

1. If you and we disagree on the amount of "loss" either party may make a written request for an appraisal of the "loss". However, an appraisal will be made only if both you and we agree, voluntarily, to have the loss appraised. If so agreed, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. Each party will:
 - a. Pay its chosen appraiser; and
 - b. Bear the other expenses of the appraisal and umpire equally.
2. If we submit to an appraisal, we will still retain our right to deny the claim.
3. An appraisal decision will not be binding on either party.

B. PHYSICAL DAMAGE COVERAGE is changed as follows:

If collision coverage, comprehensive coverage or specified cause of loss coverage is provided by this coverage form on at least one covered "auto", then a temporary substitute vehicle is also a covered "auto". A temporary substitute vehicle means any "auto" you do not own which is provided for you use with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:

1. Breakdown;
2. Repair; or
3. Servicing.

C. CHANGES IN CONDITIONS

1. The OTHER INSURANCE Condition is changed by adding the following:

When the following applies:

- a. This Coverage Form and any other Coverage form or policy providing liability, physical damage, uninsured and underinsured motorists coverage apply to an "auto" in a given "accident"; and
- b. This Coverage Form provides coverage to an "insured" who:

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ARKANSAS CHANGES - GARAGE - CONTINUED

- (1) Is engaged in the business of providing primarily private passenger vehicles to the public under a rental agreement for a period not to exceed 90 days and rents or leases the "auto" to an individual; or
 - (2) Is a duly licensed automobile dealer loaning an "auto" as a temporary replacement to a person whose "auto" is out of use because of its breakdown, repair, or servicing; or
 - (3) Is a duly licensed automobile dealer and loans the "auto" out for use as a demonstrator "auto"; and
- c. The other coverage form provides coverage to a person who is not working for, and not employed by, a business described in paragraph b.(1), b.(2), or b.(3) above and who, at the time of the "accident", is operating an "auto" provided by a business described in Paragraphs b.(1), b.(2), or b.(3) above.

then, the other Coverage Form is primary and this Coverage Form is excess over any coverage available to the person described in Paragraph C.1.c.

- 2. The following is added to the TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition:

We will be entitled to recovery only after the "insured" has been fully compensated for the "loss" or damage sustained.

All other terms and provisions of this policy remain unchanged.

CA 88 68 10 07

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-27-2007
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Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - FORM FILING ABSTRACT F-1.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

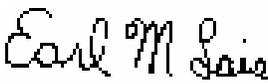
3. Group Name	Group NAIC #
Sentry Insurance Group	169

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Sentry Select Insurance Company	WI	21180	36-2674180	

5. Company Tracking Number	CA AR07315DOF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Earl Lais 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-7898	715-346-6044	earl.lais@sentry.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Earl Lais

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

9.	Type of Insurance (TOI)	20.0 Commerical Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Dealer Operations Program
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: 10/01/2007 Renewal: 10/01/2007
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	7-24-07
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 #	CA AR07315DOF01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In response to Arkansas's approval of ISO's (SBP) change endorsement for 10-1-07, we have revised the independent change endorsements CA 88 25 10 07 (Bus Auto) and CA 88 68 (Garage) used by Sentry to reflect the changes made by ISO in filing designation CA-2007-OCH1.

The CA 88 25 10 07 replaces the previous 03 06 edition and the CA88 68 10 07 replaces the previous 02 02 edition.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

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

ARKANSAS INSURANCE DEPARTMENT
FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 07-24-07

2. Company Name(s) Sentry Select Insurance Company

Group Name Sentry Insurance Group NAIC No. 21180 Group No. 169

3. (a) Annual Statement Line of Business Number (Page 14) 20.0

(b) Class of Business Commercial Auto

© Coverages Affected Business Auto Coverage Form and Garage Coverage Form

4. (a) Name of Advisory Organization, if any N/A

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

(b) Date of Filing _____

© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
No

8. Is the form filed in response to or due to legislation? If so, specify legislation.
Yes, ISO filed it in response to 2007 Ark. Acts 373 (former H.B. 2243)

9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Earl M. Lais

Signature

Earl Lais

Title

715-346-7898

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
CA 88 25 03 06	10-01-07	CA 88 25 10 07	Arkansas Business Auto Amendatory
CA 88 68 02 02	10-01-07	CA 88 68 10 07	Arkansas Changes - Garage