

## Filing at a Glance

Company: Greenwich Insurance Company

Product Name: Inland Marine declarations filing SERFF Tr Num: XLAM-125223136 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-025325

Sub-TOI: 09.0000 Inland Marine Sub-TOI

Co Tr Num: 07GD-IS-CM03-CW-

State Status:

Combinations

AR

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Barry Martin

Disposition Date: 07-12-2007

Date Submitted: 07-05-2007

Disposition Status: Approved

Effective Date Requested (New): 08-01-2007

Effective Date (New): 08-01-2007

Effective Date Requested (Renewal): 08-01-2007

Effective Date (Renewal): 08-01-2007

## General Information

Project Name: Inland Marine declarations filing

Status of Filing in Domicile: Pending

Project Number: 07GD-IS-CM03-CW-AR

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07-12-2007

State Status Changed: 07-05-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting independent declaration pages which will be used in conjunction with the Insurance Services Office, Inc. (ISO) Inland Marine rules and forms. These traditional ISO Inland Marine classes are not included in the standard manuals for Inland Marine since most of these classes are considered uncontrolled/nonfiled classes.

In addition, the state amendatory endorsements for Division Eight of the Commercial Lines Manual currently applicable to the Commercial Inland Marine filed classes will be used to change the Common Policy Conditions or the Commercial Inland Marine Conditions when policies are issued for these particular classes in your jurisdiction.

Furthermore, we will be using the loss cost multiplier currently on file with your Division for Commercial Inland Marine along with the ISO Inland Marine Handbook for these classes to determine the rate for each specific risk.

## Company and Contact

### Filing Contact Information

Barry Martin, State Filings Analyst  
1201 North Market street  
Wilmington, DE 19801

Barry.Martin@xlggroup.com  
(302) 661-7074 [Phone]  
(302) 778-4190[FAX]

**Filing Company Information**

Greenwich Insurance Company  
1201 North Market street  
Suite 501  
Wilmington, DE 19801  
(866) 304-3079 ext. [Phone]

CoCode: 22322  
Group Code: 1285

State of Domicile: Delaware  
Company Type:

Group Name:  
FEIN Number: 95-1479095

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 Filing x \$50.00  
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000063278	\$50.00	07-03-2007

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-12-2007	07-12-2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Missing Form	Note To Reviewer	Barry Martin	07-09-2007	07-09-2007
Missing Form	Note To Filer	Llyweyia Rawlins	07-09-2007	07-09-2007

## Disposition

Disposition Date: 07-12-2007

Effective Date (New): 08-01-2007

Effective Date (Renewal): 08-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Computer Systems Coverage Part Declarations	Approved	Yes
<b>Form</b>	Valuable Papers and Records Declarations	Approved	Yes
<b>Form</b>	Accounts Receivable Declarations	Approved	Yes
<b>Form</b>	Miscellaneous Articles Declarations	Approved	Yes
<b>Form</b>	Warehouse Operators Legal Liability Declarations	Approved	Yes
<b>Form</b>	Contractors Equipment Declarations	Approved	Yes
<b>Form</b>	Installation Declarations	Approved	Yes
<b>Form</b>	Signs Declarations	Approved	Yes
<b>Form</b>	Equipment Dealers Declarations	Approved	Yes
<b>Form</b>	Commercial Articles Declarations	Approved	Yes
<b>Form</b>	Builders Risk Declarations	Approved	Yes
<b>Form</b>	Annual Transit Declarations	Approved	Yes
<b>Form</b>	Trip Transit Declarations	Approved	Yes
<b>Form</b>	Motor Truck Cargo Carrier Declarations	Approved	Yes
<b>Form</b>	Motor Truck Cargo Owners Declarations	Approved	Yes

**Note To Reviewer**

**Created By:**

Barry Martin on 07-09-2007 12:21 PM

**Subject:**

Missing Form

**Comments:**

Good Afternoon Mrs. Rawlins.

Thank you for letting me know I did not attached form XIM 014 0207. I sent you the form via e mail, but then realized I could send it through SERFF. Here is a copy of the missing form, and thank you for bringing this to my attention.

Regards,

Barry Martin



**MOTOR TRUCK CARGO OWNERS  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY CONSISTING PRINCIPALLY OF:</b>		
<b>COVERED PROPERTY LIMITS OF INSURANCE</b>		
<b>Per Automobile, Truck or Any One Trailer</b>		\$
<b>All Covered Property in Any One Occurrence</b>		\$
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated. \$		
<b>RATES AND PREMIUMS – NONREPORTING</b>		
<b>Rates per \$100</b>		<b>Premium</b>
\$		\$
<b>RATES AND PREMIUMS – REPORTING</b>		
<b>Deposit Premium</b>	<b>Minimum Premium</b>	<b>Rates per \$100</b>
\$	\$	\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>	<b>Premium Base</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>		
Forms and Endorsements applying to this Coverage part and made part of this policy at time of issue:		
<b>Specific Provisions (if any)</b>		
<b>PREMIUM:</b> PREMIUM FOR THIS COVERAGE PART \$		

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**Note To Filer**

**Created By:**

Llyweyia Rawlins on 07-09-2007 11:32 AM

**Subject:**

Missing Form

**Comments:**

Hello Barry

You are missing one form from the form schedule attachment.

It is the Motor Truck Cargo Owners Declaration - XIM 014.

Once I receive this form, I can finish reviewing your filing.

Thank You

Llyweyia Rawlins

Certified Rate and Form Analyst

Property and Casualty Division

501-371-2809 Fax 501-371-2748

Email: [Llyweyia.rawlins@arkansas.gov](mailto:Llyweyia.rawlins@arkansas.gov)

**Form Schedule**

<b>Review Status</b>	<b>Form Name</b>	<b>Form #</b>	<b>Edition Date</b>	<b>Form Type Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
Approved	Computer Systems Coverage Part Declarations	XIM 000 0207	0207	Declaration News/Schedule		0.00	XIM 000 0207.pdf
Approved	Valuable Papers and Records Declarations	XIM 001 0207	0207	Declaration News/Schedule		0.00	XIM 001 0207.pdf
Approved	Accounts Receivable Declarations	XIM 002 0207	0207	Declaration News/Schedule		0.00	XIM 002 0207.pdf
Approved	Miscellaneous Articles Declarations	XIM 003 0207	0207	Declaration News/Schedule		0.00	XIM 003 0207.pdf
Approved	Warehouse Operators Legal Liability Declarations	XIM 004 0207	0207	Declaration News/Schedule		0.00	XIM 004 0207.pdf
Approved	Contractors Equipment Declarations	XIM 005 0207	0207	Declaration News/Schedule		0.00	XIM 005 0207.pdf
Approved	Installation Declarations	XIM 006 0207	0207	Declaration News/Schedule		0.00	XIM 006 0207.pdf
Approved	Signs Declarations	XIM 007 0207	0207	Declaration News/Schedule		0.00	XIM 007 0207.pdf
Approved	Equipment Dealers Declarations	XIM 008 0207	0207	Declaration News/Schedule		0.00	XIM 008 0207.pdf
Approved	Commercial Articles Declarations	XIM 009 0207	0207	Declaration News/Schedule		0.00	XIM 009 0207.pdf
Approved	Builders Risk Declarations	XIM 010 0207	0207	Declaration News/Schedule		0.00	XIM 010 0207.pdf
Approved	Annual Transit Declarations	XIM 011 0207	0207	Declaration News/Schedule		0.00	XIM 011 0207.pdf
Approved	Trip Transit Declarations	XIM 012 0207	0207	Declaration News/Schedule		0.00	XIM 012 0207.pdf
Approved	Motor Truck Cargo Carrier Declarations	XIM 013 0207	0207	Declaration News/Schedule		0.00	XIM 013 0207.pdf
Approved	Motor Truck Cargo Owners	XIM 014 0207	0207	Declaration News/Schedule		0.00	

Declarations







**VALUABLE PAPERS AND RECORDS  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>NAMED LOCATIONS</b>				
Premises No.	Bldg. No.	Location		
<b>COVERED PROPERTY LIMITS OF INSURANCE</b>				
Premises No.	Bldg. No.	Specifically Described Property	Specifically Described Property	All Other Covered Property
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Property Away from Your Premises</b>			\$	
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated. \$				
<b>DESCRIPTION OF RECEPTACLES</b>				
Address	Manufacturer	Class	Label	Issuer
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>				
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:				
 <b>Specific Provisions (if any)</b>				
<b>PREMIUM:</b> PREMIUM FOR THIS COVERAGE PART \$				

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



**ACCOUNTS RECEIVABLE  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY LIMITS OF INSURANCE</b>				
<b>Coverage Applicable at Your Premises</b>				
<b>Premises No.</b>	<b>Bldg. No.</b>	<b>Location</b>		
				\$
				\$
				\$
				\$
<b>Coverage Away from Your Premises</b>				
<b>Coverage Applicable at All locations</b>				
<b>COINSURANCE:</b> The Coinsurance percentage is 80% unless otherwise stated.      %				
<b>DESCRIPTION OF RECEPTACLES</b>				
<b>Address</b>	<b>Manufacturer</b>	<b>Class</b>	<b>Label</b>	<b>Issuer</b>
<b>RATES AND PREMIUMS – NONREPORTING</b>				
	<b>Rates per \$100</b>			<b>Premium</b>
	\$			\$
<b>RATES AND PREMIUMS – REPORTING</b>				
	<b>Deposit Premium</b>	<b>Minimum Premium</b>		<b>Rates per \$100</b>
	\$	\$		\$
	<b>Reporting Period</b>	<b>Premium Adjustment Period</b>		<b>Premium Base</b>
<b>DUPLICATE RECORDS</b>				
<b>If the Duplicate Records endorsement is attached, the following applies:</b>				
		<b>Percentage Duplicated</b>		<b>%</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>				
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:				
<b>Specific Provisions (if any)</b>				
<b>PREMIUM: PREMIUM FOR THIS COVERAGE PART \$</b>				

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**MISCELLANEOUS ARTICLES  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY LIMITS OF INSURANCE</b>		
<b>Schedule of Covered Property</b>		
1.		\$
2.		\$
3.		\$
4.		\$
<b>All Covered Property in Any One Occurrence</b>		\$
<input type="checkbox"/> If this box is checked, the theft from any unattended vehicles exclusion does not apply.		
<b>COINSURANCE:</b> The Coinsurance percentage is 80% unless otherwise stated. %		
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated. \$		
<b>RATES AND PREMIUMS – NONREPORTING</b>		
<b>Rates per \$100</b>		<b>Premium</b>
\$		\$
<b>RATES AND PREMIUMS – REPORTING</b>		
<b>Deposit Premium</b>	<b>Minimum Premium</b>	<b>Rates per \$100</b>
\$	\$	\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>	<b>Premium Base</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>		
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:		
<b>Specific Provisions (if any)</b>		
<b>PREMIUM: PREMIUM FOR THIS COVERAGE PART \$</b>		

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**WAREHOUSE OPERATORS LEGAL LIABILITY  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY LIMITS OF INSURANCE</b>		
<b>Property at Your Warehouse Located:</b>		
<b>Premises No.</b>	<b>Bldg. No.</b>	<b>Location</b>
		\$
		\$
		\$
		\$
<b>Liability Assumed Under Any Contract or Agreement Applies at Your Warehouse Located:</b>		
<b>Premises No.</b>	<b>Bldg. No.</b>	<b>Location</b>
		YES <input type="checkbox"/>
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated. \$		
<b>RATES AND PREMIUMS – NONREPORTING</b>		
<b>Rates per \$100</b>		<b>Premium</b>
\$		\$
<b>RATES AND PREMIUMS – REPORTING</b>		
<b>Deposit Premium</b>	<b>Minimum Premium</b>	<b>Rates per \$100</b>
\$	\$	\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>	<b>Premium Base</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>		
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:		
<b>Specific Provisions (if any)</b>		
<b>PREMIUM:</b> PREMIUM FOR THIS COVERAGE PART \$		

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



**CONTRACTORS EQUIPMENT  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY LIMITS OF INSURANCE</b>		
<b>Scheduled Equipment</b>		
1.		\$
2.		\$
3.		\$
4.		\$
<b>Blanket Equipment Consisting of:</b>		\$
<b>All Covered Property in Any One Occurrence</b>		\$
<b>COINSURANCE:</b> The Coinsurance percentage is 80% unless otherwise stated.	%	
<b>DEDUCTIBLE: \$</b>		
<b>Exception:</b> The Deductible on the Boom while the Boom is in operation or being prepared for operation is \$_____ but is no less than the Deductible amount shown above.		
<b>RATES AND PREMIUMS – NONREPORTING</b>		
	<b>Rates per \$100</b>	<b>Premium</b>
<b>Covered Equipment Except Equipment You Borrow, Lease or Rent</b>	\$	\$
<b>Equipment You Borrow, Lease or Rent</b>	\$	\$
<b>RATES AND PREMIUMS – REPORTING</b>		
<b>Deposit Premium</b>	<b>Minimum Premium</b>	<b>Rates per \$100</b>
\$	\$	\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>	<b>Premium Base</b>
<p>If this is a reporting form policy, the values to be reported include the values of leased or rented equipment.            Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>		
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:		
<b>Specific Provisions (if any)</b>		
<b>PREMIUM: PREMIUM FOR THIS COVERAGE PART \$</b>		

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## INSTALLATION DECLARATIONS

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY BEING INSTALLED AT:</b>			
<b>CONSISTING PRINCIPALLY OF:</b>			
<b>COVERED PROPERTY LIMITS OF INSURANCE</b>			
While At Any One Job Site; and	\$		
At Any Location Other Than A Job Site	\$		
Property in Transit	\$		
<b>Optional Coverages</b>			
<b>Earthquake</b>	<b>Soft Costs</b>	<b>Water Damage</b>	
\$	\$	\$	
<b>Fungi, Wet Rot and Dry Rot</b>	Revised Limit \$		
	Business Income/Extra Expense – Revised Number Of Days:		
	Separate Locations Option: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, describe the separate locations:		
<b>All Covered Property in Any One Occurrence</b>		\$	
<b>COINSURANCE:</b> The Coinsurance percentage is 80% unless otherwise stated.		%	
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated.			
<b>Earthquake</b>	<b>Soft Costs</b>	<b>Water Damage</b>	<b>All Other Losses</b>
\$	\$	\$	\$
<b>RATES AND PREMIUMS – NONREPORTING</b>			
<b>Rates per \$100</b>		<b>Premium</b>	
\$		\$	
<b>RATES AND PREMIUMS – REPORTING</b>			
<b>Deposit Premium</b>	<b>Minimum Premium</b>		<b>Rates per \$100</b>
\$	\$		\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>		<b>Premium Base</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>			
Forms and Endorsements applying to this Coverage part and made part of this policy at time of issue:			
<b>Specific Provisions (if any)</b>			
<b>PREMIUM: PREMIUM FOR THIS COVERAGE PART \$</b>			

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**COMMERCIAL ARTICLES  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY LIMITS OF INSURANCE</b>		
<b>A. Cameras, projection machines, films and related equipment and accessories</b>		
Description of Property		
1.		\$
2.		\$
3.		\$
4.		\$
<b>B. Musical instruments and related equipment and accessories</b>		
Description of Property		
1.		\$
2.		\$
3.		\$
4.		\$
<b>COINSURANCE:</b> The Coinsurance percentage is 100% unless otherwise stated.      %		
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated.    \$		
<b>RATES AND PREMIUMS</b>		
	Rates	Premium
<b>A. Cameras, projection machines, films and related equipment and accessories</b>	\$	\$
<b>B. Musical instruments and related equipment and accessories</b>	\$	\$
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>		
Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:		
<b>Specific Provisions (if any)</b>		
<b>PREMIUM:</b> PREMIUM FOR THIS COVERAGE PART \$		

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



## BUILDERS RISK DECLARATIONS

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY BEING CONSTRUCTED AT:</b>			
<b>TYPE OF CONSTRUCTION:</b>			
<b>COVERED PROPERTY LIMITS OF INSURANCE</b>			
Property At The Construction Premises		\$	
Property While Held At Any Temporary Storage Location Other Than At The Construction Premises		\$	
Property in Transit		\$	
<b>Optional Coverages</b>			
<b>Earthquake</b>	<b>Soft Costs</b>	<b>Water Damage</b>	
\$	\$	\$	
<b>Fungi, Wet Rot and Dry Rot</b>	Revised Limit \$		
	Business Income/Extra Expense – Revised Number Of Days:		
	Separate Locations Option: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, describe the separate locations:		
<b>All Covered Property in Any One Occurrence</b>		\$	
<b>COINSURANCE:</b> The Coinsurance percentage is 100% unless otherwise stated.		%	
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated.			
<b>Earthquake</b>	<b>Soft Costs</b>	<b>Water Damage</b>	<b>All Other Losses</b>
\$	\$	\$	\$
<b>RATES AND PREMIUMS – NONREPORTING</b>			
<b>Rates per \$100</b>		<b>Premium</b>	
\$		\$	
<b>RATES AND PREMIUMS – REPORTING</b>			
<b>Deposit Premium</b>	<b>Minimum Premium</b>		<b>Rates per \$100</b>
\$	\$		\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>		<b>Premium Base</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>			
Forms and Endorsements applying to this Coverage part and made part of this policy at time of issue:			
<b>Specific Provisions (if any)</b>			
<b>PREMIUM: PREMIUM FOR THIS COVERAGE PART \$</b>			

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



**ANNUAL TRANSIT  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY CONSISTING PRINCIPALLY OF:</b>		
<b>COVERED PROPERTY LIMITS OF INSURANCE</b>		
<b>Contract Carrier</b>		\$
<b>Other Than Contract Carrier:</b>		
<b>By Vehicle of Others</b>		\$
<b>By Your Vehicles</b>		\$
<b>By Messenger</b>		\$
<b>By Railroad</b>		\$
<b>By Air Carrier</b>		\$
<b>Property at Named Premises:</b>		\$
<b>Property at Any One Unnamed Location</b>		\$
<b>All Covered Property in Any One Occurrence</b>		\$
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated. \$		
<b>Earthquake</b>	<b>Water Damage</b>	<b>All Other Losses</b>
\$	\$	\$
<b>RATES AND PREMIUMS – NONREPORTING</b>		
<b>Rates per \$100</b>	<b>Transit Rate per \$100</b>	<b>Premium</b>
\$		\$
<b>RATES AND PREMIUMS – REPORTING</b>		
<b>Deposit Premium</b>	<b>Minimum Premium</b>	<b>Rates per \$100</b>
\$	\$	\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>	<b>Premium Base</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>		
Forms and Endorsements applying to this Coverage part and made part of this policy at time of issue:		
<b>Specific Provisions (if any)</b>		
<b>PREMIUM:</b> PREMIUM FOR THIS COVERAGE PART \$		

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



## TRIP TRANSIT DECLARATIONS

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY LIMITS OF INSURANCE</b>	
<b>Covered Property Consisting Principally of:</b>	<b>Covered Shipment</b>
	\$
<b>POINT OF DEPARTURE TO DESTINATION</b>	
<b>Coverage Begins On or About</b> <b>From the Following Location:</b>	
 <b>Coverage Ends Approximately</b> <b>At the Following Location:</b>	
<b>MODE OF TRANSPORTATION APPLICABLE (Check appropriate box)</b>	
Contract carrier <input type="checkbox"/>	
<b>Other Than Contract Carrier:</b>	
By Messenger <input type="checkbox"/>	
By Railroad <input type="checkbox"/>	
By Air Carrier <input type="checkbox"/>	
By Your Vehicle <input type="checkbox"/>	
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated. \$	
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>	
Forms and Endorsements applying to this Coverage part and made part of this policy at time of issue:	
 <b>Specific Provisions (if any)</b>	
<b>PREMIUM:</b> PREMIUM FOR THIS COVERAGE PART \$	

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



**MOTOR TRUCK CARGO CARRIERS  
DECLARATIONS**

**POLICY NUMBER:**

**EFFECTIVE DATE:**

12:01 a.m., Standard Time

<b>COVERED PROPERTY CONSISTING PRINCIPALLY OF:</b>		
<b>COVERED PROPERTY LIMITS OF INSURANCE</b>		
<b>Property in or on Any Automobile, Truck or Other Power Unit, Including Property in All Attached Trailers</b>		\$
<b>Property at Terminals, but We Will Cover Only at the Following Terminals:</b>		\$
		\$
<b>Property at Unspecified Terminals</b>		\$
<b>All Covered Property in Any One Occurrence</b>		\$
<b>DEDUCTIBLE:</b> The Deductible amount is \$500 unless otherwise stated. \$		
<b>RATES AND PREMIUMS – NONREPORTING</b>		
<b>Rates per \$100</b>		<b>Premium</b>
\$		\$
<b>RATES AND PREMIUMS – REPORTING</b>		
<b>Deposit Premium</b>	<b>Minimum Premium</b>	<b>Rates per \$100</b>
\$	\$	\$
<b>Reporting Period</b>	<b>Premium Adjustment Period</b>	<b>Premium Base</b>
<b>FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)</b>		
Forms and Endorsements applying to this Coverage part and made part of this policy at time of issue:		
<b>Specific Provisions (if any)</b>		
<b>PREMIUM: PREMIUM FOR THIS COVERAGE PART \$</b>		

THESE DECLARATIONS ARE PART OF THE COMMON POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-12-2007
<b>Comments:</b>			
<b>Attachment:</b>			
AR Transmittal.doc.pdf			



<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	7/3/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" 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>	07GD-IS-CM03-CW-AR
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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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We are submitting independent declaration pages which will be used in conjunction with the Insurance Services Office, Inc. (ISO) Inland Marine rules and forms. These traditional ISO Inland Marine classes are not included in the standard manuals for Inland Marine since most of these classes are considered uncontrolled/nonfiled classes.

In addition, the state amendatory endorsements for Division Eight of the Commercial Lines Manual currently applicable to the Commercial Inland Marine filed classes will be used to change the Common Policy Conditions or the Commercial Inland Marine Conditions when policies are issued for these particular classes in your jurisdiction.

Furthermore, we will be using the loss cost multiplier currently on file with your Division for Commercial Inland Marine along with the ISO Inland Marine Handbook for these classes to determine the rate for each specific risk.

<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]
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**Check #:** 0000063278  
**Amount:** 50.00

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

Effective March 1, 2007

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