SERFF Tracking #: PHLX-G130814135 State Tracking #:

Company Tracking #: DC009860200016

Philadelphia Indemnity Insurance Company

Filing Company:

State:	District of Columbia
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto
Product Name:	Commerical Automobile
Project Name/Number:	Commerical Automobile/DC009860200016

Filing at a Glance

Product Name:Commerical AutomobileState:District of ColumbiaTOI:20.0 Commercial AutoSub-TOI:20.0001 Business AutoFiling Type:FormDate Submitted:11/18/2016SERFF Tr Num:PHLX-G130814135SERFF Status:Submitted to StateState Tr Num:State Status:Co Tr Num:DC009860200016Effective Date02/01/2017Requested (New):20/01/2017Effective Date02/01/2017Requested (Renewal):SPI PhiladelphiaIndemnityAuthor(s):SPI PhiladelphiaIndemnityEffective Date:Effective Date:Disposition Status:Effective DateDisposition Status:Effective Date (Renewal):Effective Date (Renewal):SPI PhiladelphiaIndemnity	Company:	Philadelphia Indemnity Insurance Company
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Company Tracking #: DC009860200016

Philadelphia Indemnity Insurance Company

State:District of ColumbiaTOI/Sub-TOI:20.0 Commercial Auto/20.0001 Business AutoProduct Name:Commerical AutomobileProject Name/Number:Commerical Automobile/DC009860200016

General Information

Project Name: Commerical Automobile Project Number: DC009860200016 Reference Organization: Reference Title: Filing Status Changed: 11/18/2016 State Status Changed: Created By: SPI PhiladelphiaIndemnity Corresponding Filing Tracking Number: Status of Filing in Domicile: Domicile Status Comments: Reference Number: Advisory Org. Circular:

Filing Company:

Deemer Date: Submitted By: SPI PhiladelphiaIndemnity

Filing Description:

Philadelphia Indemnity Insurance Company is introducing the following new independent business auto endorsement that is available for commercial risks. This endorsement may be used on a monoline or package basis.

A copy of the endorsement is attached for your review.

1) Uninsured and Underinsured Limits of Insurance for Certain Insured - Form # PI-CA-016 (10/16)

This endorsement provides a separate Uninsured and/or Underinsured limit for: (1) for all directors, officers, partners or owners of the named insured and their family members; and (2) all other insureds.

A rate/rule page is available for review and will be submitted under a separate cover.

The premium charge for this endorsement is derived from previously approved ISO loss costs for Uninsured and Underinsured Coverage. The difference in premium for SCHEDULE A limit using previously approved ISO loss costs and SCHEDULE B limit using previously approved ISO loss costs for the vehicle with the lowest Uninsured and Underinsured premium for the SCHEDULE B limit results in a surcharge. This surcharge is then multiplied by the number of directors, officers, partners and owners to determine the premium charge for this endorsement.

We are concurrently submitting this filing in our domiciliary state of Pennsylvania.

The effective date for this filing is February 16, 2017.

Respectfully Submitted,

Melinda Ramos State Filing Analyst 610-227-1456 melinda.ramos@phly.com

Company and Contact

Filing Contact Information

Melinda Ramos, Product Dev. Specialist I One Bala Plaza Suite 100 Bala Cynwyd, PA 19004 melinda.ramos@phly.com 610-617-7900 [Phone] 610-617-7940 [FAX]

SERFF Tracking #: PHLX-G130814135 State Tracking #:		Company Tracking #: DC009860200016			
State:	District of Columbia	Filing Company:	Philadelphia Indemnity Insurance Company		
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto				
Product Name:	Commerical Automobile				
Project Name/Numbe	er: Commerical Automobile/DC009860200016				

Filing Company Information

Philadelphia Indemnity Insurance	CoCode: 18058	State of Domicile:
Company	Group Code: 3098	Pennsylvania
One Bala Plaza	Group Name: Philadelphia	Company Type:
Suite 100	Insurance Companies	State ID Number:
Bala Cynwyd, PA 19004	FEIN Number: 23-1738402	
(610) 617-7900 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:	PHLX-G130814135	State Tracking #:		Company Tracking #:	DC009860200016
State:	District of Columbia	3	Filing Company:	Philadelphia Inderr	nity Insurance Company
TOI/Sub-TOI:	20.0 Commercial A	uto/20.0001 Business Auto			
Product Name: Project Name/Number:	Commerical Autom Commerical Autom	obile obile/DC009860200016			

Form Schedule

ltem	Schedule Item	Form	Form	Edition	Form	Form	Action Specific	Readability	
No.	Status	Name	Number	Date	Туре	Action	Data	Score	Attachments
1		Uninsured and Underinsured Limits of Insurance for Certain Insureds	PI-CA-016	(10-16)	END	New			PI-CA-016 (10- 16) UM-UIM Limit of Insurance.PDF

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	ОТН	Other

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNINSURED AND UNDERINSURED LIMITS OF INSURANCE FOR CERTAIN INSUREDS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM

This coverage applies when a Limit of Insurance is shown in **SCHEDULE A** or **B**, and only to the **SCHEDULE** displaying a limit of insurance.

A. Limits of Insurance for Specific Insureds

The limit of insurance shall apply per "accident" as shown in **SCHEDULE A** below for all directors, officers, partners or owners of the named insured and their "family members" who qualify as "insureds" under the WHO IS INSURED provision of the applicable coverage form or any modifying uninsured/underinsured motorist endorsement, whichever applies. If no limit is shown below, no coverage is afforded to these persons.

SCHEDULE A

Coverage	Limit o	f Insurance
Uninsured Motorists Coverage	\$	Each "Accident"
Underinsured Motorists Coverage	\$	Each "Accident"

This limit of insurance is for each "accident" and is the most we will pay for all damages resulting from any one "accident" regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident".

B. Limits of Insurance for All Other Insureds

The limit shown in **SCHEDULE B** below shall apply per "accident" for any other persons qualifying as "insureds" under the WHO IS AN INSURED provision of the applicable coverage form or any modifying uninsured/underinsured motorist endorsement, whichever applies. If no limit is shown below, no coverage is afforded to any other person.

SCHEDULE B

Coverage	Limit of Insurance
Uninsured Motorists Coverage	\$ Each "Accident"
Underinsured Motorists Coverage	\$ Each "Accident"

This limit of insurance is for each "accident" and is the most we will pay for all damages resulting from any one "accident" regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident". The limits in **SCHEDULE B** are included within and not in addition to the limits in **SCHEDULE A**.

C. ADDITIONAL PROVISIONS

1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the highest limit shown above in **SCHEDULE A** is the most we will pay for all damages resulting from any one "accident".

PI-CA-016 (10/16)

Page 1 of 2

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- When any one "accident" involves multiple Specific Insureds, as named in Paragraph A., and Other Insureds, as named in Paragraph B., the highest limit shown above in SCHEDULE A is the most we will pay for all damages resulting from any one "accident". However, for Other Insureds as named in Paragraph B, we will never pay more than the limit shown in SCHEDULE B.
- **3.** No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage form, Medical Payments Coverage endorsement, or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible

We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

D. For the purpose of this endorsement, the following **Definition** is added:

"Family member" means a person related to the director, officer, partner or owner of the named insured by blood, marriage or adoption who is a resident of that individual's household including a ward or foster child.

SERFF Tracking #:	PHLX-G130814135	State Tracking #:		Company Tracking #:	DC009860200016
State:	District of Columbia		Filing Company:	Philadelphia Indem	nity Insurance Company
TOI/Sub-TOI:	20.0 Commercial Au	to/20.0001 Business Auto			
Product Name:	Commerical Automo	bile			
Project Name/Number:	Commerical Automo	bile/DC009860200016			

Supporting Document Schedules

Satisfied - Item:	Readability Certificate
Comments:	Form PI-CA-016 (10/16) Flesch Score is 50.86
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable as this is not a third party filer.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Form Explanatory Memo
Comments:	
Attachment(s):	Form Explanatory Memo.PDF
Item Status:	
Status Date:	

Philadelphia Indemnity Insurance Company Explanatory Memorandum – Countrywide Division One-Commercial Auto

Philadelphia Indemnity Insurance Company is introducing the following new independent business auto endorsement that is available for commercial risks. This endorsement may be used on a monoline or package basis.

A copy of the endorsement and corresponding rule page are attached for your review.

 Uninsured and Underinsured Limits of Insurance for Certain Insured – Form # PI-CA-016 10/16

This endorsement provides a separate Uninsured and/or Underinsured limit for: (1) for all directors, officers, partners or owners of the named insured and their family members; and (2) all other insureds.