

**State:** District of Columbia **Filing Company:** Old Republic General Insurance Corporation  
**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0001 Business Auto  
**Product Name:** Old Republic Independent CA Forms  
**Project Name/Number:** Old Republic Independent CA Forms/DC034400700061

## Filing at a Glance

Company: Old Republic General Insurance Corporation  
Product Name: Old Republic Independent CA Forms  
State: District of Columbia  
TOI: 20.0 Commercial Auto  
Sub-TOI: 20.0001 Business Auto  
Filing Type: Form  
Date Submitted: 11/21/2016  
SERFF Tr Num: LDDX-G130809162  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: DC034400700061  
  
Effective Date: 02/01/2017  
Requested (New):  
Effective Date: 02/01/2017  
Requested (Renewal):  
Author(s): SPI ORChicago  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Effective Date (New):  
Effective Date (Renewal):

**State:** District of Columbia **Filing Company:** Old Republic General Insurance Corporation  
**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0001 Business Auto  
**Product Name:** Old Republic Independent CA Forms  
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### General Information

Project Name: Old Republic Independent CA Forms Status of Filing in Domicile:  
 Project Number: DC034400700061 Domicile Status Comments:  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 11/21/2016  
 State Status Changed: Deemer Date:  
 Created By: SPI ORChicago Submitted By: SPI ORChicago  
 Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation submits for review a revised edition of countrywide form CADEC1000 Business Auto Declaration, recently approved in SERFF Filing #LDDX-G130739792. This form reflects revisions required to bring CADEC1000 into compliance with all states. Please see the attached markup for changes.

We request a new and renewal business effective date of 2/1/17.

### Company and Contact

#### Filing Contact Information

Joe Faust, State Filing Analyst jfaust@oldrepublic.com  
 307 N. Michigan Avenue 312-762-4039 [Phone]  
 Chicago, IL 60601 312-762-4950 [FAX]

#### Filing Company Information

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

**State:** District of Columbia

**Filing Company:**

Old Republic General Insurance Corporation

**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0001 Business Auto

**Product Name:** Old Republic Independent CA Forms

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
							Previous Filing Number:	LDDX-G130739792		
1		Business Auto Declaration	CADEC 1000	(02/2017)	DEC	Replaced	Replaced Form Number:	CADEC1000		Auto - Declaration CADEC1000 02 17 REVISED.PDF

### Form Type Legend:

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

# OLD REPUBLIC GENERAL INSURANCE CORPORATION

## BUSINESS AUTO [RENEWAL] DECLARATION

ITEM ONE

<b>POLICY NO. &lt;POLICY NO.&gt;</b> [END ] [RENEWAL OF ]
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ACCOUNT NUMBER: <ac number>  
 NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS <Producer>

<INSURED> <DBANAME> <ADDRESS 1> <ADDRESS_2 > <CITY>, <STATE> <ZIP>
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<PRODUCER NAME> <ADDRESS 1> <ADDRESS_2 > <CITY>, <STATE> <ZIP>
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POLICY PERIOD: FROM <DATE> TO <DATE> AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

THE NAMED INSURED IS:

BUSINESS DESCRIPTION:

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

### 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 Business Auto Coverage Form next to the name of the coverage.

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
	Covered Autos Liability	\$<LIMIT> Each Accident Minus \$<DEDUCT> Ded	\$
	Bodily Injury Liability	\$<LIMIT> Each Person \$<LIMIT> Each Accident	\$
	Supplemental Spousal Liability Coverage New York Only		INCLUDED
	Property Damage Liability	\$<LIMIT> Each Accident \$<DEDUCT> Ded	\$
	Personal Injury Protection – PIP (Or Equivalent No-Fault Coverage)	Separately Stated In Each Added PIP Endorsement.	\$
	Basic Personal Injury Protection (PIP)- New York Only	\$50,000	\$
	Optional Basic Economic Loss Coverage- New York Only	\$25,000	\$
	Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)	Separately Stated In Each PIP Endorsement.	\$
	Additional Personal Injury Protection Maximum Monthly Work Loss	\$<LIMIT>	\$
	Other Necessary Expenses(per day)	\$<LIMIT>	\$
	Death Benefit - New York Only	\$<LIMIT>	\$

# OLD REPUBLIC GENERAL INSURANCE CORPORATION

## BUSINESS AUTO [RENEWAL] DECLARATION

POLICY NO. <POLICY NO.> INSURED: <INSURED>
---

EFFECTIVE DATE: <DATE> AGENT: <PRODUCER>
---

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
	Property Protection Insurance - PPI – Michigan Only	\$<LIMIT>	\$
	Aggregate No-Fault Benefits Available- New York Only	\$<LIMIT>	\$
	Aggregate No-Fault Benefits Available- Pennsylvania Only	\$<LIMIT>	\$
	Medical Expense And Income Loss Benefits Virginia Only	\$<LIMIT>	\$
	Basic First Party Benefits Pennsylvania Only	Separately Stated in Each First Party Benefits Endorsement.	\$
	Added First Party Benefits Pennsylvania Only	Separately Stated In Each Added First Part Benefits Endorsement.	\$
	Auto Medical Payments	<LIMIT> (or “Separately Stated In Each Medical Payment Endorsement” if limit varies by state).	\$
	Extraordinary Medical Benefits Pennsylvania Only	\$<LIMIT>	\$
	Uninsured Motorists - UM	Separately Stated In Each Uninsured Motorist Endorsement.	\$
	UM Property Damage – UMPD- Not Applicable in New York	Separately Stated In Each Uninsured Motorist Property Damage Endorsement.	\$
	Underinsured Motorists – UIM (When Not Included in UM Coverage)- Not Applicable in New York	Separately Stated In Each Underinsured Motorist Endorsement.	\$
	Supplementary Uninsured/ Underinsured Motorist Coverage SUM * - New York Only	\$<LIMIT>	\$
	UIM Property Damage – UIMPD- Not Applicable in New York	Separately Stated in Each UIM Property Damage Endorsement.	\$
	Physical Damage: Comprehensive Coverage- Not Applicable in New York	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three), But No Deductible Applies To Loss Caused By Fire or Lightning.  See Item Four For Hired Or Borrowed Autos.	\$
	Physical Damage: Comprehensive Coverage- New York Only	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three).  See Item Four For Hired Or Borrowed Autos.	\$

# OLD REPUBLIC GENERAL INSURANCE CORPORATION

## BUSINESS AUTO [RENEWAL] DECLARATION

POLICY NO. <POLICY NO.> INSURED: <INSURED>
---

EFFECTIVE DATE: <DATE> AGENT: <PRODUCER>
---

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
	Physical Damage: Specified Causes of Loss Coverage	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three) For Loss Caused By Mischief Or Vandalism.  See Item Four For Hired Or Borrowed Autos.	\$
	Physical Damage: Collision Coverage	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three).  See Item Four For Hired Or Borrowed Autos.	\$
	Physical Damage: Limited Collision Coverage	\$<DEDUCT> Ded	\$
	Physical Damage: Towing and Labor	See Item Three	\$
PREMIUM FOR ENDORSEMENTS			\$
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION ASSESSMENT			\$
NEW YORK MOTOR VEHICLE LAW ENFORCEMENT FEE			\$
ASSESSMENTS AND SURCHARGES NOT APPLICABLE IN NEW YORK OR PUERTO RICO			\$
ESTIMATED POLICY PREMIUM*			\$

**\*THIS POLICY WILL BE SUBJECT TO FINAL AUDIT.**

[Text printed when NY is included in covered states]

[\*The maximum amount payable under the SUM coverage shall be the policy's SUM Limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.]

[Text printed when TX is included in covered states]

[NOTICE: A fee of \$ \_\_\_\_\_ is payable in addition to the premium due under this policy. This fee partially or completely reimburses the insurer, as permitted by 28 TAC §5.205, for the \$2.00 fee per motor vehicle year required to be paid to the Automobile Burglary and Theft Prevention Authority under Vernon's Annotated Revised Civil Statutes of the State of Texas, Article 4413(37), §10, which was effective on June 6, 1991, and revised effective September 1, 2011.]

<b>FORMS AND ENDORSEMENTS</b> APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: See Forms Schedule
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# OLD REPUBLIC GENERAL INSURANCE CORPORATION

## BUSINESS AUTO [RENEWAL] DECLARATION

POLICY NO. <POLICY NO.> INSURED: <INSURED>
---

EFFECTIVE DATE: <DATE> AGENT: <PRODUCER>
---

**FORMS AND ENDORSEMENTS**  
**NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.**

**ITEM THREE – SEE SCHEDULE OF COVERED AUTOS YOU OWN**

**ITEM FOUR – SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.**

COVERED AUTOS LIABILITY COVERAGE – COST OF HIRE RATING BASIS

STATE	COVERED AUTOS LIABILITY COVERAGE	ESTIMATED ANNUAL COST OF HIRE	LIMIT	DEDUCTIBLE	PREMIUM
		\$	\$	\$	\$
Total Hired Auto Liability Premium					\$

For "autos" **NOT** used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGES – COST OF HIRE RATING BASIS

**STATE: <State Code>**

COVERAGE	LIMIT OF INSURANCE THE MOST WE WILL PAY LESS DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE (Excluding Autos Hired With A Driver)	PREMIUM
Comprehensive	Actual Cash Value, Cost Of Repair Or \$ <b>AMOUNT</b> Whichever Is Less, Minus \$ <DED> Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning	\$	\$
Comprehensive	Actual Cash Value, Cost Of Repair Or \$ <b>AMOUNT</b> Whichever Is Less, Minus \$ <DED> Deductible For Each Covered Auto. New York Only		
Specified Causes Of Loss	Actual Cash Value, Cost Of Repair Or \$ <AMOUNT> Whichever Is Less, Minus \$ <DED> Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$	\$
Collision	Actual Cash Value, Cost Of Repair Or \$ <AMOUNT> Whichever Is Less, Minus \$ <DED> Deductible For Each Covered Auto.	\$	\$

Total Hired Auto Physical Damage Premium	\$
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SERFF Tracking #:

LDDX-G130809162

State Tracking #:

Company Tracking #:

DC034400700061

State:

District of Columbia

Filing Company:

Old Republic General Insurance Corporation

TOI/Sub-TOI:

20.0 Commercial Auto/20.0001 Business Auto

Product Name:

Old Republic Independent CA Forms

Project Name/Number:

Old Republic Independent CA Forms/DC034400700061

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	