

SERFF Tracking Number: EMCC-125324441 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026439
Company Tracking Number: AR-IL-2007-06
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Commercial Interline SERFF Tr Num: EMCC-125324441 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-026439
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-IL-2007-06 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Jo Byers Disposition Date: 10/17/2007
Date Submitted: 10/15/2007 Disposition Status: Approved
Effective Date Requested (New): 12/01/2007 Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):
12/01/2007

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/17/2007
State Status Changed: 10/16/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
October 15, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third St.
Little Rock, AR 72201-1904

SERFF FILING
EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

SERFF Tracking Number: EMCC-125324441 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-026439
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TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
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EMCASCO INSURANCE COMPANY – 062-21407

Commercial Interline

Form Filing

Company File # AR-IL-2007-06

Effective December 1, 2007

The captioned companies are members of Insurance Services Office (ISO) and are submitting a forms revision to our Interline forms currently filed.

We have amended our currently filed Mutual Policy Provisions, IL7004 (1-06) and Policy Jacket, IL7004.1 (1-06) to include Richard Hoffmann as the Secretary for EMCASCO Insurance Company and Union Insurance Company of Providence. No other changes have been made at this time. The revised Mutual Policy Provisions, IL7004 (9-07) and Policy Jacket, IL7004.1 (9-07) replace the currently filed forms.

We have also amended our currently filed EMC Choice Equipment Dealers Supplemental Questionnaire, IL8539 (10-07). On page 1, the word "ACCORD" has been corrected to "ACORD". On page 4, item 3, "Coverage Forms ECM" has been corrected to "EMC". On page 5, the word "weldling" has been corrected to "welding". EMC Choice Equipment Dealers Supplemental Questionnaire, IL8539 (11-07) replaces the form currently filed.

Finally, we are withdrawing the following three forms; we are using Oden's forms and services in their place:

- IL8310 (7-00) Notice of Cancellation
- IL8310.1 (7-00) Notice of Rescission
- IL8311 (7-00) Notice of Reinstatement

We supplement this filing with the \$50.00 filing fee (sent via EFT), Property and Casualty Transmittal Document, and final printed copies of our forms.

We respectfully request your approval of this filing, to be applicable to policies written on or after December 1, 2007. Thank you.

Jo L. Byers, Filings Analyst

SERFF Tracking Number: EMCC-125324441 State: Arkansas
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Rates and Filings Dept.
 (800) 247-2128 Ext. 2707
 jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst Jo.L.Byers@EMCIns.com
 PO Box 712 (800) 247-2128 [Phone]
 Des Moines, IA 50306-0712 (515) 345-2223[FAX]

Filing Company Information

EMCASCO Insurance Company CoCode: 21407 State of Domicile: Iowa
 717 Mulberry Street Group Code: 62 Company Type: P & C
 Des Moines, IA 50309 Group Name: State ID Number:
 (800) 247-2128 ext. [Phone] FEIN Number: 42-6070764

Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa
 717 Mulberry Street Group Code: 62 Company Type: P & C
 Des Moines, IA 50309 Group Name: State ID Number:
 (800) 247-2128 ext. [Phone] FEIN Number: 42-0234980

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$50.00	10/15/2007	16121424
Employers Mutual Casualty Company	\$0.00	10/15/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/17/2007	10/17/2007

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Disposition

Disposition Date: 10/17/2007
Effective Date (New): 12/01/2007
Effective Date (Renewal): 12/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Mutual Policy Provisions	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	EMC Choice Equipment Dealers Supplemental Questionnaire	Approved	Yes
Form	Notice of Cancellation	Approved	Yes
Form	Notice of Rescission	Approved	Yes
Form	Notice of Reinstatement	Approved	Yes

SERFF Tracking Number: EMCC-125324441 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Mutual Policy Provisions	IL7004	9-07	Other	Replaced	Replaced Form #:0.00 IL7004 (1-06) Previous Filing #:		il7004_0907.pdf
Approved	Policy Jacket	IL7004.1	9-07	Other	Replaced	Replaced Form #:0.00 IL7004.1 (1-06) Previous Filing #:		il7004_1_0907.pdf
Approved	EMC Choice Equipment Dealers Supplemental Questionnaire	IL8539	11-07	Election/Rejection/Supplemental Applications	Replaced	Replaced Form #:0.00 IL8539 (10-07) Previous Filing #:		IL8539_200711.pdf
Approved	Notice of Cancellation	IL8310	7-00	Disclosure/Notice	Withdrawn	Replaced Form #:0.00 Previous Filing #:		
Approved	Notice of Rescission	IL8310.1	7-00	Disclosure/Notice	Withdrawn	Replaced Form #:0.00 Previous Filing #:		
Approved	Notice of Reinstatement	IL8311	7-00	Disclosure/Notice	Withdrawn	Replaced Form #:0.00 Previous Filing #:		

EMC | Employers Mutual Casualty Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY – MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

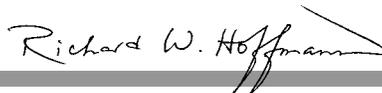
IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | EMCASCO Insurance Company
Home Office Des Moines, Iowa

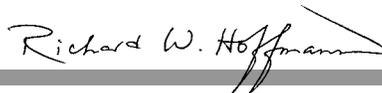
IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | Union Insurance Company of Providence
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | Illinois EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | Dakota Fire Insurance Company
Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

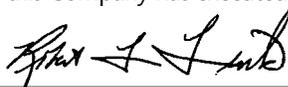
EMC | Hamilton Mutual Insurance Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY – MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | EMC Property & Casualty Company

Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Bruce E. Kelley President

EMC | Employers Mutual Casualty Company

Home Office Des Moines, Iowa

(Applicable in the State of Texas)

MUTUALS — MEMBERSHIP AND VOTING NOTICE

The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Ann J. Lind Secretary

Bruce E. Kelley President

EMC Insurance Companies
Home Office
717 Mulberry
Des Moines, Iowa 50309
515-280-2511
800-447-2295
www.emcinsurance.com



*Employers Mutual Casualty Company
Dakota Fire Insurance Company
EMC Property & Casualty Company
EMCASCO Insurance Company
Hamilton Mutual Insurance Company
Illinois EMCASCO Insurance Company
Union Insurance Company of Providence*



 **EMC** Insurance Companies.

 **EMC** Insurance Companies.

EMC Employers Mutual Casualty Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Union Insurance Company of Providence
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Illinois EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Dakota Fire Insurance Company
Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Hamilton Mutual Insurance Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC EMC Property & Casualty Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC Employers Mutual Casualty Company
Home Office Des Moines, Iowa
(Applicable in the State of Texas)

MUTUALS — MEMBERSHIP AND VOTING NOTICE

The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC CHOICE EQUIPMENT DEALERS SUPPLEMENTAL QUESTIONNAIRE
(Commercial Insurance Application ACORD 125 Must Be Attached)

Date _____

Producer Code Subcode		Name and Mailing Address: Website Address: Effective Date Expiration Date Policy/Account Number:		
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Contact Name _____ Phone Number _____

SECTION I – GENERAL INFORMATION

1. Major line and type of equipment: _____
2. Type of merchandise other than equipment: _____
3. Please indicate below the total gross sales for the last 12 months:

	New	Used	Repair	Accessories	Rental
Agricultural Equipment	_____	_____	_____	_____	_____
Construction Equipment	_____	_____	_____	_____	_____
Forklift Dealers	_____	_____	_____	_____	_____
Lawn & Garden	_____	_____	_____	_____	_____
All Other	_____	_____	_____	_____	_____

Recreational Vehicle Sales:

ATV _____ Snowmobiles _____ Other Types _____

What is the total number of recreational vehicle units sold annually? _____

- | | Yes | No | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the insured have good housekeeping practices? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the insured pick up and/or deliver equipment? |
| | | | 6. What is the radius of travel when transporting? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. When transporting equipment, is the equipment properly secured to vehicles and properly flagged if oversize and overweight? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the insured conduct repair/service operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. If yes, do they perform any roving repairs? |
| | | | b. If yes, what services are provided? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the customer informed about the proper usage of equipment? |
| | | | 10. Answer the following questions if other than agricultural equipment is rented/leased to others. |
| | | | a. Is any of the equipment: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In use more than 8 hours per day? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left unattended after working hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in hilly terrain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in swampy areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Involved in any quarrying or dam construction? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in logging or lumbering? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being used in any wrecking operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required to be moved more than 25 miles from the base location of the concern renting/leasing the units? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Being rented with operator furnished by the insured? |
| | | | b. How many units are likely to be rented/leased to a single concern? _____ |



C. INLAND MARINE COVERAGE INFORMATION (If not Blanket, all locations must be individually scheduled on the policy.)

1. Reporting Form desired for Inland Marine? Yes No
 (Not available w/Peak Season or Blanket Insurance options)

2. Inland Marine Deductible:

\$250 \$1,000 \$5,000 \$15,000
 \$500 \$2,500 \$10,000 \$25,000

3. Repairs And Replacement Provision: 75% 85% 95%
 80% 90% 100%

4. Limits

Coverage A and B Blanket Insurance (Not available with reporting form or peak season) Yes No

Coverage A: Stock-farm tractors, mobile farm equipment, materials handling equipment and construction equipment per description in manual rule 9.a.1) & 9.a.3):

		INSIDE		OUTSIDE			
Loc:	_____	Bldg:	_____	\$	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____	\$	_____

Coverage A: Stock – all other merchandise not mentioned above usual to an implement dealer, hardware and implement garage, and implement or materials handling business, or to construction equipment dealers; but excluding self-propelled vehicles designed for highway use, aircraft, inboard or inboard/outboard watercraft, auto homes, mobile homes and animals per description in manual rule 9.a.2) – **ALL INSIDE.**

Loc:	_____	Bldg:	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____

Coverage A: Business Personal Property – Furniture, fixtures, equipment and tenant’s improvements and betterments per description in manual rule 9.a.4) – **ALL INSIDE.** Included Excluded

Loc:	_____	Bldg:	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____

Note: If replacement cost coverage is to apply to FFE/TI & B then this property is not to be included on Inland Marine. Add as BPP to Commercial Property Coverage (exclude stock).

Coverage B: Personal Property of Others

		INSIDE		OUTSIDE			
Loc:	_____	Bldg:	_____	\$	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____	\$	_____
Loc:	_____	Bldg:	_____	\$	_____	\$	_____

C. INLAND MARINE COVERAGE INFORMATION (continued)

Coverage C: Transportation-(for hire) Radius of Operations – _____ miles \$ _____

Coverage D: Employee Tools \$ _____

Coverage E: Rented Equipment \$ _____

Farm Equipment \$ _____

Construction Equipment \$ _____

Coverage F: False Pretense \$ _____

Mobile Stock \$ _____

Rented Equipment \$ _____

Coverage G: Peak Season (not available with reporting form or Blanket Insurance options) Loc # _____ \$ _____ From: _____ To: _____

Off Premises Coverages

Property in Transit, Being Demonstrated, or at a Temporary Location..... \$500,000 unless higher limit shown here \$ _____

Property on Exhibit..... \$500,000 unless limit shown here \$ _____

SECTION III – CASUALTY

A. GARAGE COVERAGE

1. MOBILE EQUIPMENT DEALERS – GARAGE RATING BASIS:

(a) Class I – Number of Employees:

- (1) Proprietor, partners and active officers of the business, general managers, service managers and other employees whose principal duty involves the operation of autos or who **are** furnished an auto. _____
 - (2) Proprietors, partners and officers active in the business, salespersons, and general managers **not** furnished an auto _____
- All other employees _____

(b) Class II – Non Employees

Any individual other than a person described in Class I who is regularly furnished with an auto.

- (1) Any Non-Employee age 25 or Under Liability Coverage Only _____
- (2) Any Non-Employee age 25 or Over Liability Coverage Only _____

2. AUTO

All units are to be included under the Garage Rating Basis. Do not charge separately for physical damage, total all the actual cash value of all the units, to determine the limit of coverage and rate as Dealers Physical Damage.

For underwriting purposes, provide breakdown by classification:

Light Vehicle (GVW 0 – 10,000 lbs) _____ Truck Tractor (GVW 0 – 45,000 lbs) _____

Medium (GVW 10,001 – 20,000 lbs) _____ Extra Heavy Truck Tractor (GVW over 45,000 lbs) _____

Heavy (GVW 20,001 – 45,000 lbs) _____ Trailers (utility and semi) _____

Extra Heavy Trucks (GVW over 45,000 lbs) _____ Other Specialized Equip. (motor homes, travel trailers...) _____

Actual cash value limit of insurance for physical damage _____

3. COVERAGE FORMS:

- EMC Choice Garage Program Extension (CA7398)
- EMC Choice Equipment Dealers' Industry Extension (CA7397) Limit \$100,000 \$300,000 \$500,000
- Garage Enhancement Extension (CA7400)

B. ADDITIONAL CASUALTY UNDERWRITING INFORMATION

Yes No (Provide remarks below for all that apply.)

- 1. Does the insured sell any specialized equipment?
- 2. Does the insured sell any mobile equipment that extends over 60 feet?
- 3. What type of training do drivers receive to transport oversized loads?
- 4. Does the insured regularly order driving records of those operating insured's vehicles?
- 5. What procedure does the insured have in place for employees that do not meet the insurance carrier's driver criteria?
- 6. What steps does the insured take to ensure that customers are familiar with equipment purchases?
- 7. Are the insured's salespeople required to attend a factory-sponsored sales training course?
- 8. Are the mechanics required to be certified and/or trained by the factory?
- 9. What measures does the insured take to ensure that all repairs or assembly of customer's equipment and machinery are adequate?
- 10. What methods does the insured take to determine the **used** equipment is in proper working condition?
- 11. Does the insured perform any welding on premise?
If yes, how much are they performing?
- 12. Does the insured perform any welding off premise?
If yes, provide complete details of operations performed and extent.
- 13. Any world wide sales or rentals?
a. If yes, what % of sales _____ % rental _____
b. Do they have a separate foreign liability policy for this exposure?
If yes, provide a copy of the policy.
- 14. Equipment rented to others:
 Rental to the general public or
 Industry specific (contractor, farmer)
- 15. Does the insured remanufacture, modify or re-design or alter any of the equipment?
- 16. Is the equipment manufactured outside the United States?
If yes, does the manufacturer have a foreign liability policy? Yes No
If yes, provide a copy of the policy.
If no, do they have a separate foreign liability policy for this exposure? Yes No
- 17. Does the insured sell any heavy or large pieces of construction equipment?
- 18. Does the insured sell any mining or conveyor type equipment?

Remarks:

Completed By Position Date

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TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/17/2007

Comments:

Attachment:

pctd.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764

5. Company Tracking Number	AR-IL-2007-06
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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
	Jo L. Byers P.O. Box 712 Des Moines, IA 50303	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

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

9. Type of Insurance (TOI)	Commercial Interline
10. Sub-Type of Insurance (Sub-TOI)	Commercial Interline
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Interline
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: 12/1/07 Renewal: 12/1/07

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)		
17.	Reference Organization # & Title		
18.	Company's Date of Filing	10/15/07	
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-IL-2007-06
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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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We have amended our currently filed Mutual Policy Provisions, IL7004 (1-06) and Policy Jacket, IL7004.1 (1-06) to include Richard Hoffmann as the Secretary for EMCASCO Insurance Company and Union Insurance Company of Providence. No other changes have been made at this time. The revised Mutual Policy Provisions, IL7004 (9-07) and Policy Jacket, IL7004.1 (9-07) replace the currently filed forms.

We have also amended our currently filed EMC Choice Equipment Dealers Supplemental Questionnaire, IL8539 (10-07). On page 1, the word "ACCORD" has been corrected to "ACORD". On page 4, item 3, "Coverage Forms ECM" has been corrected to "EMC". On page 5, the word "weldling" has been corrected to "welding". EMC Choice Equipment Dealers Supplemental Questionnaire, IL8539 (11-07) replaces the form currently filed.

Finally, we are withdrawing the following three forms; we are using Oden's forms and services in their place:

- IL8310 (7-00) Notice of Cancellation
- IL8310.1 (7-00) Notice of Rescission
- IL8311 (7-00) Notice of Reinstatement

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]
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Check #:
Amount: \$50.00

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

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

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.)

1.	This filing transmittal is part of Company Tracking #	AR-IL-2007-06			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Mutual Policy Provisions	IL7004 (9-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL7004 (1-06)	
02	Policy Jacket	IL7004.1 (9-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL7004.1 (1-06)	
03	EMC Choice Equipment Dealers Supplemental Questionnaire	IL8539 (11-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL8539 (10-07)	
04	Notice of Cancellation	IL8310 (7-00)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
05	Notice of Rescission	IL8310.1 (7-00)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
06	Notice of Reinstatement	IL8311 (7-00)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		