

SERFF Tracking Number: ZURC-125320891 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026404
Company Tracking Number: CW CA 26682
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: CW CA 26682 EM3090 SLI UM Endorsement Filing
Project Name/Number: /

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW CA 26682 EM3090 SLI UM SERFF Tr Num: ZURC-125320891 State: Arkansas

Endorsement Filing

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: AR-PC-07-026404

Sub-TOI: 20.0003 Other

Co Tr Num: CW CA 26682

State Status:

Filing Type: Form

Co Status: Not Applicable

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

Author: Jane McKenna

Disposition Date: 10/15/2007

Date Submitted: 10/11/2007

Disposition Status: Approved

Effective Date Requested (New): 12/15/2007

Effective Date (New): 12/15/2007

Effective Date Requested (Renewal): 12/15/2007

Effective Date (Renewal):

12/15/2007

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/15/2007

State Status Changed: 10/12/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Empire Fire and Marine is revising the form EM3090 to remove reference to the state of New Hampshire.

Company and Contact

Filing Contact Information

Jane McKenna, Product Analyst

jane.mckenna@zurichna.com

1400 American Lane

(847) 605-6303 [Phone]

Schaumburg, IL 60196

(847) 605-7768[FAX]

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Filing Company Information

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska
13810 FNB Parkway Group Code: 212 Company Type:
Omaha, NE 68154-5202 Group Name: State ID Number:
(402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	10/11/2007	16075101

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/15/2007	10/15/2007

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Disposition

Disposition Date: 10/15/2007
Effective Date (New): 12/15/2007
Effective Date (Renewal): 12/15/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125320891 State: Arkansas
 Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026404
 Company Tracking Number: CW CA 26682
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: CW CA 26682 EM3090 SLI UM Endorsement Filing
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Select States - Endorsement Adding Uninsured/Underinsured Motorists Coverage To Supplemental Liability Insurance Policy	Approved	Yes

SERFF Tracking Number: ZURC-125320891 State: Arkansas
 Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026404
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 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: CW CA 26682 EM3090 SLI UM Endorsement Filing
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Select States - Endorsement Adding Uninsured/Underinsured Motorists Coverage To Supplemental Liability Insurance Policy	EM 30 90	10 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 EM 3090(0307) Previous Filing #: AR-PC-07-023750		EM3090 1007 SLI UM.pdf

Select States - Endorsement Adding Uninsured/Underinsured Motorists Coverage To Supplemental Liability Insurance Policy



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.

Named Insured / Mailing Address:

Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

**SUPPLEMENTAL RENTAL LIABILITY COVERAGE FORM
ISO UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

- A. Supplemental Rental Liability Insurance is added to the applicable Coverage part section of all Insurance Services Office (ISO) forms attached to the policy.
- B. **EXCLUSION D. 5** in **SECTION I – LIABILITY** of the Supplemental Rental Liability Coverage form is deleted, but only for “autos” rented in a state marked below (☒). The listed coverage form for the state of the rental transaction is added as modified in sections **C.**, **D.**, and **E.** below.
 - Arkansas - CA 2108 Arkansas Uninsured Coverage
 - California - CA 2154 California Uninsured Motorists Coverage
 - Florida - CA 2172 Florida Uninsured Motorists Coverage – Non-Stacked
 - Georgia – CA 2111 Georgia Uninsured Motorists Endorsement
 - Indiana - CA 2144 Indiana Uninsured Motorists Coverage
 - Louisiana - CA 2148 Louisiana Uninsured Motorists Coverage
 - Vermont - CA 2163 Vermont Uninsured Motorists Coverage
 - West Virginia - CA 2122 West Virginia Uninsured and Underinsured Motorists Coverage.
- C. The following modifications apply to the ISO Uninsured and Underinsured Motorists endorsements for all states except Louisiana and New Hampshire.
 1. Under section **B. Who Is An Insured**, the sentence “If the Named Insured designated in the Declarations as:” is replaced with the sentence “If the purchaser of “supplemental rental liability insurance” and uninsured/underinsured motorists coverage is”.
 2. Section **E. CHANGES IN CONDITIONS** is retitled as **CONDITIONS**.
 3. Section **E.1.** is replaced with the following:
Any Uninsured or Underinsured Motorist coverage provided under this policy shall be excess over any other Uninsured or Underinsured Motorist coverage available to the insured.
 4. The following is added to Section **F. Additional Definitions**:

When Uninsured Motorists coverage is written in conjunction with Supplemental Liability Insurance, the term and definition of "auto" in the ISO Uninsured Motorists endorsement is replaced with "rental vehicle".

- D.** The following modifications apply to the ISO Uninsured Motorists endorsements for Louisiana and New Hampshire:
- 1.** Under section **B. Who Is An Insured**, Items **1.** and **2.** are replaced with:
 - 1.** The purchaser of "supplemental rental liability insurance" who has elected uninsured/underinsured/motorists coverage.
 - 2.** If the purchaser of "supplemental rental liability insurance" who has elected uninsured/underinsured motorists coverage is an individual, any "family member".
 - 2.** Section **E. Changes in Conditions** is retitled as **Conditions**.
 - 3.** Section **E.1.** is replaced with the following:

Any Uninsured or Underinsured Motorist coverage provided under this policy shall be excess over any other Uninsured or Underinsured Motorist coverage available to the insured.
 - 4.** The following is added to Section **F. Additional Definitions**:

When Uninsured Motorists coverage is written in conjunction with Supplemental Liability Insurance, the term and definition of "auto" in the ISO Uninsured Motorists endorsement is replaced with "rental vehicle".

SERFF Tracking Number: *ZURC-125320891* *State:* *Arkansas*
Filing Company: *Empire Fire and Marine Insurance Company* *State Tracking Number:* *AR-PC-07-026404*
Company Tracking Number: *CW CA 26682*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *CW CA 26682 EM3090 SLI UM Endorsement Filing*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125320891 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026404
Company Tracking Number: CW CA 26682
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: CW CA 26682 EM3090 SLI UM Endorsement Filing
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/15/2007

Comments:

Attachments:

PCTD-1.pdf

FFS-1.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 10/15/2007

Comments:

Attachment:

Memo.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Empire Fire and Marine Insurance Co.	NE	212-21326	47-6022701	

5. Company Tracking Number	CW CA 26682
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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
	Jane McKenna 1400 American Ln Schaumburg, IL 60196	Business Analyst	847-605-6303	847-605-7768	jane.mckenna@zurichna.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jane McKenna

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

9. Type of Insurance (TOI)	20.0 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: 12/15/07 Renewal: 12/15/07

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	10/11/07	
19.	Status of filing in domicile	<input 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 #	CW CA 26346
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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 this filing, we are submitting a revised form for approval. The form, EM 3090, Select States - Endorsement Adding Uninsured/Underinsured Motorists Coverage To Supplemental Liability Insurance Policy, has been revised to remove the state of New Hampshire from section B.

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:

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.)**

Effective March 1, 2007

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 #	CW CA 26682			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Select States - Endorsement Adding Uninsured/Underinsured Motorists Coverage To Supplemental Liability Insurance Policy	EM 3090 (1007)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	EM 3090 (0307)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input 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		

Empire Fire and Marine Insurance Company
Commercial Automobile
Filing Memorandum

Empire Fire and Marine is revising Commercial Auto endorsement form EM 3090 – Select States – Endorsement Adding Uninsured/Underinsured Motorists Coverage To Supplemental Liability Insurance Policy. The form is being revised to remove reference to the state of New Hampshire as New Hampshire now has its own state specific form.

The previously approved EM 3090 0307 will be replaced upon approval of EM 3090 1007.

The proposed effective date for both new and renewal business is December 15, 2007.