

SERFF Tracking Number: ZURC-125337940 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: AR-PC-07-026581
Company Tracking Number: CW CL 26721
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: CW CL 26721 Adoption of New/Revised Proprietary Forms
Project Name/Number: /

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW CL 26721 Adoption of New/Revised Proprietary Forms
SERFF Tr Num: ZURC-125337940 State: Arkansas

TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-026581
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CW CL 26721 State Status:
Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Barbara Smith Disposition Date: 10/31/2007
Date Submitted: 10/29/2007 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: 10/31/2007
State Status Changed: 10/29/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Filing to adopt new and revised proprietary forms for Commercial Auto, Commercial Inland Marine, and Commercial General Liability.

Company and Contact

Filing Contact Information

Barbara Smith, Filing Analyst
1400 American Lane

barb.smith@zurichna.com
(847) 605-6291 [Phone]

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Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

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 fees - \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	10/29/2007	16359998

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/31/2007	10/31/2007

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Disposition

Disposition Date: 10/31/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Approved

Comment: Coded the line of business as 19/21 Commercial Auto per the Uniform Transmittal Document.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Monthly Premium Payment Endorsement	Approved	Yes
Form	Change of Covered Auto(s)-Continuous Bill	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Monthly Premium Payment Endorsement	EM 08 05	09 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 EM 08 05 (12 93) Previous Filing #:		EM0805 0907.pdf
Approved	Change of Covered Auto(s)-Continuous Bill	EM 45 81	09 07	Endorsement/Amendment/Conditions		0.00	EM4581 0907.pdf

Monthly Premium Payment Endorsement



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:

- Business Auto Coverage Form**
- Truckers Coverage Form**
- Insurance for Non-Trucking Use Coverage Form**
- General Liability Coverage Form**
- Cargo Broad Form Coverage Form**

1. The following is added to Policy Period section of the Declaration:

This policy will be reviewed at each anniversary of the inception date for any changes in rates, rules and forms. The monthly premium and forms will be adjusted, if necessary, based on the rates, rules and forms in effect at that time.

2. The following is added to the General Conditions section:

This policy is continuous and shall remain in effect until cancelled or terminated pursuant to the terms and conditions of the policy.

The monthly premium will be based on the vehicles in effect at the time of the invoice. Failure to make required payments will result in cancellation of this policy according to the provisions set forth in the policy.



ZURICH®

Change of Covered Auto(s) – Continuous Bill

Endorsement Effective:

Policy No.:

Named Insured:

Countersigned by:

ADDED TO COVERED AUTO(S) YOU OWN:

AUTO NO.	YEAR	TRADE NAME	SERIAL NUMBER	BODY TYPE	PRINCIPALLY GARAGE	RADIUS OF USE

THIS POLICY CEASES TO COVER:

AUTO NO.	YEAR	TRADE NAME	SERIAL NUMBER	BODY TYPE

CHANGES IN PREMIUM AS FOLLOWS:

COVERAGES	LIMITS OF INSURANCE	ANNUAL PREMIUM	
		Unit #	Unit #
Combined Bodily Injury and Property Damage	\$, EACH ACCIDENT		
Bodily Injury	\$, EACH PERSON \$, EACH ACCIDENT		
Property Damage	\$, EACH ACCIDENT		
UM/UIM Bodily Injury	\$ EACH PERSON \$ EACH ACCIDENT \$ EACH ACCIDENT		
Property Damage Combined Single Limit	\$ EACH ACCIDENT		
Personal Injury Protection	PER ENDORSEMENT		
Property Protection	PER ENDORSEMENT		
Auto Medical Payments Comprehensive	\$ Each Person \$ Stated Amount With \$ Deductible		
Collision	\$ Stated Amount With \$ Deductible		
Specific Causes of Loss	\$ Stated Amount With \$ Deductible		
Cargo	\$ Stated Amount With \$ Deductible \$ Aggregate		
Terrorism			
Totals			

Loss Payee

Auto No.	Name and Address:

Endorsement #:

Dated:

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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 10/31/2007

Comments:

Attachments:

PCTD.pdf

FFS.pdf

Satisfied -Name: Explanatory Memo **Review Status:** Approved 10/31/2007

Comments:

Attachment:

Explan Memo-all lines.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 & Marine Insurance Company	NE	21326	47-6022701	

5. Company Tracking Number	CW CL 26721
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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
	Barbara Smith 1400 American Lane Schaumburg, IL 60196	Filing Analyst	847-605-6291	847-605-7768	barb.smith@zurichna.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Barbara J. Smith

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

9. Type of Insurance (TOI)	19.2, 21.2
10. Sub-Type of Insurance (Sub-TOI)	19.2002, 21.2000
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: 12/01/2007 Renewal: 12/01/2007

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 CL 26721			
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	Monthly Premium Payment Endorsement	EM 08 05 (09 07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Change of Covered Auto(s)-Continuous Bill	EM 45 81 (09 07)	<input checked="" 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		

Explanatory Memorandum

We are revising EM 0805 Monthly Premium Payment endorsement. We have removed the requirement that a mid-month effective date be moved to the first of the month. This is necessary to accommodate programming a policy issuance system.

Upon approval, EM 0805 0907 will replace the previously approved EM 0805 1293. This form is applicable to Commercial Auto, Commercial Inland Marine, and Commercial General Liability.

We are submitting new endorsement EM 4581 0907 Change of Covered Auto(s) – Continuous Bill. This endorsement will be used with our continuous bill policies to show the autos that are added and deleted from the policy. This form is applicable to Commercial Auto only.