

SERFF Tracking Number: EMCC-125358973 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-CA-2007-06
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /

Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Commercial Auto SERFF Tr Num: EMCC-125358973 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto Co Tr Num: AR-CA-2007-06 State Status: Fees received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Jo Byers Disposition Date: 11/15/2007
Date Submitted: 11/14/2007 Disposition Status: Approved
Effective Date Requested (New): 01/15/2008 Effective Date (New): 01/15/2008
Effective Date Requested (Renewal): 01/15/2008 Effective Date (Renewal):
01/15/2008

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/15/2007
State Status Changed: 11/14/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
November 14, 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-125358973 State: Arkansas
 First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: AR-CA-2007-06
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: /

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 | \$0.00 | 11/14/2007 | |
| Employers Mutual Casualty Company | \$50.00 | 11/14/2007 | 16639192 |

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TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 11/15/2007 | 11/15/2007 |

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Disposition

Disposition Date: 11/15/2007
Effective Date (New): 01/15/2008
Effective Date (Renewal): 01/15/2008
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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 Product Name: Commercial Auto
 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Form | Additional Locations Schedule | Approved | Yes |

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 Product Name: Commercial Auto
 Project Name/Number: /

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|-------------------------------|--------|--------------|----------------------------------|----------------------|-------------|-------------------|
| Approved | Additional Locations Schedule | CA7405 | 11-07 | Endorsement/Amendment/Conditions | | 0.00 | CA7405_200711.pdf |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL LOCATIONS SCHEDULE

This endorsement modifies insurance provided under the following:

GARAGE COVERAGE FORM

SCHEDULE*

Item Three of the Garage Declaration – Dealers’ Coverage Form, Locations Where You Conduct Your Garage Operations is amended by adding the following locations:

| Loc. | Address |
|-------------|----------------|
| _____ | _____ |
| _____ | _____ |

*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

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Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

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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 11/15/2007

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: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></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 # | | |
| 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-CA-2007-06 |
|-----------------------------------|----------------------|

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 50306-0712 | 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 Auto |
| 10. Sub-Type of Insurance (Sub-TOI) | Commercial Auto |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Commercial Auto |
| 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: 1/15/08 Renewal: 1/15/08 |

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 | 11/14/07 | |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

| | | |
|------------|--|---------------|
| 20. | This filing transmittal is part of Company Tracking # | AR-CA-2007-06 |
|------------|--|---------------|

| | |
|------------|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|------------|--|

The captioned companies are members of Insurance Services Office and ISO files the Commercial Auto program on our behalf. We are pleased to submit an independent form revision to be applicable to policies written on or after January 15, 2008.

Currently the garage rating basis does not have a provision that allows a location to be added when there are no rating units (employees). An example would be a storage warehouse or storage in a facility that extends 100 feet from the location shown under Item 3 on the garage declaration.

To address this issue, we have created an optional endorsement CA7405 (11-07) Additional Locations Schedule. This endorsement allows premise liability coverage to extend to an unlisted location on a garage policy where there are no rating units. There is no premium charge.

| | |
|------------|---|
| 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] |
|------------|---|

Check #: EFT
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-CA-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 | Additional Locations Schedule | CA7405 (11-07) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 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 | | |