

SERFF Tracking Number: EMCC-125365585 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$25
Company Tracking Number: AR-DWG-2007-06
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Manual Page Correction
Project Name/Number: /

Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Manual Page Correction

SERFF Tr Num: EMCC-125365585 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Co Tr Num: AR-DWG-2007-06

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Stephanie McBride

Disposition Date: 11/27/2007

Date Submitted: 11/20/2007

Disposition Status: Filed

Effective Date Requested (New): 10/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 10/01/2007

Effective Date (Renewal):

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: 11/27/2007

State Status Changed: 11/27/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

November 20, 2007

Attn: Property & Casualty Division

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

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EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

Dwelling Property and Liability

Rule Revision

Correction to Manual Page

Company File: AR-DWG-2007-06

Effective Date: Correction to 10/1/07 Revision

The captioned company is a member of Insurance Services Office and we are transmitting a rule correction.

It has come to our attention that there is a typographical error on page D-20. Under E.1.a.(1), the first line (Multiply the Base Class Premium by the appropriate factor in E.1.c.(1)) should not have been included in this rule.

Please find attached the Transmittal Document and corrected manual page D-20 which replaces that same page currently filed. A filing fee in the amount of \$25 is available via EFT.

We respectfully request your acknowledgment of this filing. Thank you.

Stephanie McBride
Filings Analyst
Rates and Filings Dept.
800-247-2128 Ext. 2684
Stephanie.M.McBride@EMCIns.com

Company and Contact

Filing Contact Information

Stephanie McBride, Filings Analyst
PO Box 712
Des Moines, IA 50306-0712

Stephanie.M.McBride@EMCIns.com
(515) 345-2684 [Phone]
(515) 345-2223[FAX]

Filing Company Information

Employers Mutual Casualty Company

CoCode: 21415

State of Domicile: Iowa

SERFF Tracking Number: EMCC-125365585 State: Arkansas
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717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

Group Code: 62
Group Name:
FEIN Number: 42-0234980

Company Type: P & C
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Mutual Casualty Company	\$25.00	11/20/2007	16742428

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/27/2007	11/27/2007

SERFF Tracking Number: *EMCC-125365585* *State:* *Arkansas*
Filing Company: *Employers Mutual Casualty Company* *State Tracking Number:* *EFT \$25*
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TOI: *01.0 Property* *Sub-TOI:* *01.0002 Personal Property (Fire and Allied Lines)*

Product Name: *Manual Page Correction*
Project Name/Number: */*

Disposition

Disposition Date: 11/27/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

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	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Rate	Manual Page	Filed	Yes

SERFF Tracking Number: *EMCC-125365585* *State:* *Arkansas*
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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Page	D-20	Replacement	Manual Page.pdf

410. BUILDING CODE EFFECTIVENESS GRADING (Cont'd.)

2. In some communities, two Building Code Effectiveness Grades may be assigned. One grade will apply to 1 and 2 family dwelling buildings and/or personal property contained in such buildings. The other grade will apply to all other buildings occupied for residential, commercial and/or manufacturing purposes including personal and business property contained therein. The Community Mitigation Classification Manual will indicate the application of each grade.
3. The Building Code Effectiveness Grades for a community, and their effective dates, are provided in the Community Mitigation Classification Manual published by Insurance Services Office, Inc.

B. Community Grading

1. The Building Code Effectiveness Grade applies to any building that has an original certificate of occupancy dated the year of the effective date of the community grading, or later. A rating factor has been developed for each community grade.
2. If a community is re-graded subsequent to its initial grading, the factor for the revised grade applies to buildings that have an original certificate of occupancy dated the year of the effective date of the revised grading, or later.
3. Where certificates of occupancy are not issued, equivalent documentation acceptable to the company may be used.
4. If, due to an addition or alteration, the original building is changed to comply with the latest building code, the factor for the community grading applicable at the time the reconstruction is completed will apply to such building.
5. The Building Code Effectiveness Grade may apply to Windstorm/Hail or Earthquake, or to both. Specific information is provided in the Community Mitigation Classification Manual. If the grade in the manual does not apply to one of the perils, the factor should not be applied for that peril.

C. Individual Grading

Where buildings have been built in full conformance with one of the natural hazard mitigation elements of one of the nationally recognized building codes even though the community grade is greater than 1, exception rating procedures may apply.

1. Any building may be classified as Grade 1 for Windstorm/Hail upon certification by a registered or licensed design professional, based on an on-site inspection, that such building is in compliance with one of the three nationally recognized building codes with respect to mitigation of the windstorm or hail hazard. This classification is effective only from the date of the certification.
2. Any building may be classified as Grade 1 for Earthquake upon certification by a registered or licensed design professional, based on an on-site inspection, that such building is in compliance with the earthquake hazard mitigation elements of one of the three nationally recognized building codes. This classification is effective only from the date of the certification.

D. Ungraded Risks

Buildings which do **not** meet the criteria in **B.** or **C.** for Grade assignments are rated and coded as ungraded risks. Do **not** classify as Grade 10.

E. Premium Credit Computation**1. Community Grading****a. Windstorm or Hail**

Compute the premium credit as follows:

- (1) For buildings which are eligible under paragraph **B.** of this rule, and for personal property inside such buildings, multiply the Key Premium for Extended Coverage (**DP0001**) by the applicable factor in **E.1.c.(1)**; and

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Review Status:** Filed 11/27/2007

Comments:

Attachment:

P&C Transmittal- Manual Pg Corr.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	Iowa	21415	42-0234980

5. Company Tracking Number	AR-DWG-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
	Stephanie McBride	Filings Analyst	800-247-2128 ext. 2684	515-345-2223	Stephanie.M.McBride@EMCIns.com
	P.O. Box 712 Des Moines, IA 50306				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Stephanie McBride

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

9.	Type of Insurance (TOI)	1.0000
10.	Sub-Type of Insurance (Sub-TOI)	1.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Dwelling
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 10/1/07 Renewal: 10/1/07

