

SERFF Tracking Number: EMCC-125262851 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-025798
Company Tracking Number: AR-CA-2007-05
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-125262851 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-025798
Sub-TOI: 20.0001 Business Auto Co Tr Num: AR-CA-2007-05 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Jo Byers Disposition Date: 08/16/2007
Date Submitted: 08/15/2007 Disposition Status: Approved
Effective Date Requested (New): 10/15/2007 Effective Date (New): 10/15/2007
Effective Date Requested (Renewal): 10/15/2007 Effective Date (Renewal):
10/15/2007

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/16/2007
State Status Changed: 08/15/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
August 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
EMCASCO INSURANCE COMPANY 062-21407

SERFF Tracking Number: EMCC-125262851 State: Arkansas
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Product Name: Commercial Auto
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Commercial Auto Form Filing

Voiding Insurance While a Certain Person is Operating Auto CA7202 (8-07)

Company File # AR-CA-2007-05

Effective October 15, 2007

The captioned companies are members of Insurance Services Office and ISO files the Commercial Auto program on our behalf. We are pleased to submit a form revision applicable to policies written on or after October 15, 2007.

Voiding Insurance While a Certain Person is Operating Auto CA7202 (8-07) replaces CA7207 (6-07). We have added Excluded Driver Name, changed Excluded Driver to Excluded Driver Signature, and Witness (Agent) to Witness or Agent Signature.

We supplement this filing with the \$50.00 filing fee, Property and Casualty Transmittal Document, and a final printed copy of our endorsement.

We respectfully request your approval of this filing, to be applicable to policies written on or after October 15, 2007.

Thank you.

Jo L. Byers, Filings Analyst
Rates and Filings Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst
PO Box 712
Des Moines, IA 50306-0712

Jo.L.Byers@EMCIns.com
(800) 247-2128 [Phone]
(515) 345-2223[FAX]

Filing Company Information

SERFF Tracking Number: EMCC-125262851 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-025798
Company Tracking Number: AR-CA-2007-05
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /

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

SERFF Tracking Number: EMCC-125262851 State: Arkansas
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Product Name: Commercial Auto
Project Name/Number: /

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	08/15/2007	15122845
Employers Mutual Casualty Company	\$0.00	08/15/2007	

State Specific

Check_No: n/a
Check_Amt: 50.00
Check_Rec: n/a

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State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

State Tracking Number: AR-PC-07-025798

Company Tracking Number: AR-CA-2007-05

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	08/16/2007	08/16/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty cover letter	Supporting Document	Jo Byers	08/15/2007	08/15/2007
	Supporting Document	Jo Byers	08/15/2007	08/15/2007

SERFF Tracking Number: EMCC-125262851 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /

Disposition

Disposition Date: 08/16/2007
Effective Date (New): 10/15/2007
Effective Date (Renewal): 10/15/2007
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

SERFF Tracking Number: EMCC-125262851 State: Arkansas
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 Company Tracking Number: AR-CA-2007-05
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Form	Voiding Insurance While a Certain Perrson is Operating "Auto"	Approved	Yes

SERFF Tracking Number: EMCC-125262851 State: Arkansas
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-025798
Company Tracking Number: AR-CA-2007-05
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: /

Amendment Letter

Amendment Date:

Submitted Date: 08/15/2007

Comments:

Attached is a revised Property-Casualty Transmittal Document and cover letter. Amended letter and form to say we are replacing form CA7202, not CA7207.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Comment:

pctd.pdf

User Added -Name: cover letter

Comment:

cover letter.pdf

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 First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: AR-PC-07-025798
 Company Tracking Number: AR-CA-2007-05
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 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	Voiding Insurance While a Certain Person is Operating "Auto"	CA7202	8-07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CA7202 (6-07) Previous Filing #:		CA7202_200708.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VOIDING INSURANCE WHILE A CERTAIN PERSON IS OPERATING "AUTO"

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

In consideration of the continuation of this policy in force by the Company, it is hereby agreed that, with respect to such insurance as is afforded under all coverage provided herein we will not be liable for "loss," damage, and/or liability caused while the "auto" described in the policy, or any other "auto" to which the terms of the policy are extended, is being driven or operated by the following named person.

(Excluded Driver Name)

Provided, you accept this endorsement as witnessed by your signature, and,

Provided further, that, unless this endorsement is revoked in writing by us, this endorsement shall be a part of this policy or any renewal of this policy issued by us.

The above exclusion has been explained to me by _____
(Agent Name)

and I understand it. I further understand this constitutes a waiver of coverage.

(Excluded Driver Signature)

(Named Insured, Company Representative Signature)

(Witness or Agent Signature)

Date Signed

Policy Number: _____

SERFF Tracking Number: *EMCC-125262851*

State: *Arkansas*

First Filing Company: *EMCASCO Insurance Company, ...*

State Tracking Number: *AR-PC-07-025798*

Company Tracking Number: *AR-CA-2007-05*

TOI: *20.0 Commercial Auto*

Sub-TOI: *20.0001 Business Auto*

Product Name: *Commercial Auto*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125262851

State: Arkansas

First Filing Company: EMCASCO Insurance Company, ...

State Tracking Number: AR-PC-07-025798

Company Tracking Number: AR-CA-2007-05

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Auto

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Comments:

Attachment:

pctd.pdf

Review Status:

Approved

08/16/2007

Satisfied -Name: cover letter

Comments:

Attachment:

cover letter.pdf

Review Status:

Approved

08/16/2007

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="width: 50%; border: none;">New Business</td> <td style="border: none;"></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					

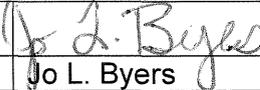
3. Group Name	Group NAIC #
EMC Insurance Companies	062

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-2007-05
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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 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: 10/15/07 Renewal: 10/15/07

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	8/15/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CA-2007-05
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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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The captioned companies are members of Insurance Services Office and ISO files the Commercial Auto program on our behalf. We are pleased to submit a form revision applicable to policies written on or after October 15, 2007.

Voiding Insurance While a Certain Person is Operating "Auto" – CA7202 (8-07) replaces CA7202 (6-07). We have added "Excluded Driver Name", changed "Excluded Driver" to "Excluded Driver Signature", and "Witness (Agent)" to "Witness or Agent Signature".

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]
<p>Check #: Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****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-2007-05			
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	Voiding Insurance While a Certain Person is Operating "Auto"	CA7202 (8-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CA7202 (6-07)	
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		



717 Mulberry
Des Moines, IA 50309-3872
P.O. Box 712
Des Moines, IA 50303-0712
Phone 515.280.2511
www.emcinsurance.com

August 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
EMCASCO INSURANCE COMPANY – 062-21407
Commercial Auto Form Filing
Voiding Insurance While a Certain Person is Operating “Auto” – CA7202 (8-07)
Company File # AR-CA-2007-05
Effective October 15, 2007

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We supplement this filing with the \$50.00 filing fee, Property and Casualty Transmittal Document, and a final printed copy of our endorsement.

We respectfully request your approval of this filing, to be applicable to policies written on or after October 15, 2007. Thank you.

Jo L. Byers, Filings Analyst
Rates and Filings Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

<i>SERFF Tracking Number:</i>	<i>EMCC-125262851</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>EMCASCO Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025798</i>
<i>Company Tracking Number:</i>	<i>AR-CA-2007-05</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Uniform Transmittal Document- Property & Casualty	08/15/2007	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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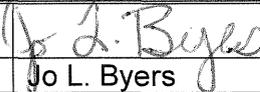
3. Group Name	Group NAIC #
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7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

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: 10/15/07 Renewal: 10/15/07

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	8/15/07	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CA-2007-05
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Check #:
Amount: \$50.00

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