

Filing at a Glance

Companies: Wausau Underwriters Insurance Company, Employers Insurance Company of Wausau, Wausau Business Insurance Company

Product Name: Businessowners	SERFF Tr Num: WAUS-125254353	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: AR-PC-07-025722
Sub-TOI: 05.0002 Businessowners	Co Tr Num: BPR-CW-019-07	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Ellen Marcott, Jill Schroeder	Disposition Date: 08-08-2007
	Date Submitted: 08-06-2007	Disposition Status: Approved
Effective Date Requested (New): 01-01-2008		Effective Date (New): 01-01-2008
Effective Date Requested (Renewal): 01-01-2008		Effective Date (Renewal): 01-01-2008

General Information

Project Name: Revise Company Declarations Page-FB0010 01 08	Status of Filing in Domicile:
Project Number: BPF-CW-019-07	Domicile Status Comments:
Reference Organization: N/A	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08-08-2007	
State Status Changed: 08-07-2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
PROJECT # BPF-CW-019-07	
EMPLOYERS INSURANCE COMPANY OF WAUSAU NAIC-0111 21458	
WAUSAU UNDERWRITERS INSURANCE COMPANY NAIC-0111 26042	
WAUSAU BUSINESS INSURANCE COMPANY - NAIC 0111 - 26069	

DIVISION TEN - BUSINESSOWNERS
REVISE COMPANY DECLARATION PAGE FB0010 01-08

Requested Effective Date: January 1, 2008

The above captioned companies submit this revised Declaration page for your review and acknowledgement/approval for use with the Businessowners Coverage Form: BP 00 03 01 06. We are adding the Advance Premium and Policies Subject to Premium Audit information to the Policy Declarations FB0010 01 08.

Please direct all questions regarding this filing to me at the address shown below.

Please acknowledge/approve this filing submission.

Company and Contact

Filing Contact Information

Ellen Marcott, State Filing Analyst
PO BOX 8017
Wausau, WI 54402-8017
Ellen.Marcott@Wausau.com
(877) 792-8728 [Phone]
(715) 842-6828[FAX]

Filing Company Information

Wausau Underwriters Insurance Company	CoCode: 26042	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 39-1341459	

Employers Insurance Company of Wausau	CoCode: 21458	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 39-0264050	

Wausau Business Insurance Company	CoCode: 26069	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 36-3522250	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Created by SERFF on 08-08-2007 09:07 AM

Employers Insurance Company of Wausau	\$50.00	08-06-2007	14976397
Wausau Underwriters Insurance Company	\$50.00	08-06-2007	
Wausau Business Insurance Company	\$0.00	08-06-2007	

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-08-2007	08-08-2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	Ellen Marcott	08-06-2007	08-06-2007

Disposition

Disposition Date: 08-08-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal): 01-01-2008

Status: Approved

Comment: We show only one \$50 fee charge which is correct.

Rate data does NOT apply to filing.

Created by SERFF on 08-08-2007 09:07 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Company Declarations Page	Approved	Yes

Note To Reviewer

Created By:

Ellen Marcott on 08-06-2007 02:44 PM

Subject:

Filing Fee

Comments:

I have submitted this filing today and noticed after I PDF'd the copy that it indicates another \$50 under the Wausau Underwriters Insurance Company.

There should only be ONE fee of \$50 for all 3 companies.

Please advise upon review if you see 2 fees or only the correct \$50 for EICOW, which would be correct.

Thank you and I apologize for any inconvenience.

Ellen Marcott

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Company Declarations Page	FB0010	01 08	Declaration Replaced s/Schedule	FB0010 01 08	0.00	FB0010 108.pdf

Wausau Insurance Companies Businessowners Policy Declarations

Policy Number:

Former Policy Number:

ISSUED BY	PRODUCER NAME AREA
Named Insured:	
Mailing Address:	
Policy Period: FROM _____ TO _____	
At 12:01 A.M.* Standard Time at your mailing address shown above.	
*EXCEPTIONS: 12:00 noon in Maine, Michigan, North Carolina and Virginia	
Form Of Business:	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization, including a corporation (but not including a partnership, joint venture or limited liability company)	

PREMIUM

Terrorism Risk Insurance Act:	\$
Total Premium:	\$
Surcharges/Taxes/Assessments: (see attached schedule)	\$
Advance Premium:	\$

POLICIES SUBJECT TO PREMIUM AUDIT:				
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEIMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE YOU THE INSURANCE AS STATED IN THIS POLICY.

Countersignature Of Authorized Company Representative
Signature:

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Issued:

Page 1 of 9

Wausau Insurance Companies Businessowners Policy Declarations

Policy Number:

NOTE:

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

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Page 2 of 9

FB0010
01-08

**Wausau Insurance Companies
Businessowners Policy Declarations**

Policy Number:

SURCHARGES, TAXES AND ASSESSMENTS SCHEDULE

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Page 3 of 9

FB0010
01-08

**Wausau Insurance Companies
Businessowners Policy Declarations**

Policy Number:

NAMED INSURED EXTENSION

The named insured in the declarations is:

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Page 4 of 9

FB0010
01-08

Wausau Insurance Companies Businessowners Policy Declarations

Policy Number:

Premises Information			
Prem. No.	Bldg. No.	Premises Address:	Occupancy:
Prem. No.	Bldg. No.	Mortgageholder - Name And Address:	

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Wausau Insurance Companies Businessowners Policy Declarations

Policy Number:

SECTION I – PROPERTY

BLANKET INSURANCE

Indicate the type of property to be blanketed and the blanket limit of insurance.

Type Of Property	Limit Of Insurance
1) Building OR	\$
2) Business Personal Property OR	\$
3) Building & Business Personal Property	\$

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)

Coverage	Limit Of Insurance/Extended Number of Days
Forgery Or Alteration	\$
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	Days
Extended Business Income – Extended Number Of Days	Days
Electronic Data - Increased Limit (Section I - Property)	\$
Interruption Of Computer Operations - Increased Limit	\$
Fire Department Service Charge	\$

Additional Coverage - Business Income - Ordinary Payroll Additional Exemptions

Coverage	Exempt Job Classifications	Exempt Employees
Business Income		

Policy Optional Coverages – Applicable only if an "X" is shown in the boxes below:

	Employee Dishonesty	\$	Per Occurrence
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Page 6 of 9

Wausau Insurance Companies Businessowners Policy Declarations

Policy Number:

SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period.

Please refer to **Section II – Liability** in the Businessowners Coverage Form or the Businessowners Liability Coverage Form and any attached endorsements.

Coverage	Limit Of Insurance	
Liability & Medical Expenses	\$	Per Occurrence
Medical Expenses	\$	Per Person
Damage To Premises Rented To You	\$	Any One Premises
Other than Products/Completed Operations Aggregate	\$	
Products/Completed Operations Aggregate:	\$	

Optional Coverages - Applicable only if an "X" is shown in the boxes below:

<input type="checkbox"/>	Tenants Liability (BP 04 55)	\$	Per Occurrence
<input type="checkbox"/>	Self-Storage Facilities - Customer Goods Legal Liability (Optional Increased Limits)	\$	Per Occurrence
<input type="checkbox"/>	Motels – Liability For Guests' Property Optional Limits:	\$	Per Occurrence
		\$	Per Guest
<input type="checkbox"/>	Motels – Liability For Guests' Property In Safe Deposit Boxes	\$	Per Occurrence
DEDUCTIBLE			
Optional Property Damage Liability Deductible:		\$	
<input type="checkbox"/>	Per Claim (Refer to BP 07 03); or	<input type="checkbox"/>	Per Occurrence (Refer to BP 07 04)

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Page 7 of 9

Wausau Insurance Companies Businessowners Policy Declarations

Policy Number:

Per Location Property Coverage Limits Of Insurance

Prem. No.	Bldg. No.	Type Of Property (Building, Business Personal Property or Business Income)	Actual Cash Value Bldg. Option (Yes Or No)	Automatic Increase Bldg. Limit (Percentage) **	Limit Of Insurance*
		Building			\$
		Business Personal Property	Not Applicable	Not Applicable	\$
		Business Income		Not Applicable	\$

*Includes Automatic Increase Building Limit Percentage

**This percentage can only vary by premises, not by building.

Property Deductible \$ _____	Optional Coverage /Glass Deductible \$500	Windstorm or Hail Percentage Deductible %	Earthquake/Volcanic Action Percentage Deductible (If BP1003 is attached) %
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Additional Coverages/Coverage Extensions - Optional Higher Limits

Coverage	Limit Of Insurance
Accounts Receivable	\$
Business Income From Dependent Properties	\$
Valuable Papers and Records	\$

Optional Coverages – Applicable only if an "X" is shown in the boxes below:

	Coverage	Limit Of Insurance
1.	<input type="checkbox"/> Outdoor Signs	\$ Per Occurrence
2.	<input type="checkbox"/> Money & Securities	\$ Inside the Premises \$ Outside the Premises
3.	<input type="checkbox"/> Burglary & Robbery (Named Peril Endorsement only)	
	Money & Securities (Amount included when	\$ Inside the Premises
	Burglary And Robbery Option is Selected)	\$ Outside the Premises
4.	<input type="checkbox"/> Other: Specify:	

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Page 8 of 9

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty

Approved

08-08-2007

Bypass Reason: NAIC Transmittal Document no longer required in SERFF V.5. All required information is included within submission.

Comments: