

SERFF Tracking Number: ARKS-125436307 State: Arkansas
Filing Company: 23418 - MID-CONTINENT CASUALTY State Tracking Number: #194929 \$100
COMPANY
Company Tracking Number: AR-RECOVERY PROGRAM
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Commerical Multi-Peril
Project Name/Number: /

Filing at a Glance

Company: 23418 - MID-CONTINENT CASUALTY COMPANY
Product Name: Commerical Multi-Peril SERFF Tr Num: ARKS-125436307 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #194929 \$100
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: AR-RECOVERY PROGRAM State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Disposition Date: 01/28/2008
Date Submitted: 01/16/2008 Disposition Status: Approved
Effective Date Requested (New): 03/01/2008 Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): 03/01/2008 Effective Date (Renewal): 03/01/2008

State Filing Description:

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: 01/28/2008
State Status Changed: 01/28/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

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Product Name: Commerical Multi-Peril
Project Name/Number: /

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

23418 - MID-CONTINENT CASUALTY CoCode: 23418 State of Domicile: Arkansas
COMPANY
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/28/2008	01/28/2008

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Disposition

Disposition Date: 01/28/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Supporting Document Schedules

Unsatisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/28/2008

Comments:

Satisfied -Name: ARKS-125436307

Review Status: Accepted for Informational 01/28/2008
Purposes

Comments:

Attachment:

ARKS-125436307.pdf

LR



Mid-Continent Group

MID-CONTINENT CASUALTY • MID-CONTINENT INSURANCE • OKLAHOMA SURETY

January 8, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 W Third St
Little Rock AR 72201-12904

CR# 194929

\$100

ARHS-125436307

RECEIVED

JAN 16 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Re: Mid-Continent Casualty Company (084-23418) (73-0556513)
Commercial Multi-Peril
Form Filing
Our File # AR-Recovery Program

Dear Honorable Bowman,

The Mid-Continent Casualty Company hereby submits for your approval the enclosed forms to be used with the Commercial Multi-Peril line of business.

This submission deals with a new program (Recovery Program) that is being implemented and four new forms.

Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the new forms.

We request that this filing be applicable to all policies effective on and after March 1, 2008.

If you need any additional information please contact me. Thank you in advance for reviewing our submission.

Respectfully,

Vicki Lingafelter

Vicki Lingafelter
State Compliance Analyst
Phone: 800-722-4994 (341)
Fax: 918-560-2736
vlingafelter@mcg-ins.com

Approved until withdrawn
or revoked

JAN 28 2008

Arkansas Insurance Department

By: *LR*

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only Approved until withdrawn or revoked JAN 28 2008 Arkansas Insurance Department By: <i>LR</i>
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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	

3. Group Name Mid-Continent Group	Group NAIC # 084			
4. Company Name(s) Mid-Continent Casualty Company	Domicile OK	NAIC # 23418	FEIN # 73-0550833	State #
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 16 2008 PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT </div>				

5. Company Tracking Number	AR-Recovery Program
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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
	Vicki Lingafelter 1437 S Boulder Ste 200 Tulsa OK 74119-3610	State Compliance Analyst	800-722-4994 (341)	918-560-2736	vlingafelter@mcg-ins.com

7. Signature of authorized filer	<i>Vicki Lingafelter</i>
8. Please print name of authorized filer	Vicki Lingafelter

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

9. Type of Insurance (TOI)	5.0
10. Sub-Type of Insurance (Sub-TOI)	05.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial Multi-Peril
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: 3/01/08 Renewal: 3/01/08

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A	
17.	Reference Organization # & Title	N/A	
18.	Company's Date of Filing	1/8/08	
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-Recovery Program
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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 Mid-Continent Casualty Company hereby submits for your approval the enclosed forms to be used with the Commercial Multi-Peril line of business.

This submission deals with a new program (Recovery Program) that is being implemented and four new forms.

Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the new forms.

We request that this filing be applicable to all policies effective on and after March 1, 2008.

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]
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Check #: 194929
Amount: 100.00

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)

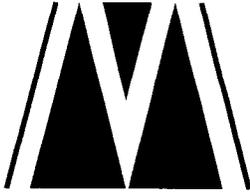
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-Recovery Program			
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	Recovery Package Policy Common Policy Declarations	MS 5009 (06/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Repossession Company Bailee's Form	MM 3000 (12/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Repossession Company Bailee's Form Amendatory Endorsement	MM 3001 (05/00)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Repossession Company Bailee's Form Schedule	MM 3044 (02/01)	<input checked="" 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

The package policy for the Collateral Recovery Companies provides specialized Inland Marine Coverage for Repossessed Property and Personal Effects.

Also offers General Liability, Personal Injury, Automobile and Garagekeepers.



MID-CONTINENT CASUALTY COMPANY

P. O. Box 1409 Tulsa, Oklahoma 74101

RECOVERY PACKAGE POLICY COMMON POLICY DECLARATIONS

POLICY NO:
RENEWAL NO:

Named Insured and Mailing Address

Agent Name and Mailing Address

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POLICY PERIOD: FROM _____ TO _____ at 12:01 A.M. Standard Time at your mailing address shown above

THE NAMED INSURED IS _____

BUSINESS DESCRIPTION: _____

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

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____
COMMERCIAL CRIME COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
OTHER (SPECIFY)	\$ _____
SURCHARGE / TAXES (if applicable)	\$ _____
	Total Advance Premium
	\$ _____

Form(s) and Endorsement(s) made a part of this policy at time of issue*:

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

Countersigned at: _____

Date: _____

By _____
Authorized Representative

INSURED

POLICY NUMBER:

REPOSSESSION COMPANY BAILEE'S FORM

1. **PROPERTY COVERED.** This policy covers repossessed property of others which is in the care, custody or control of the Insured.
2. **PROPERTY EXCLUDED.** This policy does not cover:
 - a. Animals;
 - b. Accounts, bills, deeds, evidence of debt, money, notes or securities.
3. **WHERE COVERED.** This policy covers the repossessed property while at locations named in this policy, while such property is in due course of transit, or at a temporary location incidental to a repossession business.
4. **LIMITS OF LIABILITY.**

Address of Premises 2

Repossessed Property

Limit \$ _____

Deductible \$ _____ **For All Perils Subject to \$ _____ Maximum For All Such "Loss"**
In Any One Event.

Rate \$ _____

Premium \$ _____

Personal Effects

Limit \$ _____

Deductible \$ _____ **For All Perils Subject to \$ _____ Maximum For All Such "Loss"**
In Any One Event.

Rate \$ _____

Premium \$ _____

5. **PERILS INSURED AGAINST.** This policy insures against direct physical loss or damage caused by:
 - a. Fire, lightning, explosion, theft and vandalism and malicious mischief.
 - b. Collision, including upset or overturn.
 - c. Towing operations.
6. **PERILS EXCLUDED.** This policy does not insure against:
 - a. Wear and tear, gradual deterioration, inherent vice, insects, vermin or damage sustained from processing, or while the property insured is actually being worked upon and resulting there from; unless fire ensues and taken only for loss or damage caused by the ensuing fire;
 - b. Loss or damage caused by or resulting from infidelity or any act of a dishonest character on the part of the insured or any of their employees;
 - c. Loss or damage to electrical appliances or devices of any kind, including wiring, arising from electrical injury or disturbances to the said electrical appliances or devices or wiring, from artificial causes, unless fire or explosion ensues and then only for direct loss or damage caused by such ensuing fire or explosion;
 - d. Loss or damage to shipments by mail;

e. Delay, or loss of market caused by a peril insured against or otherwise.

7. DEFINITIONS.

- a. "Repossessed Property" means property of others, excluding "personal effects" seized by you as part of a repossession operation.
- b. "Personal Effects" means property other than an "auto", "money" or "securities" that belong to an individual and is devoted primarily to that individual's personal or business use.
- c. "Loss" means direct and accidental loss or damage and includes any resulting loss of use.

8. LIMIT OF INSURANCE AND DEDUCTIBLE

- a. Regardless of the number of "repossessed property" owners, "personal effects" owners, "insureds", premiums paid, claims made or "suits" brought, the most we will pay for each "loss" at each location is the "repossessed property" or "personal effects" Limit of Insurance shown in the Item 4. for that location minus the applicable deductibles for "loss".
- b. The maximum deductible stated in Item 4. for "repossessed property" or "personal effect" is the most that will be deducted for all "loss" in any one event.

9. WARRANTY. The repossession service must, at the time of storage, inventory and safeguard all visible personal effects.

10 This policy shall be void if assigned or transferred without written consent of the Company.

11. SPECIAL CONDITIONS

- a. **VALUATION.** The Company shall not be liable for more than the actual cash value of the property at the time of loss or damage occurs, and the loss or damage shall be ascertained or estimated according to such actual cash value with property deduction for depreciation, however caused, not in any event for more than it would then cost to repair or replace the same with material of like kind and quality. This insurance shall include the Insured's customary charges that have been earned on such lost or damaged goods. Any loss, at the option of the Company, may be paid to the Insured, or adjusted with and paid to the Insured's customer/or owner of the property.
- b. This insurance is primary over any other valid and collectible insurance.
- c. It is a condition of this policy that the Insured has not and will not enter into any special agreement releasing or limiting the liability of any bailee or carrier unless such agreement is specifically reported to the Company and consent thereto endorsed hereon by the Company.
- d. **AUTOMATIC REINSTATEMENT.** Any loss hereunder shall not reduce the amount of the policy.

The terms and conditions of this form wherein they conflict are to be regarded as additional to those of the policy to which it is attached and so far as they are inconsistent therewith are to supersede the same.

Authorized Representative Signature

REPOSSESSION COMPANY BAILEE'S FORM AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

REPOSSESSION COMPANY BAILEE'S FORM **MM 3000**

Item 5.a. is hereby amended to read as follows:

5. PERILS INSURED AGAINST

- a.** Fire; lightning; explosion; theft; windstorm; hail; flood and vandalism and malicious mischief.

All other conditions remain unchanged

REPOSSESSION COMPANY BAILEE'S FORM SCHEDULE

Address of Premises _____

Repossessed Property

Limit \$ _____
Deductible \$ _____ For All Perils Subject to \$ _____ Maximum For All Such "Loss"
In Any One Event

Rate \$ _____
Premium \$ _____

Personal Effects

Limit \$ _____
Deductible \$ _____ For All Perils Subject to \$ _____ Maximum For All Such "Loss"
In Any One Event

Rate \$ _____
Premium \$ _____

Address of Premises _____

Repossessed Property

Limit \$ _____
Deductible \$ _____ For All Perils Subject to \$ _____ Maximum For All Such "Loss"
In Any One Event

Rate \$ _____
Premium \$ _____

Personal Effects

Limit \$ _____
Deductible \$ _____ For All Perils Subject to \$ _____ Maximum For All Such "Loss"
In Any One Event

Rate \$ _____
Premium \$ _____

Address of Premises _____

Repossessed Property

Limit \$ _____
Deductible \$ _____ **For All Perils Subject to \$ _____ Maximum For All Such "Loss"**
In Any One Event
Rate \$ _____
Premium \$ _____

Personal Effects

Limit \$ _____
Deductible \$ _____ **For All Perils Subject to \$ _____ Maximum For All Such "Loss"**
In Any One Event
Rate \$ _____
Premium \$ _____

Address of Premises _____

Repossessed Property

Limit \$ _____
Deductible \$ _____ **For All Perils Subject to \$ _____ Maximum For All Such "Loss"**
In Any One Event
Rate \$ _____
Premium \$ _____

Personal Effects

Limit \$ _____
Deductible \$ _____ **For All Perils Subject to \$ _____ Maximum For All Such "Loss"**
In Any One Event
Rate \$ _____
Premium \$ _____