

SERFF Tracking Number: EMCC-125415109 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$25
Company Tracking Number: AR-MC-2008-01
TOI: 19.0 Personal Auto Sub-TOI: 19.0002 Motorcycle
Product Name: Rule Revision
Project Name/Number: /

Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Rule Revision

TOI: 19.0 Personal Auto

Sub-TOI: 19.0002 Motorcycle

Filing Type: Rule

Effective Date Requested (New): 03/15/2008

Effective Date Requested (Renewal): 03/15/2008

State Filing Description:

SERFF Tr Num: EMCC-125415109 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-MC-2008-01

Co Status:

Author: Stephanie McBride

Date Submitted: 01/04/2008

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Disposition Date: 01/15/2008

Disposition Status: Filed

Effective Date (New): 03/15/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/15/2008

State Status Changed: 01/15/2008

Corresponding Filing Tracking Number:

Filing Description:

January 4, 2008

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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

Motorcycle

Rule Revision

Company File #: AR-MC-2008-01

Effective Date: March 15, 2008

The captioned company is a member of Insurance Services Office and currently has an independent Motorcycle Program on file with your department. We are transmitting for filing a rule revision to be applicable to policies effective on or after March 15, 2008.

We have added a new section entitled “Motorcycle Eligibility” to our manual. This section explains that the personal auto policy shall be used to afford coverage to motorcycle policies if specific requirements are met.

We supplement this filing with the following:

- Transmittal Document
- Revised manual pages MC-INDEX-1 & MC-INDEX-2, which replace those same pages currently filed and MC-4 – MC-11, which replace pages MC-4 – MC-10 currently filed
- Filing Fee in the amount of \$25 (available via EFT)

We respectfully request your acknowledgment of this revision to be applicable to policies effective on or after March 15, 2008. 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

Stephanie.M.McBride@EMCIns.com

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PO Box 712 (515) 345-2684 [Phone]
Des Moines, IA 50306-0712 (515) 345-2223[FAX]

Filing Company Information

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-125415109 State: Arkansas
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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	01/04/2008	17343901

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	01/15/2008	01/15/2008

SERFF Tracking Number: EMCC-125415109 State: Arkansas
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Disposition

Disposition Date: 01/15/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125415109 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Manual Pages	Filed	Yes

SERFF Tracking Number: *EMCC-125415109* *State:* *Arkansas*
Filing Company: *Employers Mutual Casualty Company* *State Tracking Number:* *EFT \$25*
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TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0002 Motorcycle*
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125415109 State: Arkansas
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Pages	MC-INDEX-1, MC-INDEX-2, MC-4 - MC-11	Replacement	Manual Pages.pdf

MOTORCYCLE MANUAL INDEX

RULE	Rule No.	Page MC-
Additional Rule - Arkansas Medical Payments Insurance, Work Loss Coverage & Accidental Death Benefit.....	12.	10
Age Group for Comprehensive and Collision	3.	6
Cancellation and Non-Renewal	7.	6
Changes	6.	6
Classification	2.	5
Classification Codes and Rating Factors	2.	5
Coverages Available		
Combined Single Limit Liability	A.	4
Medical Payments Coverage	B.	4
Motorcycle Helmet Coverage.....	C.3.	4
Physical Damage Coverages.....	C.	4
Uninsured and Underinsured Motorists Coverages	D.	4
Customizing Equipment Coverage	11.	9
Excess Electronic Equipment Coverage	11.	8
Minimum Premium Rule	4.	6
Miscellaneous Coverages	11.	7
Motorcycle Eligibility		4
Policy Period	5.	6
Preferred Cyclist Discount.....	2.	5
Premium Determination.....	1.	5
Premium Payment Options	10.	7
Rate Pages		
Liability, Medical, Uninsured and Underinsured Motorists	N/A	R-1
Physical Damage (\$50, \$100 and \$150 Deductibles)	N/A	R-2
Physical Damage (\$200, \$250 and \$500 Deductibles)	N/A	R-3
Special State Rules	N/A	4
Tapes, Records, Discs and Other Media Coverage.....	11.	9
Trailer and Sidecar — Physical Damage.....	9.	7
Trip Interruption Coverage.....	11.	10
Underwriting Guide		
New Business	1.	1
Violations and Convictions	2.	2
Uninsured Motorists Coverage	11.	7
Underinsured Motorists Coverage.....	11.	7
Whole Dollar Premium.....	8.	6

ENDORSEMENT REFERENCES

ENDORSEMENT TITLE	Endst. No.	Page MC-
Additional Insured — Lessor	PP0319	*
Amendment of Policy Provisions	PP0177	4
Certificate of Insurance — Trusts	PP0374	*
Change Endorsement	IL1201.1	*
Coverage For Damage To Your Auto Exclusion	PP1301	*
Excess Electronic Equipment Coverage,	PP0313	9
Tapes, Records, Disks and Other Media.....	PP0313	9
Customizing Equipment Coverage	MC7028	9
Joint Ownership Coverage	PP0334	*
Liability Coverage Exclusion Endorsement	PP0326	*
Loss Payable Clause.....	PP7189	*
Miscellaneous Type Vehicle Endorsement.....	PP0323	4
Motorcycle Helmet Coverage	MC7026	4
Non-Factory Items Exclusion Endorsement	MC7027	*
Other Liability Interest Endorsement	PP7144	*
Personal Auto Policy	PP0001	*
Personal Auto Policy Quick Reference.....	PP7007	*
Personal Injury Protection Endorsement – Arkansas	PP0582	10
Single Liability Limits	PP0309	*
Single Underinsured Motorists Limits	PP0402	8
Single Uninsured Motorists Limits	PP0401	7
Trip Interruption Coverage.....	PP1302	10
Trust Endorsement.....	PP1303	4
Underinsured Motorists Coverage.....	PP0434	8
Uninsured Motorists Coverage.....	PP0495	7

* Endorsements listed without a page number are not included in the following rule pages but are applicable in the state.

MOTORCYCLE MANUAL RULES

SPECIAL STATE RULES

Attach the following endorsement to all motorcycle policies issued in the State of Arkansas:

PP0177 Amendment of Policy Provisions

*

MOTORCYCLE ELIGIBILITY

- A.** Personal Auto Policy shall be used to afford coverage to motorcycles if:
1. They are written on a specified vehicle basis.
 2. They are owned by:
 - a. An individual;
 - b. A husband and wife;
 - c. Two or more relatives other than husband and wife; or
 - d. Two or more resident individuals; and
 3. Coverage is limited in accordance with the miscellaneous type vehicle endorsement (**PP0323**).
- B.** Personal Auto Policy shall be used to afford coverage to:
1. Motorcycles if title to the vehicle(s) has been transferred to a trust, subject to the following requirements:
 1. Requirements
 - a. The grantor of the trust must be:
 - (1) An individual or husband and wife; and
 - (2) The only named insured(s) shown in the Declarations.
 - b. All vehicles insured under the policy must be owned by the trust.
 - c. A vehicle owned by a trust, in which the grantor is corporate entity, is not eligible under the Personal Auto Program but may be written under a commercial auto policy.
 2. Endorsement

Attach endorsement **PP1303-Trust Endorsement** to the policy

COVERAGES AVAILABLE

- A. Combined Single Limit Liability Coverage** shall be afforded in every policy.
- B. Medical Payments Coverage** may be afforded optionally and provides coverage for the operator and passenger, subject to a deductible of \$50.
- C. Physical Damage Coverages** may be afforded only in combination with Liability Coverages.
1. Comprehensive may be afforded separately without Collision Coverage.
 2. Collision Coverage shall not be written without Comprehensive Coverage.
 3. If Collision Coverage is purchased, coverage will be provided for motorcycle safety helmets worn by the insured and passenger for damage which results from a covered collision loss to the insured motorcycle.
- Attach Endorsement MC7026 – Motorcycle Helmet Coverage**
- D. Uninsured Motorists Coverages**
- See Rule 11.

1. PREMIUM DETERMINATION

Single Limit Liability, Medical Payments, Comprehensive and Collision premiums are determined as follows:

- A. Refer to the Classification Rule to determine the applicable Classification, Rating Factor and Class Code.
- B. Refer to the Age Group Rule to determine the appropriate age.
- C. Refer to the Rate Sheets to determine base rates for the desired coverage.
 1. For Single Limit Liability and Medical Payments, select the appropriate base rate based on the cubic centimeter cylinder capacity of the motor and the limit of coverage desired.
 2. For Physical Damage, select the appropriate base rate based on the age of the motorcycle, cubic centimeter cylinder capacity of the motor and the deductible desired.
- D. The premium for each of the above coverages is determined by multiplying the base rate by the appropriate rating factor.

2. CLASSIFICATION

A. Motorcycles are classified as follows:

1. Determine the age of all operators.
2. Determine if the motorcycle is:
 - a. a single motorcycle, or
 - b. part of a multi-motorcycle risk.
3. Determine the applicable rating factors.

B. Assign Operator Class Codes and Factors as follows:

1. Any operator(s) in the household under age 21 must be assigned to one bike on the policy.
2. Any operator(s) in the household 21 to 29 years of age shall be assigned to a bike after all operator(s) under 21 are assigned and before assigning any 30 and over operator(s).
3. Any operator(s) over 30 in the household shall be assigned to a bike after all other operator(s) in the household are assigned.
4. Any bike insured in excess of the number of operator(s) in a household shall be assigned the 30 and over class.

Age	Classification Codes & Rating Factors			
	Single		Multi	
	Class Code	Factors	Class Code	Factors
Under 21	1010	1.50	1020	1.35
21 – 29	2010	1.25	2020	1.15
30 & Over	3010	1.00	3020	.90

C. Preferred Cyclist Discount

A 10% credit will be applied to the CSL, Collision and Other Than Collision premiums for each bike in which the following requirements are met: Operator must be at least 30 years of age, must have at least 3 years cycling experience, and must have no at accidents and no more than two traffic violations. The motorcycle must be of the touring bike type, with fairing, saddlebags, trunk or similar equipment (modified sport bikes do not qualify) and must be garaged.

3. AGE GROUP FOR COMPREHENSIVE AND COLLISION

Age is determined as follows:

Age Group	Definition
1	Motorcycles of current model year
2	Motorcycles of first preceding year
3	Motorcycles of second preceding year
4	All other motorcycles

4. MINIMUM PREMIUM RULE

The minimum premium for any policy term is \$50. The minimum premium charge is not subject to reduction except in the event of cancellation where the applicable adjustment will be made on the appropriate pro rata or short term basis.

5. POLICY PERIOD

Premiums are displayed for one year.

6. CHANGES

- A. All changes requiring premium adjustments shall be computed pro rata.
- B. Adjustments of \$5 or less: If an outstanding policy is amended and results in a premium adjustment of \$5 or less, the amount will be waived. If desired, the insured can request a refund in which case the actual amount will be returned.

7. CANCELLATION AND NON-RENEWAL

A policy may be cancelled by an insured by returning the policy or mailing written notice to the company stating when thereafter the cancellation shall be effective.

The company may cancel or non-renew the policy by giving notice in accordance with the policy conditions.

Flat cancellation will be allowed on policies not taken if returned to the company within fifteen (15) days of the policy effective date. For policies not returned within fifteen (15) days, earned premium from the effective date will be charged.

When a policy is returned for cancellation, the reason for such cancellation should always be specified. "If a policy is cancelled by the Company the return premium will be computed pro rata. If a policy is cancelled by the Insured the return premium will be computed at 90% of the prorated unearned premium for the policy term.

Use the formula shown below to determine the pro rata factor:

$$\frac{\# \text{ of Unearned Days}}{\# \text{ Days in Policy Period}}$$

8. WHOLE DOLLAR PREMIUM

The premium for each exposure shall be rounded to the nearest whole dollar, separately for each coverage provided by the policy.

A premium involving \$0.50 or more shall be rounded to the next higher whole dollar.

This procedure shall apply to all interim premium adjustments, including endorsements or cancellations at the request of the insured. In the case of cancellation by the company, the return premium may be carried to the next higher whole dollar.

The phrase "each exposure" as used herein shall mean each premium developed (after the application of all applicable adjustments) for (1) each motorcycle, if written on a per motorcycle basis, and (2) for all other motorcycle business.

9. TRAILER AND SIDECAR – PHYSICAL DAMAGE

Comprehensive and Collision Coverages may be afforded on trailers or sidecars used with cycles insured by the company. Annual rate \$2 per \$100 original cost new for each coverage separately.

10. PREMIUM PAYMENT OPTIONS

Refer to the Premium Payment Options Section of the EMC Personal Lines Agency Manual following the Premium Financing tab.

11. MISCELLANEOUS COVERAGES

A. Uninsured Motorists Coverage

This form of insurance must be afforded at limits not less than the financial responsibility limits under every liability policy issued or delivered to the owner of a motor vehicle registered or principally garaged in Arkansas.

Attach Endorsement PP0495 – Uninsured Motorists Coverage

Attach Endorsement PP0401 – Single Uninsured Motorists Limit

Exceptions:

1. The named insured has the right to reject such coverage in writing.
2. After a named insured rejects such coverage, the insurer shall not be required to notify any insured in any renewal, reinstatement, substitute, amended, or replacement policy as to the availability of such coverage.
3. The written agreement to reject such coverage shall continue until the rejection is withdrawn in writing by the named insured.

a. Basic Limits

Rates for \$50,000 Single Limit Bodily Injury, \$75,000 Single Limit Bodily Injury and Property Damage Uninsured Motorists Coverage are displayed on the rate pages.

b. Increased Limits

If a named insured or applicant purchases liability limits greater than the financial responsibility limits, increased limits of Uninsured Motorists Coverage must be offered in amounts up to the liability limits on the policy.

- (1) an insured or applicant who does not want to purchase increase limits shall reject such increased limits
- (2) in writing on the application for insurance coverage.
- (3) if such renewal policy has Uninsured Motorists Coverage at limits less than the liability limits provided on the policy, increased limits shall not be afforded unless a named insured requests such coverage in writing.

c. Rates

Rates for basic and increased limits coverage are displayed on the rate pages.

The provisions of Rule 2. Classification does not apply to the rates for this coverage.

B. Underinsured Motorists Coverage Eligibility

1. This form of insurance shall be offered in limits at least equal to the Financial Responsibility law limits under every liability insurance policy covering liability arising out of the ownership, maintenance or use of any motor vehicle in Arkansas.

Exceptions

- (a) If the named insured does not elect Underinsured Motorists Coverage, the coverage must be rejected in writing.
- (b) This coverage shall not be provided and must be rejected in writing if the named insured has rejected Bodily Injury Uninsured Motorists Coverage.

11. MISCELLANEOUS COVERAGES (Cont'd.)

(c) Subsequent continuation, renewal or reinstatement policies issued by the insurer need not provide the rejected coverage unless the named insured requests such coverage. However, if the insured adds another vehicle to the policy, whether or not it replaces another vehicle on the policy, a new rejection of Underinsured Motorists Coverage is required.

2. If Underinsured Motorists Coverage is provided:

- a. The coverage shall apply to all vehicles insured under the policy.
- b. Uninsured Motorists Coverage and Underinsured Motorists Coverage must be provided at the same limits.
- c. Attach the applicable endorsement at basic or increased limits.

Attach Endorsement PP0434 – Underinsured Motorists Coverage

Attach Endorsement PP0402 – Single Underinsured Motorists Limit

3. Rates

- a. Rates for basic and increased limits of Single Limit Underinsured Motorists Coverage are displayed on the rate pages.
- b. The provisions of Rule 2. Classification does not apply to the rates for this coverage.

C. Excess Electronic Equipment Coverage

1. Coverage

Electronic equipment that reproduces, receives or transmits audio, visual or data signals which is permanently installed in the vehicle at the time of loss is automatically covered under the policy without additional premium charge. Such equipment includes, but is not limited to:

- a. Radio and Stereos;
- b. Tape Decks;
- c. Compact Disk Systems
- d. navigation Systems;
- e. Internet Access Systems;
- f. Personal Computers;
- g. Video Entertainment Systems;
- h. Telephones;
- i. Televisions;
- j. Two-way Mobile Radios;
- k. Scanners; or
- l. citizens band Radios.

However, electronic equipment that reproduces, receives or transmits audio, visual or data signals which is permanently installed in locations not used by the vehicle manufacturer for installation of such equipment, is subject to a sublimit of \$1000. This sublimit may be increased to any one of the limits shown below.

11. MISCELLANEOUS COVERAGES (Cont'd.)**2. Rating**

The provisions of Rule 2. Classification, does not apply for this coverage.

Maximum Limit of Liability For Excess Electronic Equipment	Annual Premium Per Cycle
\$1,500	\$ 66
2,000	131
2,500	197
3,000	263
3,500	327
4,000	393
4,500	459
5,000	524

3. Endorsement

Attach the excess electronic equipment coverage endorsement to the policy. **(PP0313)**

D. Tapes, Records, Disks and Other Media Coverage

1. Additional coverage for \$200 worth of tapes, records, disks and other media applies at no additional charge when coverage is provided for increased limits for excess electronic equipment.:

2. Tapes, Records, Disks and Other Media Only

When coverage is not provided for increased limits for excess electronic equipment, coverage for \$200 worth of tapes, records, disks, and other media is available for an additional charge. The six month premium per auto is \$8.

The provisions of Rule 2. Classification, does not apply for this coverage.

3. Endorsement

Attach the excess electronic equipment coverage endorsement to the policy **(PP0313)**

E. Customizing Equipment Coverage**1. Coverage**

Coverage, up to \$1,000, is **automatically included in the policy** for non-factory installed chroming, custom paint, accessories and equipment, if at the time of loss the item(s) is permanently attached and a part of the motorcycle described in the policy, subject to a \$100 deductible. Documentation of value may be required at the time of loss. This is not "agreed value" coverage. If a single incident results in damage to factory equipment **and** customizing, the highest deductible applicable to either shall pertain to the loss.

2. Rating

Develop the premium independently for each motorcycle. Additional Coverage **(in excess of the first \$1,000 included in the policy)** is available at the limits and rates shown below:

Additional Limits For Custom Items	Annual Premium	Additional Limits For Custom Items	Annual Premium
Up to 1,000	\$ 30	Up to 6,000	\$180
Up to 2,000	60	Up to 7,000	210
Up to 3,000	90	Up to 8,000	240
Up to 4,000	120	Up to 9,000	270
Up to 5,000	150	Up to 10,000	300

3. Endorsement

Attach endorsement MC7028 – Customizing Equipment Coverage

11. MISCELLANEOUS COVERAGES (Cont'd.)**F. Trip Interruption Coverage****1. Description**

This coverage is available only for vehicles to which Collision and Other Than Collision coverages are afforded.

Trip Interruption Coverage provides:

- a. Transportation expenses incurred in the event of a mechanical or electrical breakdown of a specified motorcycle.
- b. Expenses incurred for lodging and meals in the event of a covered physical damage loss or mechanical or electrical breakdown of a specified motorcycle.

2. Rating

All premiums apply for the period of coverage

Limit of Coverage	Annual Rate Per Cycle
\$600	\$ 14.00

3. Endorsement

Attach endorsement – **PP1302 Trip Interruption Coverage** endorsement to the policy

12. ADDITIONAL RULE**ARKANSAS MEDICAL PAYMENTS INSURANCE, WORK LOSS COVERAGE & ACCIDENTAL DEATH BENEFIT****A. Eligibility**

Medical Payments Insurance, Work Loss Coverage and Accidental Death Benefit must be afforded under every motorcycle liability policy issued or delivered to the owner of a motorcycle, motorscooter, motorbike or similar motor vehicle registered or principally garaged in Arkansas.

If one or more of these coverages are afforded, attach endorsement **PP0582 – Personal Injury Protection Endorsement – Arkansas**.

Exception:

1. The named insured has the right to reject one or more of such coverages in writing and must reject the Statutory Limit of Medical Payments in writing if the lower limit is requested.
2. Subsequent renewal policies issued by the same insurer need not provide the rejected coverage(s) or limit unless the named insured requests such coverage(s) or limit in writing.

B. Coverages and Rates**1. Medical Payments**

- a. **Limits:** Statutory Limit per person – \$5,000

Other Limit per person – \$500, with a \$50 deductible.

- (1) The lower limit is permitted, only when the named insured has rejected the Statutory Limit.
- (2) A maximum limit of \$5,000 applies to pedestrians who are other than the named insured or relative.

Refer to the Exceptions to Eligibility above for rejection procedures.

- b. **Rate:** Statutory Limit – \$126 per motorcycle per year.

\$500 Medical Limit with \$50 deductible – Refer to Rate Sheets.

12. ADDITIONAL RULE (Cont'c.)

2. Work Loss Coverage

- a. **Limits:** Maximum per person –
 - (1) For an Income Earner – \$140 per week for 52 weeks.
 - (2) For a Non-Income Earner – \$70 per week for 52 weeks.
- b. **Rate:** \$27.00 per motorcycle per year.

3. Accidental Death Benefit

- a. **Limits:** Maximum per person – \$5,000.
- b. **Rate:** \$27.00 per motorcycle per year.

NOTE: When adding Work Loss Coverage and/or Accidental Death Benefit to outstanding policies:

Charge 10% of the rates shown above for each month, or part of a month insured subject to a minimum of \$3.00 per policy up to a maximum of the rate per motorcycle, per annuals shown above.

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Supporting Document Schedules

Bypassed -Name:	APCS-Auto Premium Comparison Survey	Review Status:	Filed	01/15/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Filed	01/15/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	01/15/2008
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	01/15/2008
Comments:				
Attachment:	P&C Transmittal.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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

5. Company Tracking Number	AR-MC-2008-01
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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 P. O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2684	515-345-2223	Stephanie.M.McBride@EMCIns.com

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)	19.0000
10.	Sub-Type of Insurance (Sub-TOI)	19.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Motorcycle
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: 3-15-08 Renewal: 3-15-08

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	1-4-08	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

20.	This filing transmittal is part of Company Tracking #	AR-MC-2008-01
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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 company is a member of Insurance Services Office and currently has an independent Motorcycle Program on file with your department. We are transmitting for filing a rule revision to be applicable to policies effective on or after March 15, 2008.

We have added a new section entitled "Motorcycle Eligibility" to our manual. This section explains that the personal auto policy shall be used to afford coverage to motorcycle policies if specific requirements are met.

We supplement this filing with the following:

- Transmittal Document
- Revised manual pages MC-INDEX-1 & MC-INDEX-2, which replace those same pages currently filed and MC-4 – MC-11, which replace pages MC-4 – MC-10 currently filed
- Filing Fee in the amount of \$25 (available via EFT)

We respectfully request your acknowledgment of this revision to be applicable to policies effective on or after March 15, 2008. Thank you.

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 #: EFT
Amount: \$25

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.)**