

SERFF Tracking Number: WAUS-125434309 State: Arkansas  
 First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50  
 Company Tracking Number: BPF-CW-001-08  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
 Liability  
 Product Name: Businessowners  
 Project Name/Number: FB 06 00 02 08 Primary / Noncontributory Amendment Of Conditions - Designated Person Or Organization/BPF-CW-001-08

## Filing at a Glance

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

Product Name: Businessowners	SERFF Tr Num: WAUS-125434309	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0002 Businessowners	Co Tr Num: BPF-CW-001-08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Marie Exon	Disposition Date: 01/29/2008
	Date Submitted: 01/16/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 01/29/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 01/29/2008

State Filing Description:

## General Information

Project Name: FB 06 00 02 08 Primary / Noncontributory Amendment Of Conditions - Designated Person Or Organization	Status of Filing in Domicile: Pending
Project Number: BPF-CW-001-08	Domicile Status Comments: Being submitted at this time.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 01/29/2008	
State Status Changed: 01/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
PROJECT # BPF-CW-001-08	
EMPLOYERS INSURANCE COMPANY OF WAUSAU - 11121458	

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WAUSAU UNDERWRITERS INSURANCE COMPANY - 11126042

WAUSAU BUSINESS INSURANCE COMPANY – 11126069

BUSINESSOWNERS – DIVISION TEN

FB 06 00 02 08 - PRIMARY / NONCONTRIBUTORY AMENDMENT  
OF CONDITIONS – DESIGNATED PERSON OR ORGANIZATION

REQUESTED EFFECTIVE DATE: UPON APPROVAL

The captioned companies submit FB 06 00 02 08, Primary / Noncontributory Amendment Of Conditions – Designated Person Or Organization, for your review to be used with our Businessowners Coverage Form BP 00 03 01 06.

The form deletes Section III, Provision H, 1. and replaces it with wording that changes the coverage provided in BP 00 03 from excess to primary and noncontributory.

The form is optional and broadens coverage. It is attached at the request of the policyholder and changes the wording in the “Other Insurance” condition so the base form is primary and noncontributory.

I look forward to your acknowledgment/approval of this filing submission.

Marie Exon  
State Filings Analyst  
1-877-792-8728, Ext. 6089  
Fax: 1-715-842-6828  
Marie.exon@wausau.com  
Enclosures

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## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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	

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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	

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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	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 FORM FILING  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	01/16/2008	17519145
Wausau Business Insurance Company	\$0.00	01/16/2008	

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Wausau Underwriters Insurance Company \$0.00 01/16/2008



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/29/2008	01/29/2008

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## Disposition

Disposition Date: 01/29/2008  
Effective Date (New): 01/29/2008  
Effective Date (Renewal): 01/29/2008  
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	PRIMARY / NONCONTRIBUTORY AMENDMENT OF CONDITIONS - DESIGNATED PERSON OR ORGANIZATION	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	PRIMARY / NONCONTRIBU TORY AMENDMENT OF CONDITIONS - DESIGNATED PERSON OR ORGANIZATION	FB 06 00	02 08	Endorseme New nt/Amendm ent/Condi ons		0.00	FB0600 208.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY / NONCONTRIBUTORY AMENDMENT OF  
CONDITIONS – DESIGNATED PERSON  
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

<b>Name Person(s) Or Organization(s):</b>

**Section III - Common Policy Conditions** , Provision **H. Other Insurance**, Item 1. is deleted and replaced with the following:

1. With respect to the Named Person(s) Or Organization(s) in the Schedule, this insurance is primary and noncontributory, but we will not pay more than the applicable Limit of Insurance of Section I - Property. For Any Person(s) or Organization(s) not listed in the schedule, if there is other insurance covering the same loss or damage, we will pay only the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect it or not. But we will not pay more that the applicable Limit of Insurance of Section I - Property.

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Approved	01/29/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				