

SERFF Tracking Number: ARKS-125847775 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #200537 \$50
Company Tracking Number: AR-IM-111408-BHHC-F1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY

Product Name: n/a

SERFF Tr Num: ARKS-125847775 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: #200537 \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: AR-IM-111408-BHHC-F1

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author:

Disposition Date: 10/07/2008

Date Submitted: 10/07/2008

Disposition Status: Approved

Effective Date Requested (New): 11/14/2008

Effective Date (New): 11/14/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

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: 10/07/2008

State Status Changed: 10/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

NA

(123) 555-4567 [Phone]

NA, AR 00000

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Filing Company Information

10855 - CYPRESS INSURANCE COMPANY CoCode: 10855 State of Domicile: Arkansas
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

20044 - CORNHUSKER CASUALTY CoCode: 20044 State of Domicile: Arkansas
COMPANY Group Code: Company Type:
No Address Group Name: State ID Number:
City, AR 99999 FEIN Number: 99-9999999
(999) 999-9999 ext. [Phone] -----

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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	10/07/2008	10/07/2008

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Project Name/Number: /

Disposition

Disposition Date: 10/07/2008
Effective Date (New): 11/14/2008
Effective Date (Renewal):
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
Supporting Document	ARKS-125847775		Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125847775 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #200537 \$50
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TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125847775

10/07/2008

Comments:

Attachment:

ARKS-125847775.pdf



ARKS-125847775

WR

Berkshire Hathaway Homestate Companies

200537
50.00

Redwood Fire and Casualty Insurance Company
Cornhusker Casualty Company
Brookwood Insurance Company

Continental Divide Insurance Company
Oak River Insurance Company
Cypress Insurance Company

October 3, 2008

Approved until withdrawn
or revoked

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

OCT 07 2008

Arkansas Insurance Department
By: *JK*

Subject: Cornhusker Casualty Company and Cypress Insurance Company
Form Filing
Commercial Inland Marine
NAIC #: 031-20044, 031-10855
Company Filing #: AR-IM-111408-BHHC-F1
Effective Date: November 14, 2008

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file two optional endorsements for Commercial Inland Marine coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsements apply to policies effective on or after November 14, 2008."

If we do not receive approval by November 14, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsements in this filing are in regards to Commercial Inland Marine coverages and are intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

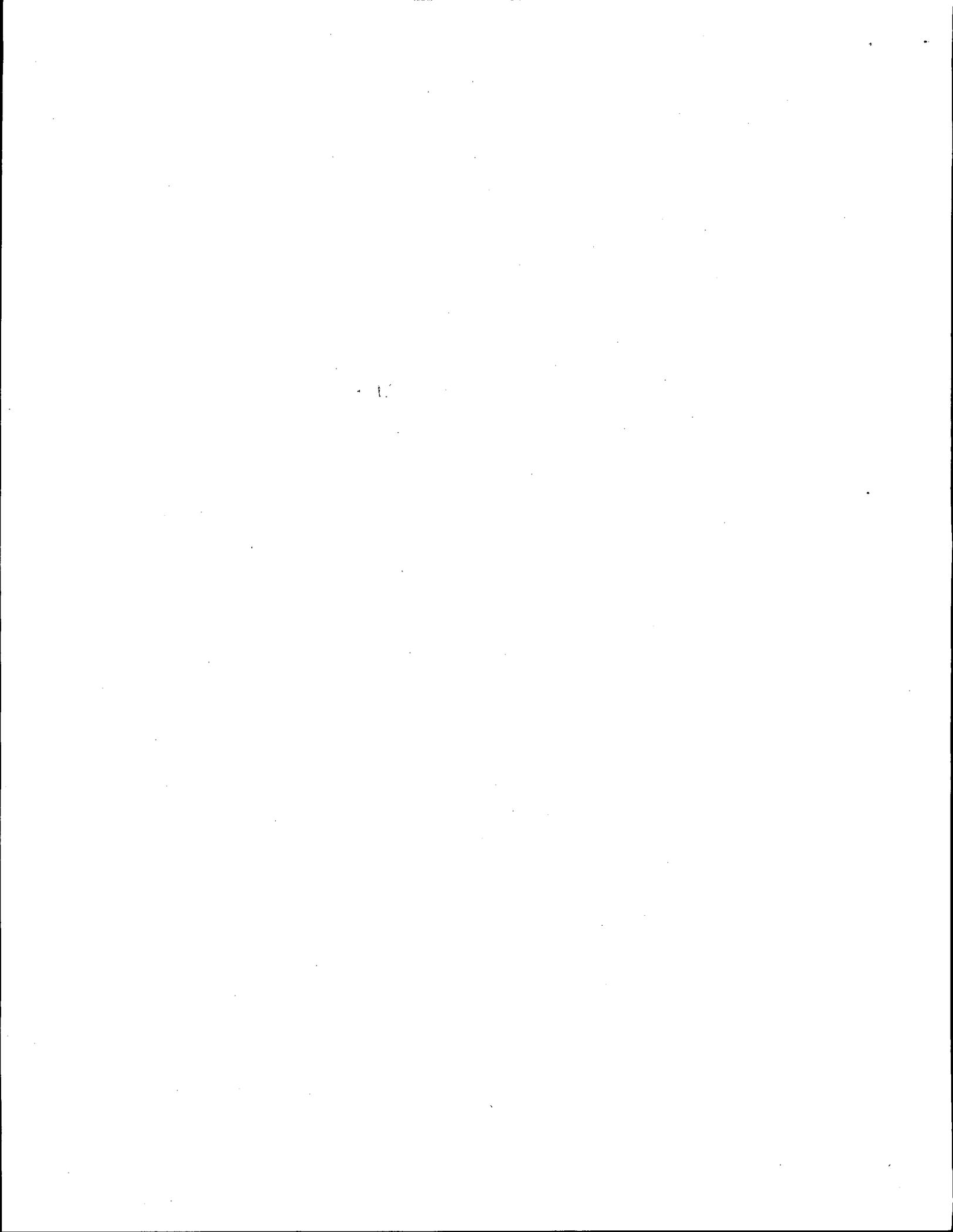
Sincerely,

Diane M. Pokorny
Regulatory Analyst
dpokorny@bh-hc.com

RECEIVED

OCT 07 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT



Property & Casualty Transmittal Document

<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">Reserved for Insurance Dept. Use Only</div> <p style="text-align: center; margin-top: 20px;">Approved until withdrawn or revoked</p> <p style="text-align: center; font-size: 1.2em; margin-top: 10px;">OCT 07 2008</p> <p>Arkansas Insurance Department By: <i>AK</i></p>	<div style="border: 1px solid black; padding: 2px; font-weight: bold;">2. Insurance Department Use only</div> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing: RECEIVED</p> <p>e. Effective date of filing: OCT 07 2008</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #: PROPERTY AND CASUALTY DIVISION</p> <p>g. SERFF Filing #: ARKANSAS INSURANCE DEPARTMENT</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Berkshire Hathaway Homestate Companies	0031

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Cornhusker Casualty Company	NE	20044	47-0529945	
Cypress Insurance Company	CA	10855	95-6042929	

5. Company Tracking Number	AR-IM-111408-BHHC-F1
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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
Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114	Regulatory Analyst	800-488-2930	402-393-7619	dpokorny@bh-hc.com

7. Signature of authorized filer	<i>Diane M. Pokorny</i>
8. Please print name of authorized filer	Diane M. Pokorny

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

9. Type of Insurance (TOI)	9.0
10. Sub-Type of Insurance (Sub-TOI)	9.0005
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Inland Marine
13. Filing Type IM	<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: 11/14/2008 Renewal:

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	10/03/2008	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-IM-111408-BHHC-F1
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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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Refrigeration Breakdown Endorsement (IMM 0085 09 08)

This form is intended to provide refrigeration breakdown coverage for Motor Truck Cargo, effectively modifying the spoilage exclusion of the Motor Truck Cargo policy and establishing an increased deductible for loss of meat and seafood resulting from refrigeration breakdown of \$2,500 or the otherwise applicable cargo deductible, whichever is higher.

Meat and Seafood Sublimit Endorsement (IMM 0086 09 08)

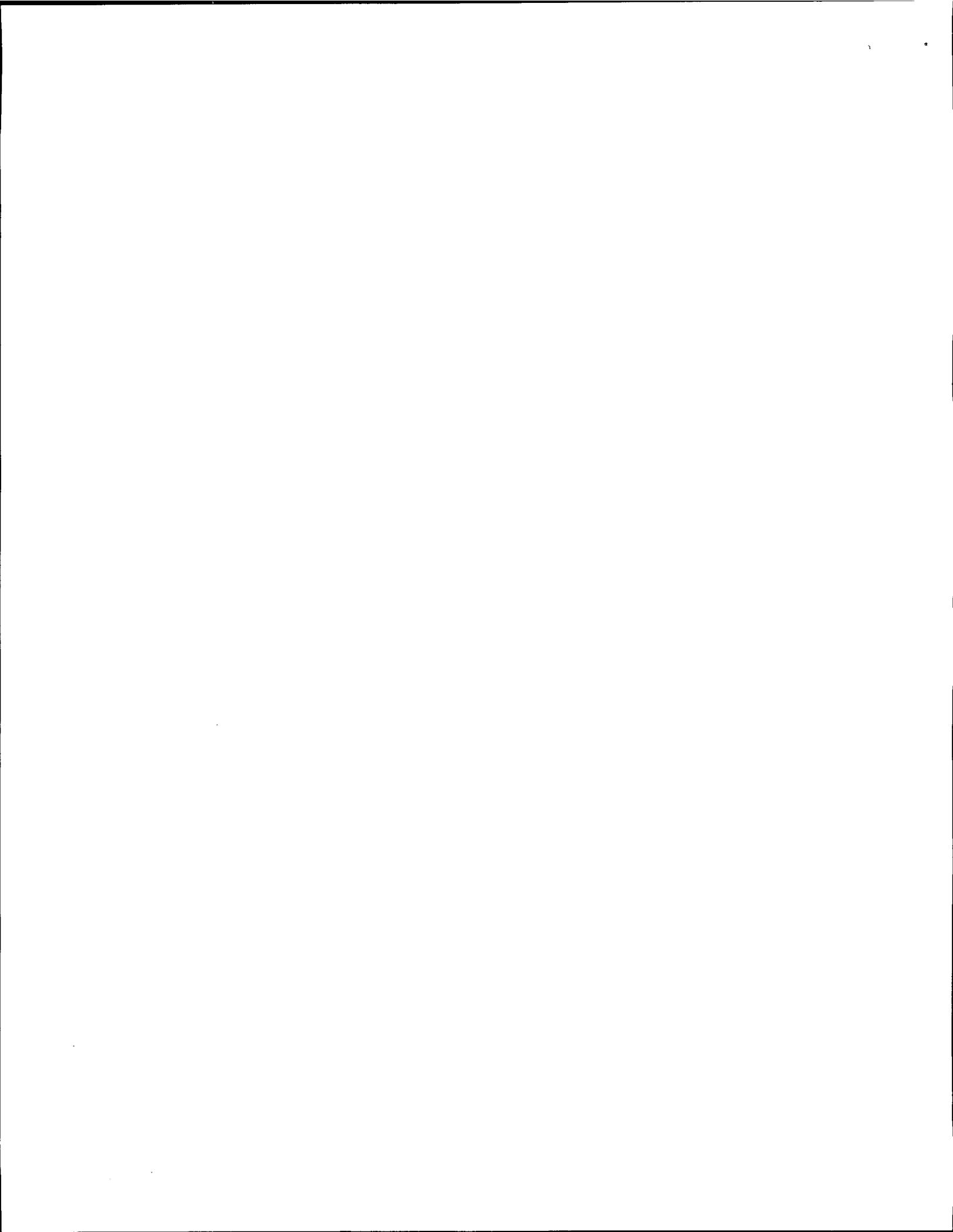
This form applies a sublimit of \$50,000 for fresh meat and seafood. This form is designed to be used in conjunction with refrigeration breakdown coverage, but was filed as a separate form so it could be removed by accommodation if necessary.

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 #: 0000200537
Amount: 50.00

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-IM-111408-BHHC-F1		
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	Refrigeration Breakdown Endorsement	IMM 0085 09 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Meat and Seafood Sublimit Endorsement	IMM 0086 09 08	<input checked="" 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		

4

EXPLANATORY MEMORANDUM
(AR-IM-111408-BHHC-F1)

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file two optional endorsements for Commercial Inland Marine coverage in Arkansas. This filing represents an independent program of the companies.

Effective Date

We hereby propose the following effective date rule:

“The endorsements apply to policies effective on or after November 14, 2008.”

If we do not receive approval by November 14, 2008, an amended effective date will be selected upon approval.

Refrigeration Breakdown Endorsement (IMM 0085 09 08)

This form is intended to provide refrigeration breakdown coverage for Motor Truck Cargo, effectively modifying the spoilage exclusion of the Motor Truck Cargo policy and establishing an increased deductible for loss of meat and seafood resulting from refrigeration breakdown of \$2,500 or the otherwise applicable cargo deductible, whichever is higher.

Meat and Seafood Sublimit Endorsement (IMM 0086 09 08)

This form applies a sublimit of \$50,000 for fresh meat and seafood. This form is designed to be used in conjunction with refrigeration breakdown coverage, but was filed as a separate form so it could be removed by accommodation if necessary.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsements in this filing together with the approved ISO forms.

Person to Contact

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

REFRIGERATION BREAKDOWN ENDORSEMENT

This endorsement modifies coverage provided under the following:

MOTOR TRUCK CARGO – IMM 0050

Paragraph 2.k of SECTION B. EXCLUSIONS is replaced with the following:

1. Spoilage or loss due to dampness or dryness of atmosphere, extremes or changes in temperature, shrinkage, evaporation, loss of weight contamination resulting from breakdown or mechanical failure caused by, contributed to, or resulting from, either in whole or part:
 - a. Mis-calibration of the refrigeration equipment; or
 - b. Failure to maintain crankcase oil level of the refrigeration equipment per the manufacturer's specifications; or
 - c. Failure to provide adequate fuel supply to the refrigeration equipment; or
 - d. Willful destruction or damage to the refrigeration equipment by anyone entrusted with the Covered Property or Unit.
 - e. Failure to maintain the refrigeration equipment to manufacturer's specifications.

Furthermore, Paragraph 2.l is added to SECTION B. Exclusions:

2. Humidity, dryness, spoilage, freezing, changes in temperature or incorrect temperature setting, unless such damage is the result of the failure of a refrigeration or heating unit subject to coverage under this endorsement.

Paragraph 1 is added to SECTION D. DEDUCTIBLE

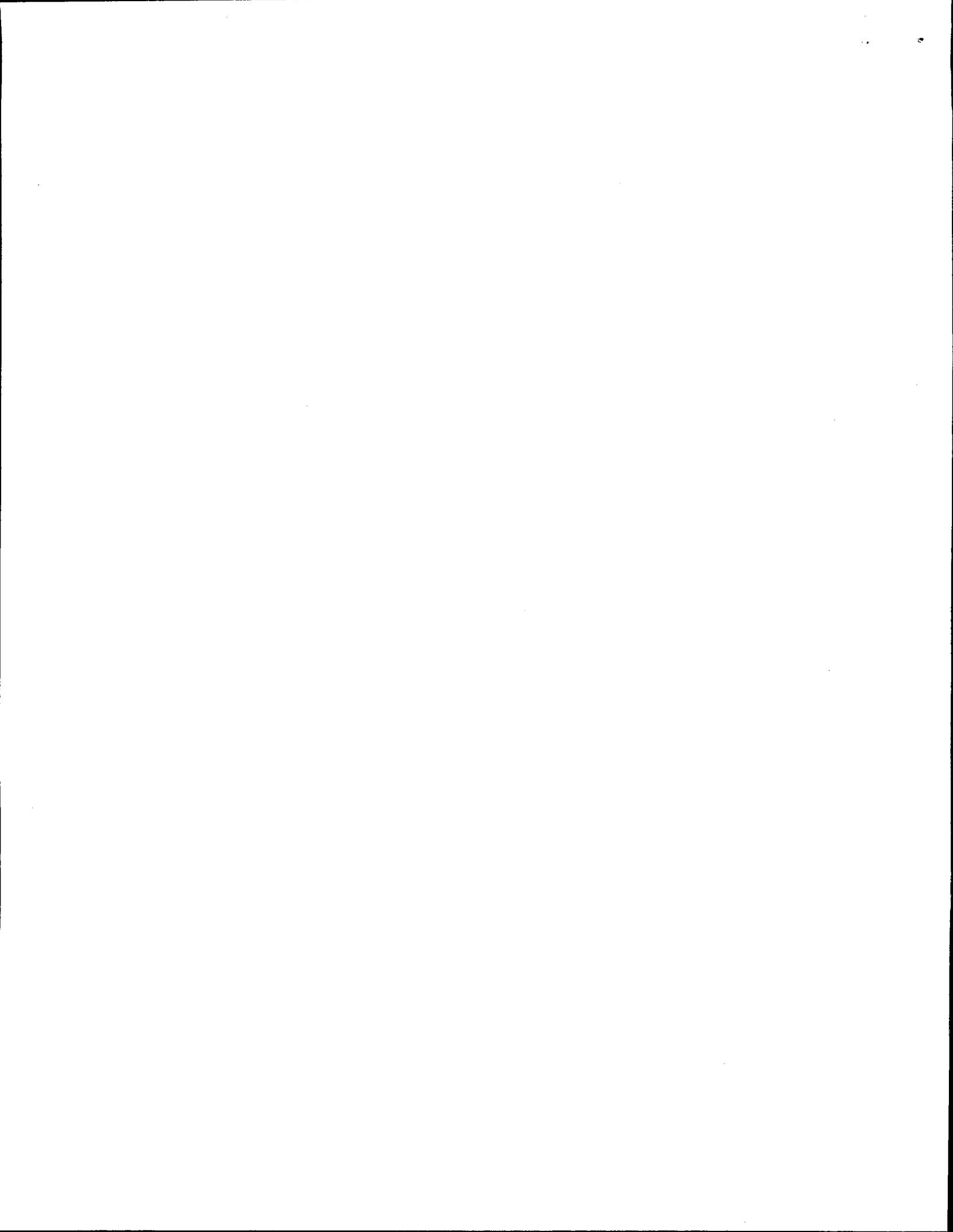
1. Meat and Seafood Deductible: However, for the following types of "Covered Property", the deductible is the greater of the applicable deductible in the Motor Truck Cargo Declarations or \$2,500:
 - a. Beef, Pork, Poultry, and other fresh, refrigerated, or frozen Meats
 - b. Fish, Shellfish, and other fresh, refrigerated, or frozen seafood

Paragraph 7 is added to SECTION E. ADDITIONAL CONDITIONS

7. REFRIGERATION EQUIPMENT INSPECTION REQUIREMENT

The coverage provided under this Refrigeration Breakdown Endorsement is void if you or service representatives do not inspect each refrigeration or heating unit at least once every 90 days. You must maintain a record of each inspection and retain the records for at least one year. You must provide us with all records that relate to a "loss" and permit copies and abstracts to be made from them.

Coverage provided under this endorsement shall not apply until the Insured presents a certified invoice from an authorized repair facility confirming the breakdown or mechanical failure of the refrigeration equipment.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MEAT AND SEAFOOD SUBLIMIT ENDORSEMENT

This endorsement modifies coverage provided under the following:

MOTOR TRUCK CARGO – IMM 0050

Paragraph 1 is added to SECTION C. LIMIT OF INSURANCE

1. Meat and Seafood Sub-limit: For the following types of "Covered Property", the limit of insurance is the lesser of the applicable limit of insurance in the Motor Truck Cargo Supplemental Declarations or \$50,000:
 - a. Beef, Pork, Poultry, and other fresh, refrigerated, or frozen Meats
 - b. Fish, Shellfish, and other fresh, refrigerated, or frozen seafood

