

SERFF Tracking Number: ARKS-125862582 State: Arkansas  
Filing Company: 23418 - MID-CONTINENT CASUALTY State Tracking Number: #199106 \$50  
COMPANY  
Company Tracking Number: AR-MU 6223 10/08  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: Commerical Umbrella  
Project Name/Number: /

## Filing at a Glance

Company: 23418 - MID-CONTINENT CASUALTY COMPANY

Product Name: Commerical Umbrella	SERFF Tr Num: ARKS-125862582	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: #199106 \$50
Sub-TOI: 17.0020 Commercial Umbrella & Excess	Co Tr Num: AR-MU 6223 10/08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author:	Disposition Date: 10/17/2008
	Date Submitted: 10/16/2008	Disposition Status: Approved
Effective Date Requested (New): 12/01/2008		Effective Date (New): 12/01/2008
Effective Date Requested (Renewal): 12/01/2008		Effective Date (Renewal): 12/01/2008

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization: N/A	Reference Number:
Reference Title: N/A	Advisory Org. Circular:
Filing Status Changed: 10/17/2008	
State Status Changed: 10/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: ARKS-125862582 State: Arkansas  
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COMPANY  
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: Commerical Umbrella  
Project Name/Number: /

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  
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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	10/17/2008	10/17/2008

*SERFF Tracking Number:* ARKS-125862582 *State:* Arkansas  
*Filing Company:* 23418 - MID-CONTINENT CASUALTY *State Tracking Number:* #199106 \$50  
COMPANY  
*Company Tracking Number:* AR-MU 6223 10/08  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0020 Commercial Umbrella & Excess  
*Product Name:* Commerical Umbrella  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 10/17/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125862582 State: Arkansas  
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COMPANY  
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Product Name: Commerical Umbrella  
Project Name/Number: /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	ARKS-125892582		Yes

SERFF Tracking Number: ARKS-125862582 State: Arkansas  
Filing Company: 23418 - MID-CONTINENT CASUALTY State Tracking Number: #199106 \$50  
COMPANY  
Company Tracking Number: AR-MU 6223 10/08  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: Commerical Umbrella  
Project Name/Number: /

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125862582 State: Arkansas  
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COMPANY  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** ARKS-125892582

10/17/2008

**Comments:**

**Attachment:**

ARKS-125862582.pdf



CR# 199104  
\$50 ARKS-125862582 CR

# Mid-Continent Group

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

October 13, 2008

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

**RECEIVED**  
OCT 16 2008  
PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Re: Mid-Continent Casualty Company (084-23418) (73-0556513)  
Commercial Umbrella  
Form Filing  
Our File # AR-MU 6223 10/08

Dear Honorable Bowman,

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

This submission deals with one new form. Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the new form.

We request that this filing be applicable to all policies effective on and after December 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@mccg-ins.com

Approved until withdrawn  
or revoked

OCT 17 2008

Arkansas Insurance Department  
By: *LK*

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>  Approved until withdrawn or revoked  <div style="font-size: 1.2em; font-weight: bold;">OCT 17 2008</div>  Arkansas Insurance Department By: <i>LK</i>
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<b>2. Insurance Department Use only</b>	
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	

<b>3. Group Name</b> Mid-Continent Group	<b>Group NAIC #</b> 084
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Mid-Continent Casualty Company	OK	23418	73-0556513	
<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; opacity: 0.5;">OCT 16 2008</div>				

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

<b>5. Company Tracking Number</b>	AR-MU 6223 10/08
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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)

<b>9. Type of Insurance (TOI)</b>	17.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0020
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	<b>Commercial Umbrella</b>
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 12/01/08      Renewal: 12/01/08



### Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	N/A	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A	
<b>18.</b>	<b>Company's Date of Filing</b>	10/13/08	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-MU 6223 10/08
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We request that this filing be applicable to all policies effective on and after December 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (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 #:** 199106  
**Amount:** 50.00

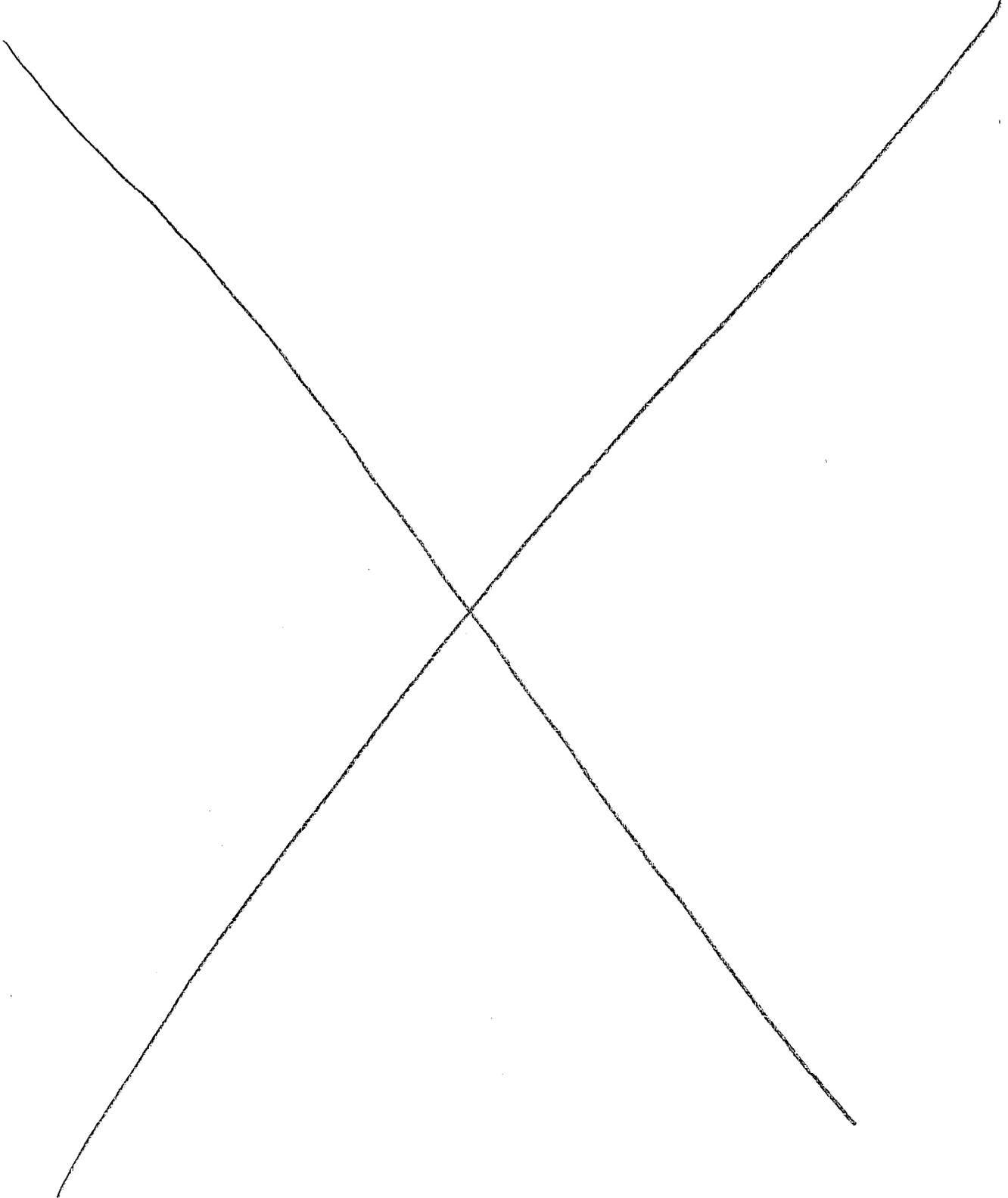
**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



Explanatory Memorandum

Follow form with ML 1319 to exclude bodily injury coverage for participants attending training sessions conducted by the insured.



### 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-MU 6223 10/08			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Exclusion-Participants of Training Sessions	MU 6223 10/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input 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		

POLICY NUMBER:

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

## **EXCLUSION – PARTICIPANTS OF TRAINING SESSIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA COVERAGE PART.

### **SCHEDULE**

**Description of Operations:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This insurance does not apply to "bodily injury" to any person while attending or participating in any training session that you conduct.

