

SERFF Tracking Number: EMCC-125837873 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-IL-2008-08
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: /

Filing at a Glance

Companies: EMC Property & Casualty Company, EMCASCO Insurance Company, Employers Mutual Casualty Company, Union Insurance Company of Providence

Product Name: Commercial Interline SERFF Tr Num: EMCC-125837873 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-IL-2008-08 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Jo Byers Disposition Date: 10/01/2008
Date Submitted: 09/30/2008 Disposition Status: Approved
Effective Date Requested (New): 11/15/2008 Effective Date (New): 11/15/2008
Effective Date Requested (Renewal): 11/15/2008 Effective Date (Renewal): 11/15/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/01/2008 Deemer Date:
State Status Changed: 10/01/2008
Corresponding Filing Tracking Number:
Filing Description:
September 30, 2008

Commissioner of Insurance
Arkansas Insurance Department

SERFF Tracking Number: EMCC-125837873 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-IL-2008-08
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
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1200 West Third St.
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415
EMCASCO INSURANCE COMPANY – 062-21407
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423
EMC PROPERTY & CASUALTY COMPANY – 062-25186

Commercial Interline Form Filing
Company File # AR-IL-2008-08
Effective: November 15, 2008

The captioned companies currently have Commercial Interline forms on file with your department, and submit for filing three revised forms to be applicable to policies written on or after November 15, 2008.

Due to a secretary name change and a new President of Dakota Fire, we have made the necessary revisions to our Mutual Provision form and the Policy Jacket.

IL7004 (10-08) Mutual Policy Provisions replaces IL7004 (9-07), which was approved October 17, 2007, state tracking number AR-PC-07-026439.

IL7004.1 (10-08) Policy Jacket replaces IL7004.1 (9-07), which was approved October 17, 2007, state tracking number AR-PC-07-026439.

For the purpose of clarifying our underwriting intent, we have revised the following endorsement. The previous edition has been criticized for being too broad and could perhaps be used to decline any type of claim involving work or products which contain treated wood even if the claim had nothing to do with the chemicals such as CCA. This is not our underwriting intent. We only want to decline claims arising from the chemicals themselves. The new verbiage is, in our opinion, much clearer. A marked up copy is attached for your review.

IL7323 (10-08) Exclusion Wood Preservative Additives replaces IL7323 (6-07) Exclusion Treated Wood, which was approved October 15, 2007, your state tracking number AR-PC-07-025511.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, marked up

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forms, and a final printed copy of our forms.

We respectfully request your approval of this filing, to be applicable to policies written on or after November 15, 2008.

Thank you.

Jo L. Byers, Filings Analyst

Rates and Filings Dept.

(800) 247-2128 Ext. 2707

jo.l.byers@emcins.com

Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst

PO Box 712

Des Moines, IA 50306-0712

Jo.L.Byers@EMCIns.com

(800) 247-2128 [Phone]

(515) 345-2223[FAX]

Filing Company Information

EMC Property & Casualty Company

717 Mulberry Street

Des Moines, IA 50309

(800) 247-2128 ext. [Phone]

CoCode: 25186

Group Code: 62

Group Name:

FEIN Number: 63-0329091

State of Domicile: Iowa

Company Type: P & C

State ID Number:

EMCASCO Insurance Company

717 Mulberry Street

Des Moines, IA 50309

(800) 247-2128 ext. [Phone]

CoCode: 21407

Group Code: 62

Group Name:

FEIN Number: 42-6070764

State of Domicile: Iowa

Company Type: P & C

State ID Number:

Employers Mutual Casualty Company

717 Mulberry Street

Des Moines, IA 50309

(800) 247-2128 ext. [Phone]

CoCode: 21415

Group Code: 62

Group Name:

FEIN Number: 42-0234980

State of Domicile: Iowa

Company Type: P & C

State ID Number:

Union Insurance Company of Providence

CoCode: 21423

State of Domicile: Iowa

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Project Name/Number: /

717 Mulberry Street
Des Moines, IA 50309
(800) 247-2128 ext. [Phone]

Group Code: 62
Group Name:
FEIN Number: 05-0230479

Company Type: P & C
State ID Number:

SERFF Tracking Number: EMCC-125837873 State: Arkansas
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Company Tracking Number: AR-IL-2008-08
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: /

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC Property & Casualty Company	\$0.00	09/30/2008	
EMCASCO Insurance Company	\$0.00	09/30/2008	
Employers Mutual Casualty Company	\$50.00	09/30/2008	22825380
Union Insurance Company of Providence	\$0.00	09/30/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/01/2008	10/01/2008

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Project Name/Number: /

Disposition

Disposition Date: 10/01/2008
Effective Date (New): 11/15/2008
Effective Date (Renewal): 11/15/2008
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	Mutual Policy Provisions	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Exclusion Wood Preservative Additives	Approved	Yes

SERFF Tracking Number: EMCC-125837873 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Mutual Policy Provisions	IL7004	10-08	Other	Replaced	Replaced Form #: IL7004 (9-07) Previous Filing #: AR-PC-07-026439		il7004_1008.pdf
Approved	Policy Jacket	IL7004.1	10-08	Other	Replaced	Replaced Form #: IL7004.1 (9-07) Previous Filing #: AR-PC-07-026439		il7004_1_1008.pdf il7004.1_200709 marked up.pdf
Approved	Exclusion Wood Preservative Additives	IL7323	10-08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: IL7323 (6-07) Previous Filing #: AR-PC-07-025511		IL7323_200810.pdf IL7323 0607 Mockup.pdf

EMC | Employers Mutual Casualty Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY – MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

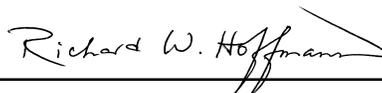
IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | EMCASCO Insurance Company
Home Office Des Moines, Iowa

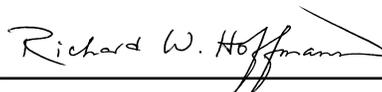
IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | Union Insurance Company of Providence
Home Office Des Moines, Iowa

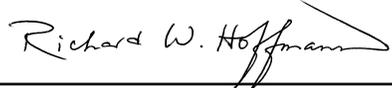
IN WITNESS WHEREOF, this Company has executed and attested these presents.

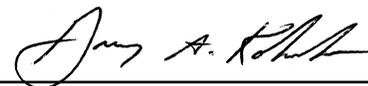
 Secretary

 President

EMC | Illinois EMCASCO Insurance Company
Home Office Des Moines, Iowa

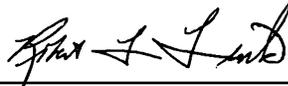
IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | Dakota Fire Insurance Company
Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

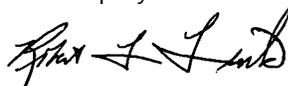
EMC | Hamilton Mutual Insurance Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY – MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

EMC | EMC Property & Casualty Company

Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Bruce E. Kelley President

EMC | Employers Mutual Casualty Company

Home Office Des Moines, Iowa

(Applicable in the State of Texas)

MUTUALS — MEMBERSHIP AND VOTING NOTICE

The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

John J. Lind Secretary

Bruce E. Kelley President

EMC Insurance Companies
Home Office
717 Mulberry
Des Moines, Iowa 50309
515-280-2511
800-447-2295
www.emcinsurance.com



*Employers Mutual Casualty Company
Dakota Fire Insurance Company
EMC Property & Casualty Company
EMCASCO Insurance Company
Hamilton Mutual Insurance Company
Illinois EMCASCO Insurance Company
Union Insurance Company of Providence*



EMC Insurance Companies.

EMC Insurance Companies.

EMC Employers Mutual Casualty Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Alan J. Lind Secretary

Bruce B. Kelley President

EMC EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Bruce B. Kelley President

EMC Union Insurance Company of Providence
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Raymond Z. Leary President

EMC Illinois EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

James A. Kisha President

EMC Dakota Fire Insurance Company
Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Alan J. Lind Secretary

Marilyn Peres President

EMC Hamilton Mutual Insurance Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Alan J. Lind Secretary

Karl M. Hochhaus President

EMC EMC Property & Casualty Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

Bruce B. Kelley President

EMC Employers Mutual Casualty Company
Home Office Des Moines, Iowa
(Applicable in the State of Texas)

MUTUALS — MEMBERSHIP AND VOTING NOTICE

The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

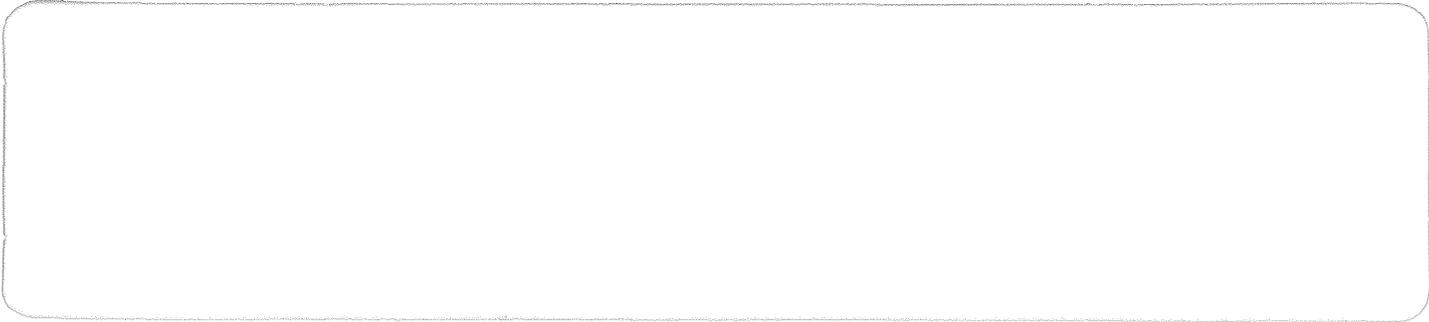
MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Alan J. Lind Secretary

Bruce B. Kelley President



EMC Employers Mutual Casualty Company
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy, participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meeting of the members is held at the Home Office of the Company in Des Moines, Iowa, at 9:30 a.m. Central Time, on the second Wednesday in March of each year.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

[Signature] President

EMC EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

[Signature] President

EMC Union Insurance Company of Providence
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard W. Hoffmann Secretary

[Signature] President

EMC Illinois EMCASCO Insurance Company
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

Richard Hoffmann *[Signature]* Secretary

[Signature] President

EMC Dakota Fire Insurance Company
Home Office Bismarck, North Dakota

IN WITNESS WHEREOF, this Company has executed and attested these presents.

[Signature] Secretary

Marilyn Ternes
[Signature] President

 **Hamilton Mutual Insurance Company**
Home Office Des Moines, Iowa

NONASSESSABLE POLICY — MUTUAL PROVISIONS

The Insured shall not be liable for any assessment under this policy.

By acceptance of this policy the Named Insured becomes a member of the Company and shall be entitled to vote at all meetings of the Company, and shall upon termination of this policy participate in the distribution of dividends as fixed and determined by the directors in accordance with law. The annual meetings are held at the Ohio branch office of the Company (currently located in Blue Ash, Ohio) on the third Monday of February in each year, at 1:00 p.m. Eastern Time. If the third Monday falls on a legal holiday in the state of Ohio, the meeting will be held on the next business day.

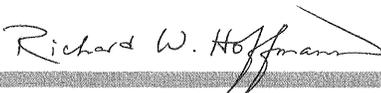
IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

 **EMC Property & Casualty Company**
Home Office Des Moines, Iowa

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

 **Employers Mutual Casualty Company**
Home Office Des Moines, Iowa
(Applicable in the State of Texas)

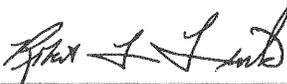
MUTUALS — MEMBERSHIP AND VOTING NOTICE

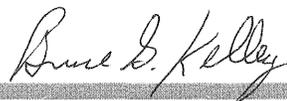
The Insured is notified that by virtue of this policy, the Insured is a member of the Employers Mutual Casualty Company of Des Moines, Iowa, and is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in its Home Office, Des Moines, Iowa, on the second Wednesday of March, in each year, at 9:30 a.m. Central Time.

MUTUALS — PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY

No Contingent Liability: This policy is non-assessable. The policyholder is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF, this Company has executed and attested these presents.

 Secretary

 President

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – WOOD PRESERVATIVE ADDITIVES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

A. The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage A – Bodily Injury and Property Damage Liability:

2. Exclusions

This insurance does not apply to:

Wood Preservative Additives

a. “Bodily injury” and “property damage”, as defined by this coverage form and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, absorption of, exposure to, existence of, presence of or contact with “wood preservative additives” regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.

b. Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, “wood preservative additives”, by any insured or by any other person or entity.

B. The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage B – Personal and Advertising Injury Liability:

2. Exclusions

This insurance does not apply to:

Wood Preservative Additives

a. “Personal and advertising injury”, as defined by this coverage form and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, absorption of, exposure to, existence of, presence of or contact with “wood preservative additives” regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury.

b. Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, “wood preservative additives”, by any insured or by any other person or entity.

C. The following definition is added to Section IV – Definitions:

“Wood Preservative Additives” include, but are not limited to:

1. Chromated Copper Arsenate (CCA);
2. Ammoniacal Copper Zinc Arsenate (ACZA);
3. Ammoniacal Copper Arsenate (ACA);
4. Any other wood treatment containing arsenic, chromium or any arsenic or chromium compounds;
5. Creosote; or
6. Pentachlorophenol.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – **TREATED WOOD PRESERVATIVE ADDITIVES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

~~This insurance does not apply to any "bodily injury", "property damage" or "personal and advertising injury" arising out of, caused by or resulting from "your products" or "your work" which are or include wood which has been treated with:~~

A. The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage A. – Bodily Injury and Property Damage Liability:

2. Exclusions

This insurance does not apply to:

Wood Preservative Additives

- a. "Bodily injury" or "property damage", as defined by this coverage form and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, absorption of, exposure to, existence of, presence of or contact with "wood preservative additives" regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.
- b. Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "wood preservative additives", by any insured or by any other person or entity.

B. The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage B – Personal and Advertising Injury Liability:

2. Exclusions

This insurance does not apply to:

Wood Preservative Additives

- a. "Personal and advertising injury", as defined by this coverage form and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, absorption of, exposure to, existence of, presence of or contact with "wood preservative additives" regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury.
- b. Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "wood preservative additives", by any insured or by any other person or entity.

C. The following definition is added to Section V – Definitions:

"Wood Preservative Additives" include, but are not limited to:

1. Chromated copper arsenate (CCA);
2. Ammoniacal Copper Zinc Arsenate (ACZA);
3. Ammoniacal Copper Arsenate (ACA);
4. Any other wood treatment containing arsenic, chromium or any arsenic or chromium compounds;
5. Creosote; or
6. Pentachlorophenol.

SERFF Tracking Number: *EMCC-125837873* *State:* *Arkansas*
First Filing Company: *EMC Property & Casualty Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AR-IL-2008-08*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Commercial Interline*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

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TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interline
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/01/2008

Comments:

Attachment:

pctd.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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"> </td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"> </td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764
Union Insurance Company of Providence	IA	21423	05-0230476
EMC Property & Casualty Company	IA	25186	63-0329091

5. Company Tracking Number	AR-IL-2008-08
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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
	Jo L. Byers P. O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

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

9. Type of Insurance (TOI)	Commercial Interline		
10. Sub-Type of Insurance (Sub-TOI)	Commercial Interline		
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]			
12. Company Program Title (Marketing title)	Commercial Interline		
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	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New: 11/15/08</td> <td style="border: none;">Renewal: 11/15/08</td> </tr> </table>	New: 11/15/08	Renewal: 11/15/08
New: 11/15/08	Renewal: 11/15/08		

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	9/30/08	
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-IL-2008-08
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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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Due to a secretary name change and a new President of Dakota Fire, we have made the necessary revisions to our Mutual Provision form and the Policy Jacket.

IL7004 (10-08) Mutual Policy Provisions replaces IL7004 (9-07), which was approved October 17, 2007, state tracking number AR-PC-07-026439.

IL7004.1 (10-08) Policy Jacket replaces IL7004.1 (9-07), which was approved October 17, 2007, state tracking number AR-PC-07-026439.

For the purpose of clarifying our underwriting intent, we have revised the following endorsement. The previous edition has been criticized for being too broad and could perhaps be used to decline any type of claim involving work or products which contain treated wood even if the claim had nothing to do with the chemicals such as CCA. This is not our underwriting intent. We only want to decline claims arising from the chemicals themselves. The new verbiage is, in our opinion, much clearer. A marked up copy is attached for your review.

IL7323 (10-08) Exclusion Wood Preservative Additives replaces IL7323 (6-07) Exclusion Treated Wood, which was approved October 15, 2007, your state tracking number AR-PC-07-025511.

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 #: N/A
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-IL-2008-08			
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	Mutual Policy Provisions	IL7004 (10-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL7004 (9-07)	
02	Policy Jacket	IL7004.1 (10-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL7004.1 (9-07)	
03	Exclusion Wood Preservative Additives	IL7323 (10-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL7323 (6-07)	
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		