

SERFF Tracking Number: EMCC-125866533 State: Arkansas  
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-CIM-2008-06  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Uncontrolled Inland Marine  
Project Name/Number: /

## Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Uncontrolled Inland Marine SERFF Tr Num: EMCC-125866533 State: Arkansas  
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: AR-CIM-2008-06 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Jo Byers Disposition Date: 10/24/2008  
Date Submitted: 10/21/2008 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: Authorized  
Project Number: Domicile Status Comments:  
Reference Organization: AAIS Reference Number: AAIS-2004-28, AAIS-2004-9  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 10/24/2008 Deemer Date:  
State Status Changed: 10/24/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
October 21, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third St.

*SERFF Tracking Number:* EMCC-125866533                      *State:* Arkansas  
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*Project Name/Number:* /  
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

Uncontrolled Inland Marine

Bailee Customers Floater – Dry Cleaners and Laundry Form

Adopt AAIS's Revised Forms

Revised and Withdrawn Company Forms

Reference #s: AAIS-2004-28 and AAIS-2004-9

Company File # AR-CIM-2008-06

Effective: December 1, 2008

The captioned company is a member of American Association of Insurance Services (AAIS) and submits for filing a form revision to be applicable to policies written on or after December 1, 2008.

We are adopting AAIS endorsements IM7550 (6-04) and IM7561 (4-04) found in reference numbers AAIS-2004-9 and AAIS-2004-28. AAIS's endorsement IM7550 (6-04) – Bailee Customers Floater Coverage – Dry Cleaners and Laundry Form, replaces our independent coverage form CM7112 (3-01). AAIS's coverage form changes our current Additional Coverages to Coverage Extensions and Supplemental Coverages. AAIS's form includes supplemental coverages; flood, earthquake, newly acquired premises and off-site property. There is no change to the rating of this program. With the adoption of AAIS's endorsement IM7561 (4-04) Fur Garment, we will be able to offer this coverage as we have no similar coverage at this time. These revisions will allow us to compete in the market.

Additionally, our Dry Cleaners and Laundry Bailee Customers Floater Schedule has been revised to reflect the above revisions. Finally, we are withdrawing endorsement CM7113 (3-01) Bailee Customers Reporting Endorsement.

Summary of endorsement revisions:

CM7112 (3-01) Bailee Customers Floater Coverage – Dry Cleaners and Laundry Form – withdrawn

CM7113 (3-01) Bailee Customers Reporting Endorsement – withdrawn

CM7110 (5-08) Dry Cleaners and Laundry Bailee Customers Floater Schedule replaces CM7110 (3-01)

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We supplement this filing with the \$50.00 filing fee (EFT), Property & Casualty Transmittal Document, marked up form, and a final printed copy of our form.

We respectfully request your approval of our filing, to be applicable to policies written on or after December 1, 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

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  
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State of Domicile: Iowa  
Company Type: P & C  
State ID Number:

## Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Mutual Casualty Company	\$50.00	10/21/2008	23364693

SERFF Tracking Number: EMCC-125866533 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/24/2008	10/24/2008

SERFF Tracking Number: EMCC-125866533

State: Arkansas

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TOI: 09.0 Inland Marine

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Product Name: Uncontrolled Inland Marine

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## Disposition

Disposition Date: 10/24/2008

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: EMCC-125866533 State: Arkansas  
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 Product Name: Uncontrolled Inland Marine  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Dry Cleaners and Laundry Bailee Customers Foater Schedule	Approved	Yes
Form	Bailee Customers Floater Coverage - Dry Cleaners and Laundry Form	Approved	Yes
Form	Bailee Customers Reporting Endorsement	Approved	Yes

SERFF Tracking Number: EMCC-125866533 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dry Cleaners and Laundry Bailee Customers Foater Schedule	CM7110	5-08	Declaration Replaced s/Schedule	Replaced Form #: CM7110 (3-01) Previous Filing #:		CM7110_200805.pdf marked up form.pdf
Approved	Bailee Customers Floater Coverage - Dry Cleaners and Laundry Form	CM7112	3-01	Endorsement/Withdrawn Amendment/Conditions	Replaced Form #: Previous Filing #:		
Approved	Bailee Customers Reporting Endorsement	CM7113	3-01	Endorsement/Withdrawn Amendment/Conditions	Replaced Form #: Previous Filing #:		

## DRY CLEANERS AND LAUNDRY BAILEE CUSTOMERS FLOATER SCHEDULE

Named Insured \_\_\_\_\_

Effective Date of This Form \_\_\_\_\_  
 If Different from Policy Effective Date \_\_\_\_\_

**Processing and/or Storage Locations/Premises/Limit**

**DEDUCTIBLES**

- Deductible – All Causes of Loss Except Flood, Earthquake and Sewer Backup \$ \_\_\_\_\_
- Deductible – Earthquake Coverage \$ \_\_\_\_\_
- Deductible – Flood Coverage \$ \_\_\_\_\_
- Deductible – Sewer Backup Coverage \$ \_\_\_\_\_
- Deductible – Deductible Fur Garment \$ \_\_\_\_\_

**COVERAGE LIMITS**

- Processing Coverage – The most “we” pay in any one occurrence for loss to property of others for processing \$ \_\_\_\_\_
- Storage Coverage – The most “we” pay in any one occurrence for loss to property of others that “you” store \$ \_\_\_\_\_

**COVERAGE EXTENSIONS**

- Additional Debris Removal Expenses \$ \_\_\_\_\_
- Defense Costs \$ \_\_\_\_\_
- Emergency Removal \$ \_\_\_\_\_ Days

**SUPPLEMENTAL COVERAGES**

- Earned Charges \$ \_\_\_\_\_
- Newly Acquired Premises \$ \_\_\_\_\_
- Off-Site Property \$ \_\_\_\_\_
- Pollutant Cleanup and Removal \$ \_\_\_\_\_
- Transit \$ \_\_\_\_\_
- Earthquake
  - Limit \$ \_\_\_\_\_
  - Catastrophe Limit \$ \_\_\_\_\_
- Flood
  - Limit \$ \_\_\_\_\_
  - Catastrophe Limit \$ \_\_\_\_\_
- Sewer Backup
  - Limit \$ \_\_\_\_\_
  - Catastrophe Limit \$ \_\_\_\_\_
- Fur Garment
  - Scheduled Premises Limit \$ \_\_\_\_\_
  - Unscheduled Premises Limit \$ \_\_\_\_\_
  - Transit Limit \$ \_\_\_\_\_

NON-REPORTING PREMIUM \$ \_\_\_\_\_

REPORTING FORM – DEPOSIT PREMIUM \$ \_\_\_\_\_

Rate \$ \_\_\_\_\_

Reporting Frequency – Monthly or Annual

Adjustment Frequency – Monthly or Annual

Minimum Premium \$ \_\_\_\_\_

(Other necessary wording if any)

POLICY NUMBER:

### DRY CLEANERS AND LAUNDRY BAILEE CUSTOMERS FLOATER SCHEDULE

Named Insured \_\_\_\_\_

Effective Date of This Form  
If Different from Policy Effective Date \_\_\_\_\_

**Processing and/or Storage Locations/Premises/Limit**

Location No. \_\_\_\_\_ Described Premises: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location No. \_\_\_\_\_ Described Premises: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location No. \_\_\_\_\_ Described Premises: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location No. \_\_\_\_\_ Described Premises: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location No. \_\_\_\_\_ Described Premises: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location No. \_\_\_\_\_ Described Premises: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Temporarily at Unscheduled Premises..... \$ \_\_\_\_\_

Property in Transit..... \$ \_\_\_\_\_

Earned Charges..... \$ \_\_\_\_\_

Deductible — All Causes of Loss..... \$ \_\_\_\_\_

Non-Reporting Premium..... \$ \_\_\_\_\_

Reporting Form-Deposit Premium..... \$ \_\_\_\_\_

Rate..... \$ \_\_\_\_\_

Reporting Frequency — M or A

Adjustment Frequency — Annual

Minimum Premium \_\_\_\_\_

Other Provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POLICY NUMBER:

DRY CLEANERS AND LAUNDRY BAILEE CUSTOMERS FLOATER SCHEDULE

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Effective Date of This Form \_\_\_\_\_

If Different from Policy Effective Date \_\_\_\_\_

Processing and/or Storage Locations/Premises/Limit

DEDUCTIBLES

- Deductible - All Causes of Loss Except Flood, Earthquake and Sewer Backup
Deductible - Earthquake Coverage
Deductible - Flood Coverage
Deductible - Sewer Backup Coverage
Deductible - Deductible Fur Garment

COVERAGE LIMITS

- Processing Coverage - The most "we" pay in any one occurrence for loss to property of others for processing
Storage Coverage - The most "we" pay in any one occurrence for loss to property of others that "you" store

COVERAGE EXTENSIONS

- Additional Debris Removal Expenses
Defense Costs
Emergency Removal

SUPPLEMENTAL COVERAGES

- Earned Charges
Newly Acquired Premises
Off-Site Property
Pollutant Cleanup and Removal
Transit
Earthquake
Limit
Catastrophe Limit
Flood
Limit
Catastrophe Limit
Sewer Backup
Limit
Catastrophe Limit
Fur Garment
Scheduled Premises Limit
Unscheduled Premises Limit
Transit Limit

NON-REPORTING PREMIUM

REPORTING FORM - DEPOSIT PREMIUM

- Rate
Reporting Frequency - Monthly or Annual
Adjustment Frequency - Monthly or Annual
Minimum Premium

(Other necessary wording if any)

\_\_\_\_\_

*SERFF Tracking Number: EMCC-125866533*

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*TOI: 09.0 Inland Marine*

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*Product Name: Uncontrolled Inland Marine*

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 10/24/2008

**Comments:**

**Attachment:**  
RFF\_pctd.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<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: <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> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>		
EMC Insurance Companies	062		
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Employers Mutual Casualty Company	IA	21415	42-0234980

<b>5. Company Tracking Number</b>	<b>AR-CIM-2008-06</b>
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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 <u>Jo L. Byers</u>				

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

<b>9. Type of Insurance (TOI)</b>	Commercial Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Uncontrolled Inland Marine
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Uncontrolled Inland Marine
<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: 12/1/08      Renewal: 12/1/08

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	AAIS
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	AAS-2004-9, AAIS-2004-28
<b>18.</b>	<b>Company's Date of Filing</b>	10/21/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-CIM-2008-06
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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 are adopting AAIS endorsements IM7550 (6-04) and IM7561 (4-04) found in reference numbers AAIS-2004-9 and AAIS-2004-28. AAIS's endorsement IM7550 (6-04) – Bailee Customers Floater Coverage – Dry Cleaners and Laundry Form, replaces our independent coverage form CM7112 (3-01). AAIS's coverage form changes our current Additional Coverages to Coverage Extensions and Supplemental Coverages. AAIS's form includes supplemental coverages; flood, earthquake, newly acquired premises and off-site property. There is no change to the rating of this program. With the adoption of AAIS's endorsement IM7561 (4-04) Fur Garment, we will be able to offer this coverage as we have no similar coverage at this time. These revisions will allow us to compete in the market.

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CM7113 (3-01) Bailee Customers Reporting Endorsement – withdrawn

CM7110 (5-08) Dry Cleaners and Laundry Bailee Customers Floater Schedule replaces CM7110 (3-01)

<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 #:** EFT  
**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		AR-CIM-2008-06		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<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	Bailee Customers Floater Coverage - Dry Cleaners and Laundry Form	CM7112 (3-01)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
02	Bailee Customers Reporting Endorsement	CM7113 (3-01)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
03	Dry Cleaners and Laundry Bailee Customers Floater Schedule	CM7110 (5-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM7110 (3-01)	
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		