

SERFF Tracking Number: ZURC-125852653 State: Arkansas
 Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CW PR 27826
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0002 Ambulance Services
 Made/Occurrence
 Product Name: Additional Insured Endorsement - CW PR 27826
 Project Name/Number: Additional Insured Endorsement - CW PR 27826/CW PR 27826

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: Additional Insured Endorsement SERFF Tr Num: ZURC-125852653 State: Arkansas

- CW PR 27826

TOI: 11.0 Medical Malpractice - Claims
 Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 11.0002 Ambulance Services

Co Tr Num: CW PR 27826

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Edith Roberts

Author: Carole Amato

Disposition Date: 10/14/2008

Date Submitted: 10/09/2008

Disposition Status: Approved

Effective Date Requested (New): 02/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 02/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Additional Insured Endorsement - CW PR 27826

Status of Filing in Domicile: Not Filed

Project Number: CW PR 27826

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/14/2008

State Status Changed: 10/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting a new endorsement, EM 46 60 ed 10 08, Additional Insured - Entity. Some of our accounts are contractually required to include a specific entity as an additional insured and this endorsement meets this requirement for them. There is no charge for this endorsement. This endorsement will be used with PR 00 05, Allied Health Care Coverage.

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Company and Contact

Filing Contact Information

Carole Amato, Supervisor carol.amato@zurichna.com
 1400 American Lane (847) 413-5235 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company	CoCode: 21326	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 47-6022701	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	10/09/2008	23085251

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/14/2008	10/14/2008

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Disposition

Disposition Date: 10/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured - Entity	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Entity	EM 46 60	(10-08)	Endorsement/Amendment/Conditions	New	0.00	EM46601008 Additional Ins.pdf



Additional Insured - Entity

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.

Named Insured / Mailing Address:

Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Allied Health Care Providers Professional Liability Coverage Form

Schedule
Name of Entity:

Section II - Who Is An Insured is amended to include the entity named above, but only as respects claims or legal actions alleging improper professional service by the named insured covered by this policy. Such coverage as is provided to the above designated insured shall be primary to other coverage available to that entity, but only if the primary intent of such other coverage is to protect the named entity for liability arising from the actions of the named insured.

This endorsement will not provide any coverage for injury arising or alleged to arise from the action or inaction of the entity named above.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Signed by: _____

Authorized Representative

Date

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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	10/14/2008
Comments:				
Attachment:				
NAIC Transmittal.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name Zurich North America	Group NAIC #
	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Empire Fire and Marine Ins. Co.	NE	212-21326	47-6022701	

5. Company Tracking Number	CW GL 27826
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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
	Carole Amato 1400 American Lane	Analyst	847-413-5235	847-605-7768	carole.amato@zurichna.com
	Schaumburg, IL 60196				

7.	Signature of authorized filer	<i>Carole Amato</i>
8.	Please print name of authorized filer	Carole Amato

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

9.	Type of Insurance (TOI)	11
10.	Sub-Type of Insurance (Sub-TOI)	Med. Malpractice - Ambulance
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Additional Insured - Entity
13.	Filing Type	Form
14.	Effective Date(s) Requested	New: 02-01-2009 Renewal: 02-01-2009
15.	Reference Filing?	[] Yes [] No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	[] Not Filed [] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW GL 27826
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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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We are submitting a new endorsement, EM 46 60 ed 10 08, Additional Insured - Entity. Some of our accounts are contractually required to include a specific entity as an additional insured and this endorsement meets this requirement for them. There is no charge for this endorsement. This endorsement will be used with PR 00 05, Allied Health Care Coverage.

Filing Fees (Filer must provide check # and fee amount if applicable)
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[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

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

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

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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 #	CW GL 27826
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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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	Additional Insured-Entity	EM 46 60 ed 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		

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