

SERFF Tracking Number: EMCC-125900555 State: Arkansas
Filing Company: Employers Mutual Casualty Company State Tracking Number: EFT \$25
Company Tracking Number: AR-DWG-2008-01
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Dwelling Property
Project Name/Number: /

Filing at a Glance

Company: Employers Mutual Casualty Company

Product Name: Dwelling Property

SERFF Tr Num: EMCC-125900555 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Co Tr Num: AR-DWG-2008-01

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Jo Byers

Disposition Date: 11/12/2008

Date Submitted: 11/12/2008

Disposition Status: Filed

Effective Date Requested (New): 02/15/2009

Effective Date (New): 02/15/2009

Effective Date Requested (Renewal): 02/15/2009

Effective Date (Renewal):

02/15/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: ISO

Reference Number: DP-2008-ODPRU

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/12/2008

State Status Changed: 11/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

November 12, 2008

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third St.

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Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

Dwelling Property

Revised Company Rule

Adopt ISO's Rule Revision Addressing Water Exclusion Endorsements

Designation # DP-2008-ODPRU

Company Filing #: AR-DWG-2008-01

Effective: February 15, 2009

The captioned company is a member of Insurance Services Office (ISO) and the Dwelling Program is filed on our behalf. We are transmitting for filing a rule revision to be applicable to policies effective on or after February 15, 2009

We are notifying your department our intention to adopt ISO's Rule Revision Addressing Water Exclusion Endorsements, found in filing designation number DP-2008-ODPRU. We have amended manual page D-4 to include reference to ISO's endorsements.

We supplement this filing with the \$25.00 filing fee (EFT), Property and Casualty Transmittal Document, and amended manual page D-4; this page replaces the same page currently filed.

We respectfully request your acknowledgment of this revision to be applicable to policies effective on or after February 15, 2009. Thank you.

Jo L. Byers, Filings Analyst
Rates and Filings Dept.
(800) 247-2128 Ext. 2707
jo.l.byers@emcins.com

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Company and Contact

Filing Contact Information

Jo Byers, Filings Analyst Jo.L.Byers@EMCIns.com
 PO Box 712 (800) 247-2128 [Phone]
 Des Moines, IA 50306-0712 (515) 345-2223[FAX]

Filing Company Information

Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa
 717 Mulberry Street Group Code: 62 Company Type: P & C
 Des Moines, IA 50309 Group Name: State ID Number:
 (800) 247-2128 ext. [Phone] FEIN Number: 42-0234980

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25 to adopt
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Mutual Casualty Company	\$25.00	11/12/2008	23882554

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/12/2008	11/12/2008

SERFF Tracking Number: *EMCC-125900555* *State:* *Arkansas*
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Disposition

Disposition Date: 11/12/2008

Effective Date (New): 02/15/2009

Effective Date (Renewal): 02/15/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EMCC-125900555 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		Yes
Supporting Document	Uniform Transmittal Document-Property & Filed Casualty		Yes
Rate	manual page	Filed	Yes

SERFF Tracking Number: *EMCC-125900555* *State:* *Arkansas*
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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	manual page	D-4	Replacement	orig_agency.pdf

DWELLING MANUAL RULES

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SPECIAL STATE REQUIREMENTS

A. Special Provisions Endorsement DP0103

Use this endorsement with all Dwelling Policies.

B. Water Exclusion Endorsement

Use Endorsement **DP1609** with all **DP0002** policies.

Use Endorsement **DP1610** with all **DP0001** and **DP0003** policies.

1. ADDITIONAL RULE – MODIFIED LOSS SETTLEMENT – DP0001 ONLY

A. Introduction

Form **DP0001** provides for loss settlement on buildings under Coverages **A** and **B** on an actual cash value basis. The policy may be endorsed to provide loss settlement on a repair cost/market value loss settlement basis for such buildings.

B. Coverage Description

Form **DP0001** with Modified Loss Settlement **DP0008** may be issued to provide insurance under Coverage **A**. Coverages **B**, **C**, **D** and **E** may be added if coverage is desired.

C. Premium Computation

To develop the Base Premium, multiply the Base Premium for **DP0001** by the factor noted in Table below:

Coverage	Factor
A	1.10
C	1.00

D. Endorsement

Use Modified Loss Settlement Endorsement **DP0008**.

E. Options

1. Deductible amounts higher than the Base Deductible are available when Modified Loss settlement Endorsement **DP0008** is attached.
2. No **other** options in this manual may be used.

2. ADDITIONAL RULE – CONDITIONS CHARGES

A. Description

1. Apply when the building or addition has metal stovepipes, plain tile, terra cotta, brick-on-edge, concrete, or concrete block flue less than 4 inches in thickness, through combustible floors, ceilings, partitions, windows, roof or side of building.
2. No charge should be made for type "B" vent pipes from domestic appliances using artificial or natural gas or for flues or vent pipes described above from domestic type gas burning appliances with approved down-draft diverters.
3. A type "B" vent is one listed by Underwriters' Laboratories as approved with domestic type appliances.

B. Premium

Calculate the premium as follows:

The sum of:

1. The Fire Base Premium for each Dwelling building or addition, plus
2. The rate per \$1,000 shown on the rate pages.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 11/12/2008

Comments:
Attachment:
rff_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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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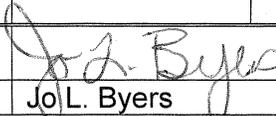
3. Group Name	Group NAIC #
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980

5. Company Tracking Number	AR-DWG-2008-01
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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)	Property
10. Sub-Type of Insurance (Sub-TOI)	Personal Property
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Dwelling Property
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 2/15/09 Renewal: 2/15/09

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	ISO
17.	Reference Organization # & Title	DP-2008-ODPRU
18.	Company's Date of Filing	11/12/08
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-DWG-2008-01
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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 notifying your department our intention to adopt ISO's Rule Revision Addressing Water Exclusion Endorsements, found in filing designation number DP-2008-ODPRU. We have amended manual page D-4 to include reference to ISO's endorsements.

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: 25.00

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.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-DWG-2008-01
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

Rate Increase Rate Decrease x Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	manual page D-4	<input type="checkbox"/> New x <input checked="" 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	