

SERFF Tracking Number: UNFG-125892304 State: Arkansas
First Filing Company: United Fire & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CR-02012009-XX-XX-F-ERISA
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: BURGLARY AND THEFT
Project Name/Number: ENDORSEMENTS-ERISA/CR-02012009-XX-XX-F

Filing at a Glance

Companies: United Fire & Casualty Company, Lafayette Insurance Company

Product Name: BURGLARY AND THEFT SERFF Tr Num: UNFG-125892304 State: Arkansas
TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: CR-02012009-XX-XX-F-ERISA State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: David Rude Disposition Date: 11/12/2008
Date Submitted: 11/10/2008 Disposition Status: Approved
Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: ENDORSEMENTS-ERISA
Project Number: CR-02012009-XX-XX-F
Reference Organization: N/A
Reference Title: NA/
Filing Status Changed: 11/12/2008
State Status Changed: 11/12/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number: N/A
Advisory Org. Circular:

Deemer Date:

Filing Description:

THIS ENDORSEMENT AMENDS COMMERCIAL CRIME FORM CR 00 21 E. CONDITIONS SECTION 1. CONDITIONS APPLICABLE TO ALL INSURING AGREEMENTS f. EMPLOYEE BENEFIT PLANS TO SPECIFICALLY STATE THE LIMIT OF INSURANCE APPLICABLE TO NAMED EMPLOYEE BENEFIT PLAN(S) COVERAGE. CURRENTLY THE FORM AND THE SCHEDULE OF COVERAGES SPECIFY AN EMPLOYEE THEFT LIMIT WITHOUT SPECIFYING THE LIMIT APPLICABLE TO NAMED EMPLOYEE BENEFIT PLAN(S). THIS ENDORSEMENT SERVES TO CLARIFY THE EMPLOYEE THEFT LIMIT AVAILABLE TO NAMED EMPLOYEE

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BENEFIT PLANS. POLICY LIMITS OVER AND ABOVE THE LIMITS SPECIFIED IN THIS ENDORSEMENT ARE AVAILABLE FOR EMPLOYEE THEFT CLAIMS NOT ATTRIBUTABLE TO NAMED BENEFIT PLANS. RATES AND THE RATING METHOD ARE NOT AFFECTED AS THE RATING RULES AND THE FILED LOSS COSTS ARE NOT IMPACTED BY THIS DELINEATION OF LIMITS.

Company and Contact

Filing Contact Information

Dave Rude, Analyst drude@unitedfiregroup.com
 118 2nd Ave SE (800) 332-7977 [Phone]
 Cedar Rapids, IA 52407-3909 (319) 286-2570[FAX]

Filing Company Information

United Fire & Casualty Company CoCode: 13021 State of Domicile: Iowa
 118 2nd Ave SE Group Code: 248 Company Type: Property Casualty
 PO Box 73909
 Cedar Rapids, IA 52407-3909 Group Name: United Fire Group State ID Number:
 (319) 399-5700 ext. [Phone] FEIN Number: 42-0644327

Lafayette Insurance Company CoCode: 18295 State of Domicile: Louisiana
 118 2nd Ave SE Group Code: 248 Company Type: Property Casualty
 PO Box 73909
 Cedar Rapids, IA 52407-3909 Group Name: United Fire Group State ID Number:
 (319) 399-5700 ext. [Phone] FEIN Number: 72-0232830

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Fire & Casualty Company	\$50.00	11/10/2008	23808056

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Lafayette Insurance Company \$0.00 11/10/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/12/2008	11/12/2008

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Disposition

Disposition Date: 11/12/2008
Effective Date (New): 02/01/2009
Effective Date (Renewal): 02/01/2009
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	EMPLOYEE THEFT LIMITATION	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EMPLOYEE THEFT LIMITATION	CR7006	1208	Endorsement/Amendment/Conditions			CR7006_1208.pdf

EMPLOYEE THEFT COVERAGE LIMITATION FOR EMPLOYEE BENEFIT PLANS

This endorsement modifies coverage provided in the Commercial Crime Coverage Form

Information required to complete this Schedule, if not shown below, will be shown in the Declarations of the form to which this endorsement attaches.

It is agreed that for the premium shown below the coverage for loss to Employee Benefit Plans' coverage is amended to provide:

Employee Benefit Plan(s) Limit \$_____ as explained in E. Conditions 1.f. Employee Benefit Plan(s). The Conditions section of the policy to which this endorsement attaches remains unchanged with the addition of this endorsement.

The Employee Benefit Plan(s) Limit is a separate and distinct limit and in addition from the **Employee Theft Limit** of insurance shown in the Declarations page(s) of the form to which this endorsement is attached.

Premium for Employee Benefit Plan(s) \$_____

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/12/2008

Comments:

UNIFORM TRANSMITTAL INCLUDED

Attachment:

F777AR_021307[1]_ERISA_CR.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

3. Group Name	Group NAIC #
UNITED FIRE GROUP	248

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
United Fire & Casualty Co.	IA	13021	42-0644327	
Lafayette Insurance Co.	LA	18295	72-0232830	

5. Company Tracking Number	CR-02012009-XX-XX-F-ERISA
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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
	DAVID RUDE	ANALYST	800.332.7977		drude@unitedfiregroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	DAVID RUDE

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

9. Type of Insurance (TOI)	CRIME
10. Sub-Type of Insurance (Sub-TOI)	26.0
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	26.0001
12. Company Program Title (Marketing title)	
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	New: 02/01/2009 Renewal: 02/01/2009
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	11/07/2009
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	ABOVE
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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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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]

Check #:
Amount: 50.00 SENDING VIA EFT

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

Effective March 1, 2007

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