

SERFF Tracking Number: UNFG-125892539 State: Arkansas
First Filing Company: United Fire & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: MP-02012009-XX-XX-F-ERISA
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1002 Businessowners
Portion Only
Product Name: BURGLARY AND THEFT
Project Name/Number: ENDORSEMENT-ERISA/MP-02012009-XX-XX-F-ERISA

Filing at a Glance

Companies: United Fire & Casualty Company, Lafayette Insurance Company

Product Name: BURGLARY AND THEFT SERFF Tr Num: UNFG-125892539 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Portion Only

Sub-TOI: 05.1002 Businessowners

Co Tr Num: MP-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: ENDORSEMENT-ERISA

Status of Filing in Domicile:

Project Number: MP-02012009-XX-XX-F-ERISA

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular:

Filing Status Changed: 11/12/2008

Deemer Date:

State Status Changed: 11/12/2008

Corresponding Filing Tracking Number:

Filing Description:

THIS ENDORSEMENT AMENDS EMPLOYEE THEFT COVERAGE FORM IL 70 61 E. CONDITIONS SECTION 1.g. EMPLOYEE BENEFIT PLAN(S) 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

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BENEFIT PLAN(S). THIS ENDORSEMENT SERVES TO CLARIFY THE EMPLOYEE THEFT LIMIT AVAILABLE TO NAMED EMPLOYEE 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 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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Fire & Casualty Company	\$50.00	11/10/2008	23808026
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	IL7082	1208	Endorsement/Amendment/Conditions	New		IL7082__1208.pdf

EMPLOYEE THEFT COVERAGE LIMITATION FOR EMPLOYEE BENEFIT PLANS

This endorsement modifies coverage provided in the Employee Theft Coverage Form for Premises Commercial Uni-Saver, Trade-Pro and Garage Pro

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.g. 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

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/12/2008

Comments:
UNIFORM TRANSMITTAL ATTACHED

Attachment:
F777AR_021307[1]_ERISA_MP.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: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></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 #
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	MP-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)	BUSINESS OWNERS
10. Sub-Type of Insurance (Sub-TOI)	5.1
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	5.1002
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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THIS ENDORSEMENT AMENDS EMPLOYEE THEFT COVERAGE FORM IL 70 61 E. CONDITIONS SECTION 1.g. EMPLOYEE BENEFIT PLAN(S) 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(S) 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 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 IMPACTED BY THIS DELINEATION OF LIMITS.

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.)**