

SERFF Tracking Number: ARKS-125461364 State: Arkansas
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #194426 \$50
Company Tracking Number: AR-IM-030308-BHHC-F1
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY

Product Name: n/a SERFF Tr Num: ARKS-125461364 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: #194426 \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: AR-IM-030308-BHHC-F1 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Disposition Date: 02/08/2008
Date Submitted: 01/28/2008 Disposition Status: Approved
Effective Date Requested (New): 03/03/2008 Effective Date (New): 03/03/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/08/2008
State Status Changed: 02/08/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

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Filing Company Information

10855 - CYPRESS INSURANCE COMPANY CoCode: 10855 State of Domicile: Arkansas
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

20044 - CORNHUSKER CASUALTY CoCode: 20044 State of Domicile: Arkansas
COMPANY Group Code: Company Type:
No Address Group Name: State ID Number:
City, AR 99999 FEIN Number: 99-9999999
(999) 999-9999 ext. [Phone] -----

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/08/2008	02/08/2008

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Disposition

Disposition Date: 02/08/2008
Effective Date (New): 03/03/2008
Effective Date (Renewal):
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
Supporting Document	ARKS-125461364		No

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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125461364

02/08/2008

Comments:

Attachment:

ARKS-125461364.pdf



ARKS-125461364

CK 194426 LR

50.00

Berkshire Hathaway Homestate Companies

Redwood Fire and Casualty Insurance Company
Cornhusker Casualty Company
Brookwood Insurance Company

Continental Divide Insurance Company
Oak River Insurance Company
Cypress Insurance Company

January 23, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

Subject: Cornhusker Casualty Company and Cypress Insurance Company
Form Filing
Commercial Inland Marine
NAIC #s: 031-20044, 031-10855
Company Filing #: AR-IM-030308-BHHC-F1
Effective Date: March 3, 2008

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial Inland Marine coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsement applies to policies effective on or after March 3, 2008."

If we do not receive approval by March 3, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsement in this filing is in regards to Commercial Inland Marine coverages and is intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny
Regulatory Analyst
dpokorny@bh-hc.com

Approved until withdrawn
or revoked

FEB 08 2008

Arkansas Insurance Department
By:

RECEIVED

JAN 28 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only Approved until withdrawn or revoked FEB 08 2008 Arkansas Insurance Department By: <i>PK</i>
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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 #
Berkshire Hathaway Homestate Companies	0031

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Cornhusker Casualty Company	NE	20044	47-0529945	
Cypress Insurance Company	CA	10855	95-6042929	

5. Company Tracking Number	AR-IM-030308-BHHC-F1
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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
	Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114	Regulatory Analyst	800-488-2930	402-393-7619	dpokorny@bh-hc.com
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 28 2008 </div>					
PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT					
7.	Signature of authorized filer		<i>Diane M. Pokorny</i>		
8.	Please print name of authorized filer		Diane M. Pokorny		

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

9.	Type of Insurance (TOI)	09.0
10.	Sub-Type of Insurance (Sub-TOI)	9.0005
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Inland Marine
13.	Filing Type IM	<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: 03/03/2008 Renewal:

Property & Casualty Transmittal Document---

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	01/23/2008	
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-IM-030308-BHHC-F1
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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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Mechanical Breakdown Covered on Commercial Property Coverage Form (IMM 0075 01 08)

The above form is optional. It modifies insurance provided under the Commercial Property Coverage Form.

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]
<p>Check #: 0000194426 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****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.)

1.	This filing transmittal is part of Company Tracking #	AR-IM-030308-BHHC-F1			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Mechanical Breakdown Covered on Commercial Property Coverage Form	IMM 0075 01 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		

EXPLANATORY MEMORANDUM
(AR-IM-030308-BHHC-F1)

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an endorsement for Commercial Inland Marine coverage in Arkansas. This filing represents an independent program of the companies.

Effective Date

We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after March 3, 2008.”

If we do not receive approval by March 3, 2008, an amended effective date will be selected upon approval.

Mechanical Breakdown Covered on Commercial Property Coverage Form (IMM 0075 01 08)

The above form is optional. It modifies insurance provided under the Commercial Property Coverage Form.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsement in this filing together with the approved ISO forms.

Person to Contact

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

**MECHANICAL BREAKDOWN COVERED ON
COMMERCIAL PROPERTY COVERAGE FORM**

The Data Processing Property Protection agreement to which this endorsement is attached does not apply to a Mechanical Breakdown and/or Electrical Breakdown loss if an Equipment Breakdown Enhancement Endorsement which is attached to a Commercial Property Coverage Form issued to you by us or any company affiliated with us applies to that loss.