

SERFF Tracking Number: EMCC-125524523 State: Arkansas  
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-IL-2008-03  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Interline  
Project Name/Number: /

## Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Commercial Interline SERFF Tr Num: EMCC-125524523 State: Arkansas  
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-IL-2008-03 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Jo Byers Disposition Date: 03/11/2008  
Date Submitted: 03/06/2008 Disposition Status: Approved  
Effective Date Requested (New): 05/01/2008 Effective Date (New): 05/01/2008  
Effective Date Requested (Renewal): 05/01/2008 Effective Date (Renewal): 05/01/2008

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/11/2008  
State Status Changed: 03/11/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
March 6, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third St.



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 jo.l.byers@emcins.com

## 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

EMCASCO Insurance Company	CoCode: 21407	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: 42-6070764	
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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	
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$0.00	03/06/2008	
Employers Mutual Casualty Company	\$50.00	03/06/2008	18360360

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/11/2008	03/11/2008

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## Disposition

Disposition Date: 03/11/2008  
Effective Date (New): 05/01/2008  
Effective Date (Renewal): 05/01/2008  
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	Aircraft Products Exclusion	Approved	Yes
Form	Tobacco Products Exclusion	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Aircraft Products Exclusion	IL7146	11-07	Endorsement/Amendment/Conditions	New	0.00	IL7146_200711.pdf
Approved	Tobacco Products Exclusion	IL7147	11-07	Endorsement/Amendment/Conditions	New	0.00	IL7147_200711.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AIRCRAFT PRODUCTS EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

**A.** This insurance does not apply to:

1. "Bodily injury" or "property damage" included in the "products-completed operations hazard" and arising out of the design, manufacture, "testing", altering, sale, handling or distribution of "aircraft products" or reliance upon any representation or warranty made with respect thereto or to any liability arising out of the "grounding" of any "aircraft"; or
2. Liability assumed by you under any contract or agreement if such liability arises out of "aircraft products" designed, manufactured, "tested", sold, altered, handled or distributed by you or by others trading under your name.

**B.** The following definitions are added to **Section V – Definitions**:

1. "Aircraft" includes, but is not limited to, heavier-than-air flying vehicles, helicopters, gliders, missiles, spacecraft, and any other machine that could carry one or more passengers, cargo or observation equipment in flight.
2. "Aircraft products" means "aircraft" and any other goods or products designed, manufactured, "tested", sold, altered, handled or distributed including spare parts or services provided or recommended by the insured or by others trading under the insured's name for use in the manufacture, repair, operation, maintenance or use of any "aircraft".

"Aircraft products" includes:

- a. Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "aircraft products", and

- b. The providing of or failure to provide warnings or instructions.

**3.** "Grounding" means:

- a. The withdrawal of one or more "aircraft" from flight operations; or
- b. The imposition of speed, passenger or load restrictions on such "aircraft" by reason of the existence of or alleged or suspected existence of any defect, fault or condition in such "aircraft" or any part thereof;

**(1)** Designed, manufactured, altered, "tested", sold, handled or distributed by the insured; or

**(2)** Manufactured, assembled or processed by any other person or organization;

**(a)** According to specifications, plans, suggestions, orders or drawings of the insured; or

**(b)** With tools, machinery or other equipment furnished to such persons or organizations by the insured;

Whether such "aircraft" so withdrawn or restricted are owned or operated by the same or different person or organizations.

4. "Testing" means examination, observation, evaluation or measuring of the performance of "aircraft products", either while in the air or on the ground.

**C.** This exclusion applies regardless of whether or not an insured knew or intended the "aircraft product" to be used as a component of or in connection with an "aircraft".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **TOBACCO PRODUCT EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

- A.** The following exclusion is added to Paragraph 2. **Exclusions of Section I – Coverage A. – Bodily Injury and Property Damage Liability:**
- 2. Exclusions**  
This insurance does not apply to:  
**Tobacco Product**  
"Bodily injury" or "property damage", as defined by this coverage part and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, use of, absorption of, consumption of, exposure to, existence of, presence of or contact with any "tobacco product" used, handled, furnished, processed, altered, prepared, gifted, sold or manufactured, in whole or in part, by any insured or by any other person or entity regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.
- B.** The following exclusion is added to Paragraph 2. **Exclusions of Section I – Coverage B – Personal and Advertising Injury Liability:**
- 2. Exclusions**  
This insurance does not apply to:  
**Tobacco Product**  
"Personal and advertising injury", as defined by this coverage part and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, use of, absorption of, consumption of, exposure to, existence of, presence of or contact with any "tobacco product" used, handled, furnished, processed, altered, prepared, gifted, sold or manufactured, in whole or in part, by any insured or by any other person or entity regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury
- C.** The following definition is added to **Section V – Definitions** Section:  
"Tobacco product" includes, but is not limited to, tobacco (including raw and cured tobacco), cigars and cigar wrappers, pipes and pipe tobacco, cigarette filters, snuff, chewing tobacco, smokeless tobacco products, tobacco substitutes, cigarettes and cigarette paper, gaseous or solid residues or byproducts of tobacco use or consumption, smoke, including second hand smoke, from any of the above and any chemical, mineral, or other product sprayed on, applied to, or found within or used in conjunction with, any of the above.

*SERFF Tracking Number:*      *EMCC-125524523*                      *State:*                      *Arkansas*  
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*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*                      *Commercial Interline*  
*Project Name/Number:*      */*

## **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 03/11/2008

**Comments:**

**Attachment:**

pctd.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

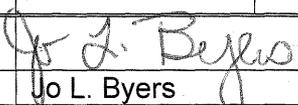
<b>3. Group Name</b>	<b>Group NAIC #</b>
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764

<b>5. Company Tracking Number</b>	<b>AR-IL-2008-03</b>
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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)	Commercial Interline
10.	Sub-Type of Insurance (Sub-TOI)	Commercial Interline
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Interline
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: 5/1/08      Renewal: 5/1/08

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	3/6/08	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-IL-2008-01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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\The captioned companies are members of Insurance Services Office (ISO) and are submitting for filing an independent form revision to be applicable to policies written on or after May 1, 2008.

Endorsement IL7146 (11-07) Aircraft Products Exclusion indicates the policy does not provide coverage for aircraft products. Any claims, for bodily injury or property damage or personal and advertising injury, from Aircraft Products occurring during the policy period and future policy periods will not be covered. The rates will be adjusted by subtracting the sales for aircraft products from the sales figure used to determine the estimated annual premium.

Endorsement IL7147 (11-07) Tobacco Products Exclusion indicates the policy does not provide coverage for Tobacco Products. Any claims, for bodily injury or property damage or personal and advertising injury, from Tobacco Products occurring during the policy period and future policy periods will not be covered. The rates will be adjusted by subtracting the sales for tobacco products from the sales figure used to determine the estimated annual premium.

<b>22.</b>	<b>Filing Fees</b> (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 #:** EFT  
**Amount:** 50.00

**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.)**

### 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		AR-IL-2008-03		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <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	Aircraft Products Exclusion	IL7146 (11-07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Tobacco Products Exclusion	IL7147 (11-07)	<input checked="" 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		