

SERFF Tracking Number: UNFG-125553818 State: Arkansas  
First Filing Company: United Fire & Casualty Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: PL-AR-UFC-LAF-08012008-XX-RU-X  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Contractors Errors & Omissions  
Project Name/Number: Adding a class/PL-AR-UFC-LAF-08012008-XX-RU-X

## Filing at a Glance

Companies: United Fire & Casualty Company, Lafayette Insurance Company  
Product Name: Contractors Errors & Omissions SERFF Tr Num: UNFG-125553818 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$25  
Made/Occurrence  
Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: PL-AR-UFC-LAF-08012008-XX-RU-X State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Loraine Kelty Disposition Date: 03/20/2008  
Date Submitted: 03/18/2008 Disposition Status: Filed  
Effective Date Requested (New): 08/01/2008 Effective Date (New):  
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Adding a class Status of Filing in Domicile: Pending  
Project Number: PL-AR-UFC-LAF-08012008-XX-RU-X Domicile Status Comments:  
Reference Organization: NA Reference Number: NA  
Reference Title: NA Advisory Org. Circular: NA  
Filing Status Changed: 03/20/2008  
State Status Changed: 03/20/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Effective August 1, 2008, we would like to amend our rules for our Contractors Errors & Omissions Coverage by making another classification available for this coverage.

The purpose of this submission is to update our rules to include class 95648 – Heating & Air Conditioning. This change has been determined using underwriting judgment. There is NO change in the rating for this program we are simply

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making another classification available for use.

The following update has been made:

1. Made classification, 95648 – Heating & Air Conditioning, available for use on our Contractors Errors & Omissions Program.

## Company and Contact

### Filing Contact Information

Loraine Kelty, Analyst  
 118 2nd Ave SE  
 Cedar Rapids, IA 52407-3909  
 lkelly@unitedfiregroup.com  
 (800) 553-7937 [Phone]  
 (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:      | \$25.00                         |
| Retaliatory?     | No                              |
| Fee Explanation: | Independent rule filing \$25.00 |
| Per Company:     | No                              |



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## Correspondence Summary

### Dispositions

| Status | Created By    | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed  | Edith Roberts | 03/20/2008 | 03/20/2008     |

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## Disposition

Disposition Date: 03/20/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

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            | Filed       | Yes           |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | Filed       | Yes           |
| Supporting Document | NAIC loss cost data entry document                          | Filed       | Yes           |
| Supporting Document | Manual pages  | Filed       | Yes           |
| Supporting Document | Cover Letter  | Filed       | Yes           |

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Liability  
  
*Product Name:* Contractors Errors & Omissions  
*Project Name/Number:* Adding a class/PL-AR-UFC-LAF-08012008-XX-RU-X

## **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:** Filed 03/20/2008

**Comments:**

**Attachment:**

AR 777.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 03/20/2008

**Bypass Reason:** Not applicable

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Filed 03/20/2008

**Bypass Reason:** Not applicable

**Comments:**

**Satisfied -Name:** Manual pages **Review Status:** Filed 03/20/2008

**Comments:**

**Attachments:**

LAF new pages.pdf  
 LAF old pages.pdf  
 UFC new pages.pdf  
 UFC old pages.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Filed 03/20/2008

**Comments:**

**Attachment:**

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*Project Name/Number:* Adding a class/PL-AR-UFC-LAF-08012008-XX-RU-X

**Cover Letter.pdf**



## Property & Casualty Transmittal Document

|   |   |
|---|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br>New Business<br>Renewal Business<br>f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes |
|---|---|

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
|                      |                     |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--------------------|----------|--------|--------|---------|
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |
|                    |          |        |        |         |

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|------------------|-------|--------------|-------|--------|
|    |                  |       |              |       |        |
|    |                  |       |              |       |        |

|  |  |
|--|--|
| 7. Signature of authorized filer         |  |
| 8. Please print name of authorized filer |  |

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

|  |   |
|--|---|
| 9. Type of Insurance (TOI)   |   |
| 10. Sub-Type of Insurance (Sub-TOI)  |   |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] |   |
| 12. Company Program Title (Marketing title)  |   |
| 13. Filing Type  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested  | New: <input type="text"/> Renewal: <input type="text"/>   |
| 15. Reference Filing?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 16. Reference Organization (if applicable)   |   |
| 17. Reference Organization # & Title   |   |
| 18. Company's Date of Filing   |   |
| 19. Status of filing in domicile   | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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:

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

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

PC TD-1 pg 2 of 2

## 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> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---|--|

| <b>3.</b> | <b>Form Name<br/>/Description/Synopsis</b> | <b>Form #<br/>Include edition date</b> | <b>Replacement<br/>Or<br/>withdrawn?</b>   | <b>If replacement,<br/>give form #<br/>it replaces</b> | <b>Previous state<br/>filing number,<br/>if required by state</b> |
|-----------|--|--|--|--|---|
| 01        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 02        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 03        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 04        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 05        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 06        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 07        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 08        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 09        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 10        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |

PC FFS-1

## 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.)**

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

|           |  |  |
|-----------|--|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|--|--|

|            |   |
|------------|---|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |
|------------|---|

| 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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
|              |  |                       |   |  |                                  |                                   |                                   |
|              |  |                       |   |  |                                  |                                   |                                   |

|            |  |
|------------|--|
| <b>4b.</b> | <b>Rate Change by Company (As Accepted) For State Use Only</b> |
|------------|--|

| 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 |
|--------------|--|-----------------------|---|--|----------------------------------|------------------|------------------|
|              |  |                       |   |  |                                  |                  |                  |
|              |  |                       |   |  |                                  |                  |                  |

|           |  |
|-----------|--|
| <b>5.</b> | <b>Overall Rate Information (Complete for Multiple Company Filings only)</b> |
|-----------|--|

|           |  | COMPANY USE | STATE USE |
|-----------|--|-------------|-----------|
| <b>5a</b> | <b>Overall percentage rate indication (when applicable)</b>            |             |           |
| <b>5b</b> | <b>Overall percentage rate impact for this filing</b>                  |             |           |
| <b>5c</b> | <b>Effect of Rate Filing – Written premium change for this program</b> |             |           |
| <b>5d</b> | <b>Effect of Rate Filing – Number of policyholders affected</b>        |             |           |

|           |   |  |
|-----------|---|--|
| <b>6.</b> | <b>Overall percentage of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>7.</b> | <b>Effective Date of last rate revision</b> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>8.</b> | <b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|---|--|

| 9. | Rule # or Page # Submitted for Review | Replacement or withdrawn?  | Previous state filing number, if required by state |
|----|---------------------------------------|--|--|
| 01 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |

LAFAYETTE INSURANCE COMPANY

Professional Liability

Arkansas  
Effective 08-1-2008

Contractor's Errors & Omissions Coverage

The Contractor's Errors and Omissions Coverage protects insureds for faulty workmanship and material design exposures. The product fills in several coverage gaps in the Commercial General Liability Coverage Form, including the Products Exclusion, the Work Exclusion, and the Products Recall Exclusion.

The following General Liability classes are eligible for this claims-made coverage.

- 91111 – Air Conditioning Systems or Equipment
- 92478 – Electrical Work
- 95647 – Heating & Air Conditioning – No LPG
- 95648 – Heating & Air Conditioning
- 98482 – Plumbing-Industrial
- 98483 – Plumbing-Residential
- 98636 – Refrigeration Systems or Equipment
- 98884 – Sheet Metal

The premium is based on the following percent of the products and completed operations premium. The percentage contemplates a base property damage deductible of \$1,000.

| <b>Policy Limit</b> | <b>Factor</b> |
|---------------------|---------------|
| \$ 25,000/50,000    | .05           |
| 50,000/100,000      | .10           |
| 100,000/200,000     | .20           |
| 150,000/300,000     | .225          |
| 200,000/400,000     | .25           |
| 250,000/500,000     | .275          |
| 300,000/600,000     | .30           |
| 500,000/1,000,000   | .35           |
| 750,000/1,500,000   | .425          |
| 1,000,000/2,000,000 | .50           |

The Contractors Errors and Omissions Coverage policy limit may not exceed the Commercial General Liability limit. The Contractors Errors and Omissions Coverage policy will not extend to our Umbrella.

Deductible Relativities

| <b>Deductible</b> | <b>Factor</b> |
|-------------------|---------------|
| \$ 1,000          | 1.00          |
| 2,500             | .90           |
| 5,000             | .85           |
| 10,000            | .80           |
| 25,000            | .75           |

The Contractors Errors and Omissions Coverage form is subject to a \$350 minimum premium.

12 Month Extended Reporting Period

50% of last year's annual premium stated in the declarations.

LAFAYETTE INSURANCE COMPANY

Professional Liability

Arkansas  
Effective 12-1-2006

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| 150,000/300,000     | .225          |
| 200,000/400,000     | .25           |
| 250,000/500,000     | .275          |
| 300,000/600,000     | .30           |
| 500,000/1,000,000   | .35           |
| 750,000/1,500,000   | .425          |
| 1,000,000/2,000,000 | .50           |

The Contractors Errors and Omissions Coverage policy limit may not exceed the Commercial General Liability limit. The Contractors Errors and Omissions Coverage policy will not extend to our Umbrella.

Deductible Relativities

| <b>Deductible</b> | <b>Factor</b> |
|-------------------|---------------|
| \$ 1,000          | 1.00          |
| 2,500             | .90           |
| 5,000             | .85           |
| 10,000            | .80           |
| 25,000            | .75           |

The Contractors Errors and Omissions Coverage form is subject to a \$350 minimum premium.

12 Month Extended Reporting Period

50% of last year's annual premium stated in the declarations.

**UNITED FIRE AND CASUALTY COMPANY**

**Professional Liability**

**Arkansas  
Effective 08-1-2008**

**Contractor's Errors & Omissions Coverage**

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|---------------------|---------------|
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| 100,000/200,000     | .20           |
| 150,000/300,000     | .225          |
| 200,000/400,000     | .25           |
| 250,000/500,000     | .275          |
| 300,000/600,000     | .30           |
| 500,000/1,000,000   | .35           |
| 750,000/1,500,000   | .425          |
| 1,000,000/2,000,000 | .50           |

The Contractors Errors and Omissions Coverage policy limit may not exceed the Commercial General Liability limit. The Contractors Errors and Omissions Coverage policy will not extend to our Umbrella.

**Deductible Relativities**

| <b>Deductible</b> | <b>Factor</b> |
|-------------------|---------------|
| \$ 1,000          | 1.00          |
| 2,500             | .90           |
| 5,000             | .85           |
| 10,000            | .80           |
| 25,000            | .75           |

The Contractors Errors and Omissions Coverage form is subject to a \$250 minimum premium.

**12 Month Extended Reporting Period**

50% of last year's annual premium stated in the declarations.

UNITED FIRE AND CASUALTY COMPANY

Professional Liability

Arkansas  
Effective 12-1-2006

Contractor's Errors & Omissions Coverage

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| 100,000/200,000     | .20           |
| 150,000/300,000     | .225          |
| 200,000/400,000     | .25           |
| 250,000/500,000     | .275          |
| 300,000/600,000     | .30           |
| 500,000/1,000,000   | .35           |
| 750,000/1,500,000   | .425          |
| 1,000,000/2,000,000 | .50           |

The Contractors Errors and Omissions Coverage policy limit may not exceed the Commercial General Liability limit. The Contractors Errors and Omissions Coverage policy will not extend to our Umbrella.

Deductible Relativities

| <b>Deductible</b> | <b>Factor</b> |
|-------------------|---------------|
| \$ 1,000          | 1.00          |
| 2,500             | .90           |
| 5,000             | .85           |
| 10,000            | .80           |
| 25,000            | .75           |

The Contractors Errors and Omissions Coverage form is subject to a \$250 minimum premium.

12 Month Extended Reporting Period

50% of last year's annual premium stated in the declarations.

**March 18, 2008**

**RE: NAIC GROUP #248 – UNITED FIRE GROUP  
UNITED FIRE & CASUALTY COMPANY – NAIC # 13021 / FEIN # 42-0644327  
LAFAYETTE INSURANCE COMPANY – NAIC #18295 / FEIN # 72-0232830  
PROFESSIONAL LIABILITY – RULES –ARKANSAS  
CONTRACTORS ERRORS & OMISSIONS COVERAGE  
COMPANY FILING NUMBER: PL-AR-UFC-LAF-08012008-XX-RU-X**

**EFFECTIVE: AUGUST 1, 2008**

Effective August 1, 2008, we would like to amend our rules for our Contractors Errors & Omissions Coverage by making another classification available for this coverage.

The purpose of this submission is to update our rules to include class 95648 – Heating & Air Conditioning. This change has been determined using underwriting judgment. There is NO change in the rating for this program we are simply making another classification available for use.

The following update has been made:

1. Made classification, 95648 – Heating & Air Conditioning, available for use on our Contractors Errors & Omissions Program.

If you have any questions regarding this filing, please contact Loraine A Kelty at 1-800-553-7937 – Ext 2644 or e-mail Loraine at [lkelty@unitedfiregroup.com](mailto:lkelty@unitedfiregroup.com).

Thank you.

**UNITED FIRE & CASUALTY COMPANY  
and  
LAFAYETTE INSURANCE COMPANY**

LORAIN A KELTY, PRODUCT ANALYST  
CORPORATE UNDERWRITING DEPARTMENT

LAK/enc

**PL-AR-UFC-LAF-08012008-XX-RU-X Contr E&O Class**