

SERFF Tracking Number: WAUS-125515352 State: Arkansas  
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50  
Company Tracking Number: GLF-CW-007-08  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Commercial General Liability  
Project Name/Number: Submission of revised & new forms GL2167 02-08 & GL2176 02-08/GLF-CW-007-08

## Filing at a Glance

Companies: Employers Insurance Company of Wausau, Wausau Business Insurance Company, Wausau Underwriters Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: WAUS-125515352 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GLF-CW-007-08 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Polly Becker1 Disposition Date: 03/12/2008  
Date Submitted: 02/29/2008 Disposition Status: Approved  
Effective Date Requested (New): 07/01/2008 Effective Date (New):  
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Submission of revised & new forms GL2167 02-08 & GL2176 02-08 Status of Filing in Domicile: Authorized  
Project Number: GLF-CW-007-08 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/12/2008 Deemer Date:  
State Status Changed: 03/12/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
PROJECT # GLF-CW-007-08  
EMPLOYERS INSURANCE COMPANY OF WAUSAU NAIC-0111-21458  
WAUSAU UNDERWRITERS INSURANCE COMPANY NAIC-0111-26042  
WAUSAU BUSINESS INSURANCE COMPANY NAIC-0111-26069

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## COMMERCIAL GENERAL LIABILITY

GL2167 02-08 RADIOACTIVE MATTER EXCLUSION ENDORSEMENT

GL2176 02-08 ELECTROMAGNETIC FIELDS AND ELECTROMAGNETIC RADIATION EXCLUSION ENDORSEMENT

REQUESTED EFFECTIVE DATE: JULY 1, 2008

The captioned companies file these revised/new endorsements for your review and acknowledgment/approval to be use with the Commercial General Liability Coverage part.

These endorsements exclude BI, PD and P&AI caused by radioactive matter, radiation, electromagnetic fields and/or electromagnetic radiation. They are mandatory when certain class codes are on the policy.

I will appreciate acknowledgment/approval of this submission.

Sincerely,

Polly Becker

State Filings Analyst

1-877-792-8728, Ext. 7434

Fax: 1-715-842-6828

Polly.Becker@wausau.com

Enclosure

## Company and Contact

### Filing Contact Information

Polly Becker, State Filings Analyst

PO BOX 8017

Wausau, WI 54402-8017

Polly.Becker@Wausau.com

(877) 792-8728 [Phone]

(715) 842-6828[FAX]

### Filing Company Information

Employers Insurance Company of Wausau

CoCode: 21458

State of Domicile: Wisconsin

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P O Box 8017 Group Code: 111 Company Type:  
Wausau, WI 54402-8017 Group Name: State ID Number:  
(877) 792-8728 ext. [Phone] FEIN Number: 39-0264050

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Wausau Business Insurance Company CoCode: 26069 State of Domicile: Wisconsin  
P O Box 8017 Group Code: 111 Company Type:  
Wausau, WI 54402-8017 Group Name: State ID Number:  
(877) 792-8728 ext. [Phone] FEIN Number: 36-3522250

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Wausau Underwriters Insurance Company CoCode: 26042 State of Domicile: Wisconsin  
P O Box 8017 Group Code: 111 Company Type:  
Wausau, WI 54402-8017 Group Name: State ID Number:  
(877) 792-8728 ext. [Phone] FEIN Number: 39-1341459

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	02/29/2008	18243644
Wausau Business Insurance Company	\$0.00	02/29/2008	
Wausau Underwriters Insurance Company	\$0.00	02/29/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/12/2008	03/12/2008

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## Disposition

Disposition Date: 03/12/2008

Effective Date (New):

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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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Radioactive Matter Exclusion Endorsement	GL2167 02-08	02-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 GL2167 01-04 Previous Filing #: GLF-CW-001-04		GL2167 02-08.pdf
Approved	Electromagnetic Fields and Electromagnetic Radiation Exclusion Endorsement	GL2176 02-08	02-08	Endorsement/Amendment/Conditions		0.00	GL2176 02-08.pdf

Policy Number  
Issued by

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

## **Radioactive Matter Exclusion Endorsement**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**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:

"Bodily injury" or "property damage" any part of which arises out of, or allegedly arises out of, exposure to or the presence of "radioactive matter" and/or "radiation" whether such "pollutants" are alone, or combined with any other substances or factors, whether included in a product or otherwise. This exclusion applies regardless of whether such exposure occurs within or outside a building.

**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:

"Personal and advertising injury" any part of which arises out of, or allegedly arises out of, exposure to or the presence of "radioactive matter" and/or "radiation" whether such "pollutants" are alone, or combined with any other substances or factors, whether included in a product or otherwise. This exclusion applies regardless of whether such exposure occurs within or outside a building.

**C.** Without limiting or expanding the term "pollutants" as used in any policy issued by us, the following sentence is added to the definition of "pollutants":

"Pollutants" include, but are not limited to, "radiation" and/or "radioactive matter".

**D.** The following definition is added to the Definitions Section:

"Radiation" and/or "radioactive matter" includes, but is not limited to, ionizing radiation (either directly from unstable atomic nuclei or atoms, or as a consequence of a nuclear reaction), radioactive isotopes, alpha or beta particles or rays, gamma rays, X-rays, photons, nucleons, including protons and neutrons, and electrons.

**E.** This exclusion applies whether or not such "pollutants" have any function in your business, operations, premises, site or location.

Policy Number  
Issued by

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

## **Electromagnetic Fields and Electromagnetic Radiation Exclusion Endorsement**

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

**A.** The following exclusion is added to Paragraph 2. Exclusion of Section **I** – Coverage **A** - Bodily Injury And Property Damage Liability:

**2.** Exclusions

This insurance does not apply to :

"Bodily injury" or "property damage" any part of which arises out of, or allegedly arises out of, exposure to or the presence of "electromagnetic fields and/or electromagnetic radiation" whether such "pollutants" are alone, or combined with any other substances or factors, whether included in a product or otherwise. This exclusion applies regardless of whether such exposure occurs within or outside a building.

**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:

"Personal and advertising injury" any part of which arises out of, or allegedly arises out of, exposure to or the presence of "electromagnetic fields and/or electromagnetic radiation" whether such "pollutants" are alone, or combined with any other substances or factors, whether included in a product or otherwise. This exclusion applies regardless of whether such exposure occurs within or outside a building.

**C.** Without limiting or expanding the term "pollutants" as used in any policy issued by us, the following sentence is added to the definition of "pollutants":

"Pollutants" include, but are not limited to, "electromagnetic fields and/or electromagnetic radiation".

**D.** The following definition is added to the Definitions Section:

"Electromagnetic fields and/or electromagnetic radiation" means electromagnetic fields, "electromagnetic radiation", electric fields, magnetic fields, and/or the interaction of electric fields and magnetic fields.

"Electromagnetic radiation" includes, but is not limited to magnetic energy, waves, fields or forces generated, produced, distributed, transmitted or maintained by the charges, currents, frequencies, energy or forces of electricity that are generated, flow or otherwise transmitted through or via the medium, methods and equipment that generate, produce, distribute, transport, transmit or store the electrical charges, currents, frequencies, energy or forces.

**E.** This exclusion applies whether or not such "pollutants" have any function in your business, operations, premises, site or location.

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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 03/12/2008

**Comments:**

**Attachments:**

Transmittal Document.pdf  
Form Filing Schedule.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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <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> 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>
Wausau Insurance Companies	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Employers Insurance Company of Wausau	WI	21458	39-0264050	
Wausau Underwriters Insurance Company	WI	26042	39-1341459	
Wausau Business Insurance Company	WI	26069	36-3522250	

<b>5. Company Tracking Number</b>	<b>GLF-CW-007-08</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
	Polly Becker PO BOX 8017 WAUSAU WI 54402-8017	State Filings Analyst	877-792-8728 Ext 7434	715-842-6828	polly.becker@wausau.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Polly Becker

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

9. Type of Insurance (TOI)	17.2 Other Liability-Occ Only
10. Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
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 <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: 07/01/2008                      Renewal: 07/01/2008
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	2/29/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



## 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>GLF-CW-007-08</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
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	Radioactive Matter Exclusion Endorsement	GL2167 02-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL2167 01-4	GLF-CW-001-04
02	Electromagnetic Fields and Electromagnetic Radiation Exclusion Endorsement	GL2176 02-08	<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		