

SERFF Tracking Number: WAUS-125518836 State: Arkansas
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50
Company Tracking Number: PRF-CW-002-08
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: PC1504 02-08 Wausau EXPRESS Business Income/Extra Expense Property Endorsement/PRF-CW-002-08

Filing at a Glance

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

Product Name: Commercial Property	SERFF Tr Num: WAUS-125518836	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: PRF-CW-002-08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Marie Exon	Disposition Date: 03/10/2008
	Date Submitted: 03/03/2008	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: PC1504 02-08 Wausau EXPRESS Business Income/Extra Expense Property Endorsement	Status of Filing in Domicile: Pending
Project Number: PRF-CW-002-08	Domicile Status Comments: Being submitted at this time.
Reference Organization: n/a	Reference Number: n/a
Reference Title: n/a	Advisory Org. Circular: n/a
Filing Status Changed: 03/10/2008	
State Status Changed: 03/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

PROJECT # PRF-CW-002-08
EMPLOYERS INSURANCE COMPANY OF WAUSAU - 11121458

SERFF Tracking Number: WAUS-125518836 State: Arkansas
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Company and Contact

Filing Contact Information

Marie Exon, State Filings Analyst Marie.Exon@Wausau.com
 PO BOX 8017 (877) 792-8728 [Phone]
 Wausau, WI 54402-8017 (715) 842-6828[FAX]

Filing Company Information

Employers Insurance Company of Wausau	CoCode: 21458	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: 39-0264050	

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	

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	

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	03/03/2008	18275680
Wausau Business Insurance Company	\$0.00	03/03/2008	

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Wausau Underwriters Insurance Company \$0.00 03/03/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/10/2008	03/10/2008

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Disposition

Disposition Date: 03/10/2008
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	Wausau EXPRESS Business Income/Extra Expense Property Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Wausau EXPRESS Business Income/Extra Expense Property Endorsement	PC1504	02-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 PC1504 07-06 Previous Filing #:		ALL Other 1504 208 _2_.pdf

Policy Number
Issued by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Wausau EXPRESSSM Business Income/Extra Expense Property Endorsement

This endorsement modifies insurance provided under the following:

BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM

The following is a summary of increased limits of insurance and additional coverages provided by this endorsement. This endorsement is subject to the provisions of your policy, which means that it is subject to all limitations and conditions applicable to this Coverage Form or Causes of Loss Form, unless specifically deleted, replaced, or modified herein. This endorsement is applicable only to those premises described in the Declarations.

Additional Coverages or Coverage Extensions	Coverage Summary	Limit of Insurance
1. Business Income		
	Actual Loss Sustained	Included
	Membership Values	Included
2. Broadened Premises		1000 feet
3. Extended Business Income – Period of Indemnity		180 Days
4. Interruption of Computer Operations		\$25,000
5. Coverage Extensions		
	Newly Acquired Locations	\$250,000 (90 days)
	Dependent Properties	10% / \$100,000 Maximum
	Transit Business Income Extra Expense	10% / \$100,000 Maximum
	Off Premises Service	\$25,000
6. Limits of Insurance – Actual Loss Sustained		Included
7. Additional Condition and Optional Coverages		Deleted
8. Other Insurance		
9. Definitions		
	Membership Values	Added
	Period of Restoration	24 Months

* * * *

A. The following changes apply to the **BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM**.

Section A. **Coverage**, provision **1. Business Income** is deleted and replaced with the following:

1. Business Income

Business Income means the:

- a. Net income (Net Profit or Loss before income taxes) that would have been earned or incurred;
- b. Continuing normal operating expenses incurred, including payroll;

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- c. "Membership Values"; and
- d. "Rental Value".

For manufacturing risks, Net Income includes the net sales value of production.

We will pay for the Actual Loss of Business Income you sustain due to the necessary "suspension" of your "operations" during the "period of restoration." The "suspension" must be caused by direct physical loss of or damage to property at premises which are described in the Declarations and for which a Business Income Limit of Insurance is shown in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss. With respect to loss of or damage to personal property in the open or personal property in a vehicle, the described premises include the area within 1000 feet of the site at which the described premises are located.

With respect to the requirements set forth in the preceding paragraph, if you occupy only part of the site at which the described premises are located, your premises means:

- a. The portion of the building which you rent, lease or occupy; and
- b. Any area within the building or on the site at which the described premises are located, if that area services, or is used to gain access to, the described premises.

2. Broadened Premises

The **within 100 feet of the described premises** description is deleted and replaced by **within 1000 feet of the described premises** in Section A. Coverage, provision 5. Additional Coverages, item b.(3) Alterations and New Buildings.

3. Extended Business Income – Period of Indemnity

Section A. Coverage, provision 5. Additional Coverages is amended as follows:

Item A.5.c.(1)(b)(ii) is deleted and replaced by:

- (ii) 180 consecutive days after the date determined in (1)(a) above.

Item A.5.c.(2)(b)(ii) is deleted and replaced by:

- (ii) 180 consecutive days after the date determined in (2)(a) above.

4. Interruption of Computer Operations

Section A. Coverage, provision 5. Additional Coverages is amended as follows:

Item A.5.d.(4) is deleted and replaced by:

- (4) The most we will pay under this Additional Coverage - Interruption of Computer Operations is \$25,000 for all loss sustained and expense incurred in any one policy year, regardless of the number of interruptions or the number of premises, locations or computer systems involved. If loss payment relating to the first interruption does not exhaust this amount, then the balance is available for loss or expense sustained or incurred as a result of subsequent interruptions in that policy year. A balance remaining at the end of a policy year does not increase the amount of insurance in the next policy year. With respect to any interruption which begins in one policy year and continues or results in additional loss or expense in a subsequent policy year(s), all loss and expense is deemed to be sustained or incurred in the policy year in which the interruption began.

5. Coverage Extensions

Section **A. Coverage**, provision **6.** is deleted and replaced by:

a. Newly Acquired Locations

- (1) You may extend your Business Income and Extra Expense Coverages to apply to property at any location you acquire other than fairs or exhibitions.
- (2) The most we will pay under this Extension, for the sum of Business Income loss and Extra Expense incurred, is \$250,000 at each location.
- (3) Insurance under this Extension for each newly acquired location will end when any of the following first occurs:
 - (a) This policy expires;
 - (b) 90 days expire after you acquire or begin to construct the property; or
 - (c) You report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

b. Dependent Properties

- (1) You may extend your Business Income and Extra Expense Coverages to apply to the actual loss of Business Income or Extra Expense you sustain due to suspension of your activities at the described premises caused by direct physical loss of or damage to property at the premises of a Dependent Property caused by or resulting from a Covered Cause of Loss.
- (2) As used in this Extension, Dependent Property means property operated by others whom you depend on to:
 - (a) Deliver materials or services, other than water, communication or power supply services to you, or to others for your account.
 - (b) Accept your products or services.
 - (c) Manufacture products for delivery to your customers under a contract of sale.
- (3) The Business Income and Extra Expense coverage provisions respecting direct physical loss or damage at the described premises will apply separately to each dependent property premises.
- (4) Coverage under this Extension will end when the property at the premises of the Dependent Property should be rebuilt or replaced with reasonable speed and similar quality.
- (5) We will reduce the amount of Your Business Income Loss, other than Extra Expense, to the extent that you can resume "operations" in whole or in part by using any other available source of materials or outlet for your products.
- (6) The most we will pay under this extension is 10% of the Actual Loss of Business Income and Extra Expense Insurance, but not more than \$100,000 for loss you sustain resulting from loss of or damage to property at the premises of any one Dependent Property.

This Extension does not apply to the Extra Expense Coverage in Section **A.4.j. Additional Coverages** in the Building and Personal Property Coverage Form.

c. Transit Business Income and Extra Expense

- (1) You may extend your Business Income or Extra Expense coverages to apply to the actual loss of Business Income or Extra Expense you sustain due to direct physical loss of or damage to Covered Property in Transit caused by or resulting from a Covered Cause of Loss.
- (2) The most we will pay for loss under this Extension is 10% of the Actual Loss of Business Income or Extra Expense Insurance, but not more than \$100,000.

d. Off-Premises Services

We will not pay more than \$25,000 for loss of Business Income or Extra Expense you sustain at the described premises caused by the interruption of service to the described premises. The interruption must result only from direct physical loss or damage by a Covered Cause of Loss to the following property not on the described premises:

- (1) Water supply services;
- (2) Communication supply services;
- (3) Gas, steam or electric power supply services; or
- (4) Overhead Transmission Lines.

This Coverage does not apply to the Extra Expense Coverage in Section **A.4.j. Additional Coverages** in the Building and Personal Property Coverage Form.

6. Limits of Insurance – Actual Loss Sustained

Section **B. LIMITS OF INSURANCE** is deleted and replaced by the following:

We will only pay for the Actual Loss of Business Income and Extra Expense that occurs within 24 consecutive months after the date of direct physical loss of or damage to property at premises that are described in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss.

The limit applicable to each of the Coverage Extensions is in addition to the Actual Loss of Business Income and Extra Expense described above.

Payments under the following coverages will not increase the applicable Limit of Insurance:

1. Alterations and New Buildings;
2. Civil Authority;
3. Extra Expense; or
4. Extended Business Income.

7. Additional Condition and Optional Coverages

Section **D. Additional Condition** and Section **E. Optional Coverages** are deleted entirely.

8. Other Insurance

In the event an occurrence covered by this endorsement is also covered by any other endorsement or Coverage Part attached to this policy, or any other policy, the coverage provided by this endorsement is excess over any valid or collectable insurance.

9. Definitions

Section **F. Definitions** is deleted and replaced by:

1. "Finished Stock" means stock you have manufactured.

"Finished stock" also includes whiskey and alcoholic products being aged, unless there is a Coinsurance percentage shown for Business Income in the Declarations.

"Finished stock" does not include stock you have manufactured that is held for sale on the premises of any retail outlet insured under this Coverage Part.

2. "Membership Values" means the unused portion of prepaid membership fees for memberships which would have been in effect during the "period of restoration" and which are refunded to the members.

3. "Operations" means:

- a. Your business activities occurring at the described premises; and
- b. The tenantability of the described premises, if coverage for Business Income including "Rental Value" or "Rental Value" applies.

4. "Period of Restoration" means the period of time that:

- a. Begins:

- (1) 72 hours after the time of direct physical loss or damage for Business Income coverage; or
- (2) Immediately after the time of direct physical loss or damage for Extra Expense coverage; caused by or resulting from any Covered Cause of Loss at the described premises; and

- b. Ends on the earlier of:

- (1) The date when the property at the described premises should be repaired, rebuilt or replaced with reasonable speed and similar quality;
- (2) The date when business is resumed at a new permanent location; or
- (3) The "Period of Restoration" cannot exceed 24 months.

"Period of restoration" does not include any increased period required due to the enforcement of any ordinance or law that:

- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants."

The expiration date of this policy will not cut short the "period of restoration".

5. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals, and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
6. "Rental Value" means Business Income that consists of:
 - a. Net income (Net Profit or Loss before income taxes) that would have been earned or incurred as rental income from tenant occupancy of the premises described in the Declarations as furnished and equipped by you, including fair rental value of any portion of the described premises which is occupied by you; and
 - b. Continuing normal operating expenses incurred in connection with that premises, including:
 - (1) Payroll; and
 - (2) The amount of charges which are the legal obligation of the tenant(s) but would otherwise be your obligations.
7. "Suspension" means:
 - a. The slowdown or cessation of your business activities; or
 - b. That a part or all of the described premises is rendered untenable, if coverage for Business Income including "Rental Value" or "Rental Value" applies.

SERFF Tracking Number: WAUS-125518836 *State:* Arkansas
First Filing Company: Employers Insurance Company of Wausau, ... *State Tracking Number:* EFT \$50
Company Tracking Number: PRF-CW-002-08
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: PC1504 02-08 Wausau EXPRESS Business Income/Extra Expense Property Endorsement/PRF-CW-002-08

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 03/10/2008

Comments:

Attachments:

NAIC Transmittal Document 3-1-2007.pdf
Form Filing Schedule.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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
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	

5. Company Tracking Number	PRF-CW-020-08
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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
	Marie Exon PO BOX 8017 WAUSAU WI 54402-8017	State Filings Analyst	877-792-8728 Ext 6089	715-842-6828	Marie.exon@wausau.com
7.	Signature of authorized filer		<i>Marie Exon</i>		
8.	Please print name of authorized filer		Marie Exon		

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

9. Type of Insurance (TOI)	01.0
10. Sub-Type of Insurance (Sub-TOI)	01.0001
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Property
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: May 1, 2008 Renewal: May 1, 2008
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	3/3/08
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 #	PRF-CW-002-008
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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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PROJECT # PRF-CW-002-08

EMPLOYERS INSURANCE COMPANY OF WAUSAU – 11121458

WAUSAU UNDERWRITERS INSURANCE COMPANY – 11126042

WAUSAU BUSINESS INSURANCE COMPANY – 11126069

Commercial Property

PC1504 02-08 – Wausau EXPRESS Business Income/Extra Expense Property Endorsement

REQUESTED EFFECTIVE DATE: May 1, 2008

The captioned companies submit our revised PC1504 02-08, Wausau EXPRESS Business Income/Extra Expense Property Endorsement, for your review to be used with ISO's Business Income (and Extra Expense) Coverage Form.

The purpose of this filing is to correct Section 6. Limit of Insurance – Actual Loss Sustained time limitation from 12 to 24 consecutive months. There is no change in our pricing.

This form is optional – it broadens coverage and is used with our standard ISO policies.

I look forward to your acknowledgment/approval of this filing submission.



Marie Exon

State Filings Analyst

1-877-792-8728, Ext. 6089

Fax: 1-715-842-6828

Marie.exon@ausau.com

Enclosures

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 #: \$50.00 Form Filing

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.)**

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 #	PRF-CW-002-08			
2.	This filing corresponds to rate/rule filing number (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	Wausau EXPRESS Business Income/Extra Expense Property Endorsement	PC1504 02-08	<input type="checkbox"/> New <input checked="" 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		