

<i>SERFF Tracking Number:</i>	<i>CUNX-125584351</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CUMIS Insurance Society, Inc.</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>OTHAR0098302F01</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>CUMIS Special Insurance Package</i>		
<i>Project Name/Number:</i>	<i>2008 SIP Rewrite/OTHAR0098302F01</i>		

## Filing at a Glance

Company: CUMIS Insurance Society, Inc.

Product Name: CUMIS Special Insurance Package

SERFF Tr Num: CUNX-125584351 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.1000 Other Liability Sub-TOI Combinations

Co Tr Num: OTHAR0098302F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI CUNA

Disposition Date: 04/17/2008

Date Submitted: 03/28/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: 2008 SIP Rewrite

Status of Filing in Domicile: Pending

Project Number: OTHAR0098302F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/17/2008

State Status Changed: 04/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing revisions for all policies effective on and after October 1, 2008. The following item is included for your review and consideration.

FORM

\* Loan Products Endorsement -Supplemental Entity Litigation Policy - SP 829 03 08

SERFF Tracking Number: CUNX-125584351 State: Arkansas  
 Filing Company: CUMIS Insurance Society, Inc. State Tracking Number: EFT \$50  
 Company Tracking Number: OTHAR0098302F01  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1000 Other Liability Sub-TOI Combinations  
 Product Name: CUMIS Special Insurance Package  
 Project Name/Number: 2008 SIP Rewrite/OTHAR0098302F01

This is a new form. This endorsement extends coverage for loan protection products and shared branches that were previously covered under the Supplemental Litigation Insurance Policy. This endorsement will be provided to all policyholders that elect the Supplemental Entity Litigation Policy.

Attached is a final printed copy of the form.

## Company and Contact

### Filing Contact Information

Laura Theis, Compliance Manager CUMIS.Compliance.Mail@cunamutual.com  
 (Administrative Office) Location 5910 2 C6 (800) 356-2644 [Phone]  
 Madison, WI 53705 (608) 236-6226[FAX]

### Filing Company Information

CUMIS Insurance Society, Inc. CoCode: 10847 State of Domicile: Iowa  
 (Administrative Office) Location 5910 2 C6 Group Code: 306 Company Type: Property and  
 Casualty

5910 Mineral Point Road  
 Madison, WI 53705  
 (608) 238-5851 ext. [Phone]

Group Name: State ID Number:  
 FEIN Number: 39-0972608

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUMIS Insurance Society, Inc.	\$50.00	03/28/2008	19081459

SERFF Tracking Number: CUNX-125584351 State: Arkansas  
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Product Name: CUMIS Special Insurance Package  
Project Name/Number: 2008 SIP Rewrite/OTHAR0098302F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/17/2008	04/17/2008

*SERFF Tracking Number:* CUNX-125584351      *State:* Arkansas  
*Filing Company:* CUMIS Insurance Society, Inc.      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* OTHAR0098302F01  
*TOI:* 17.1 Other Liability - Claims Made Only      *Sub-TOI:* 17.1000 Other Liability Sub-TOI Combinations  
*Product Name:* CUMIS Special Insurance Package  
*Project Name/Number:* 2008 SIP Rewrite/OTHAR0098302F01

## **Disposition**

Disposition Date: 04/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CUNX-125584351 State: Arkansas  
 Filing Company: CUMIS Insurance Society, Inc. State Tracking Number: EFT \$50  
 Company Tracking Number: OTHAR0098302F01  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1000 Other Liability Sub-TOI Combinations  
 Product Name: CUMIS Special Insurance Package  
 Project Name/Number: 2008 SIP Rewrite/OTHAR0098302F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1, AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form	Loan Products Endorsement Supplemental Entity Litigation Policy	Approved	Yes

SERFF Tracking Number: CUNX-125584351 State: Arkansas  
 Filing Company: CUMIS Insurance Society, Inc. State Tracking Number: EFT \$50  
 Company Tracking Number: OTHAR0098302F01  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1000 Other Liability Sub-TOI Combinations  
 Product Name: CUMIS Special Insurance Package  
 Project Name/Number: 2008 SIP Rewrite/OTHAR0098302F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Loan Products Endorsement Supplemental Entity Litigation Policy	SP 829	03 08	Endorsement/Amendment/Conditions		0.00	SP 829.PDF

This endorsement is subject to the Declarations, Introduction, Coverages, Definitions, Exclusions and Conditions contained in the Supplemental Entity Litigation Policy, except as modified in this endorsement.

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**ADDITIONAL COVERAGES**

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CUMIS will pay on behalf of the "credit union," "loss" the "credit union" is legally obligated to pay as a result of any "claim" that is first made against the "credit union" during an Annual Policy Period:

**Loan Protection Products**

For unintentional errors or omissions committed or allegedly committed by or on behalf of the "credit union" resulting directly from the "credit union's" "loan protection products."

**Shared Branch**

For unintentional errors or omissions while functioning as a "service center" or "service outlet."

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**DEFINITION**

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**Demand Draft**

The Demand Draft Definition is deleted.

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**ADDITIONAL DEFINITIONS**

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**Loan Protection Products**

"Loan protection products" means insurance products sold to a borrower in connection with a loan, including but not limited to credit insurance, guaranteed asset protection (GAP) insurance or mechanical breakdown insurance.

**Service Center**

1. "Service center" means a business entity that:
  - a. Is not a "credit union"; and
  - b. Has a place of business at which "members" of two or more "credit unions" may interact with a person to transact business with the "members'" respective "credit unions."
2. To be a "service center" the business entity must offer share deposit and share withdrawal transactions among its services.

Service Center - continued

3. "Credit union" staffed office locations falling within the definition of "service outlet" are not "service centers" for any purposes of this Policy or its endorsements. A "service center's" place of business may be located at a "credit union's" place of business, but the "service center" must operate as a separate incorporated entity.

Service Outlet

"Service outlet" means a staffed "credit union" office location that, under a contract with a "credit union" service network, provides "members" of "credit unions" belonging to the "credit union" service network, in addition to its own "members," the ability to interact with an "employee" to transact business with the "member's" respective "credit union," including at a minimum share deposit and share withdrawal transactions.

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EXCLUSIONS

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CUMIS will not be liable to make any payment for "loss" in connection with or arising out of any "claim":

Funds Transfer

The Funds Transfer Exclusion is replaced with the following:

Resulting directly or indirectly from fraudulent:

1. Instruction through e-mail, telefacsimile or telephonic means; or
2. ACH debit from your "member's" account.

Loan

The Loan Exclusion is replaced with the following:

Based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving a loan, a lease, an extension of credit, or the failure or refusal to grant a loan, a lease, or an extension of credit. This exclusion will not apply to a "claim" covered under the following coverages:

1. Notary Public; or
2. Debt Cancellation; or
3. Lien Holder Or Secured Party; or

Loan - continued

4. Loan Protection Products; or
5. Share Branch.

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<i>Product Name:</i>	<i>CUMIS Special Insurance Package</i>		
<i>Project Name/Number:</i>	<i>2008 SIP Rewrite/OTHAR0098302F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CUNX-125584351 State: Arkansas  
Filing Company: CUMIS Insurance Society, Inc. State Tracking Number: EFT \$50  
Company Tracking Number: OTHAR0098302F01  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1000 Other Liability Sub-TOI Combinations  
Product Name: CUMIS Special Insurance Package  
Project Name/Number: 2008 SIP Rewrite/OTHAR0098302F01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 04/17/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-  
1, AR - CERTIFICATE OF  
COMPLIANCE - (AID PC SelfCert  
(4/30/03)) **Review Status:** Approved 04/17/2008

**Comments:**

**Attachments:**

AR - FORM FILING ABSTRACT F-1.PDF

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).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>			
	306			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
CUMIS Insurance Society, Inc.	IA	10847	39-0972608	

<b>5. Company Tracking Number</b>	OTHAR0098302F01
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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
	Laura L. Theis, AIS (Administrative Office) Location 5910 2 C6, 5910 Mineral Point Road Madison WI 53705	Compliance Manager	800-356-2644 Ext. 8816	608-236-6226	CUMIS.Compliance.Mail @cunamutual.com
<b>7.</b>	Signature of authorized filer		<i>Laura L. Theis</i>		
<b>8.</b>	Please print name of authorized filer		Laura L. Theis, AIS		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	17.1 Other Liability - Claims Made Only
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.1000 Other Liability Sub-TOI Combinations
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	SIPCU – CU Special Insurance Package
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 10/01/2008      Renewal: 10/01/2008
<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>	03.27.2008
<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

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	OTHAR0098302F01
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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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We are filing revisions for all policies effective on and after October 1, 2008. The following item is included for your review and consideration.

FORM

\* Loan Products Endorsement -Supplemental Entity Litigation Policy - SP 829 03 08

This is a new form. This endorsement extends coverage for loan protection products and shared branches that were previously covered under the Supplemental Litigation Insurance Policy. This endorsement will be provided to all policyholders that elect the Supplemental Entity Litigation Policy.

<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]
	<p><b>Check #:</b> EFT <b>Amount:</b> \$50.00</p> <p>State required form filing fee.</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>

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

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 03.27.2008

2. Company Name(s) CUMIS Insurance Society, Inc.

Group Name N/A NAIC No. 10847 Group No. 306

3. (a) Annual Statement Line of Business Number (Page 14) 17

(b) Class of Business Credit unions and credit union related organizations

© Coverages Affected Loan Products Endorsement Supplemental Entity Litigation Policy

4. (a) Name of Advisory Organization, if any N/A

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)  
N/A

(b) Date of Filing N/A

© Filing Designation Number or Description OTHAR0098302F01

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
No - Pending

8. Is the form filed in response to or due to legislation? If so, specify legislation.  
No

9. Is the form in response to or due to recent court decisions? If so, give citation.  
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Laura L. Theis*

Signature

Laura L. Theis

Title

800-356-2644

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	10.01.2008	SP 829 03 08	Loan Products Endorsement Supplemental Entity Litigation Policy

**ARKANSAS CERTIFICATE OF COMPLIANCE**  
*(You may print or type the information required by this form)*



Vice President  
 Underwriting, Commercial  
 Lines of

I, Leslie D. Svoboda, Vice President Underwriting, Commercial Lines of  
*(Name) (Title of Authorized Officer)*

CUMIS Insurance Society, Inc.  
*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • OTHAR0098302F01	
Signature of Authorized Officer •	<i>Leslie D Svoboda</i>
Name of Authorized Officer •	Leslie D. Svoboda
Title of Authorized Officer •	Vice President Underwriting, Commercial Lines
Email address of Authorized Officer •	CUMIS.Compliance.Mail@cunamutual.com
Telephone # of Authorized Officer •	608-238-5851 Ext: 6527
Date •	03.27.2008

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*