

SERFF Tracking Number: EMCC-125596392 State: Arkansas  
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-GL-2008-03  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: General Liability  
Project Name/Number: /

## Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: General Liability

SERFF Tr Num: EMCC-125596392 State: Arkansas

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-GL-2008-03

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Jo Byers

Disposition Date: 04/17/2008

Date Submitted: 04/07/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

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:

April 7, 2008

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third St.

Little Rock, AR 72201-1904

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EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

General Liability

Form Revision

Liquor Liability

Company File # AR-GL-2008-03

Effective June 1, 2008

The captioned companies are members of Insurance Services Office and as a member, the General Liability program is filed on our behalf. We are pleased to introduce an enhancement for Liquor Liability coverage to be applicable to policies written on or after June 1, 2008.

We have created endorsement CG7613 (1-08) Liquor Liability to provide coverage for off premise consumption and limited on premise consumption. The classifications for off premise consumption include Beverage Distributors, Beverage Stores, Convenience Stores, Dairy Product Stores, Delicatessens, Department Stores, Drug Stores, and Grocery Stores. For on premise consumption the classifications include Cafes, Coffee Bars or Shops, Delicatessen and Sandwich Shops, Pizza Shops and Salad Bars. Also included are Hotels/Motels that offer evening adult beverages or limited cooking.

We are also submitting for filing CG8250 (2-08) Liquor Liability Insurance Questionnaire.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, Memorandum, and final printed copies of our forms.

We respectfully request your approval of this filing, to be applicable to policies written on or after June 1, 2008. Thank you.

Jo L. Byers, Filings Analyst

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Rates and Filings Dept.  
 (800) 247-2128 Ext. 2707  
 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	

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	

## 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	04/07/2008	
Employers Mutual Casualty Company	\$50.00	04/07/2008	19327480

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## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 04/17/2008

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Liquor Liability	Approved	Yes
Form	Liquor Liability Insurance Questionnaire	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Liquor Liability	CG7613	1-08	Endorsement/Amendment/Conditions			CG7613_200801.pdf
Approved	Liquor Liability Insurance Questionnaire	CG8250	2-08	Election/Rejection/Supplemental Applications			CG8250_200802.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIQUOR LIABILITY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE\***

<b>Liquor Liability Aggregate Limit</b>	\$ _____	<b>Each Common Cause Limit</b>	\$ _____
*If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.			

**SECTION I – COVERAGES** is amended as follows:

- A. The insurance provided under paragraph **A.1. Insuring Agreement**, also applies to all “bodily injury” or “property damage” arising out of the selling, serving or furnishing of alcoholic beverages.
- B. For the insurance provided by this endorsement only, Paragraph **2. Exclusions** is amended as follows:
  - 1. All exclusions other than **Exclusions a. Expected Or Intended Injury, d. Workers’ Compensation and Similar Laws and e. Employers Liability**, does not apply.
  - 2. The following exclusions are added:  
This insurance does not apply to:
    - a. “Bodily injury” or “property damage” arising out of any alcoholic beverage sold, served or furnished while any required license is suspended or after such license expires, is cancelled or revoked.
    - b. “Bodily injury” or “property damage” arising out of “your product”. This exclusion does not apply to “bodily injury” or “property damage” for which the insured or the insured’s indemnitees may be held liable by reason of:
      - (1) Causing or contributing to the intoxication of any person;
      - (2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence or alcohol; or

- (3) Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.
- c. Any “bodily injury” or “property damage” with respect to which other insurance is afforded, or could be afforded, but for the exhaustion of the limits of insurance.  
This exclusion does not apply if the other insurance responds to liability for “bodily injury” or “property damage” imposed on the insured by reason of the selling, serving or furnishing of any alcoholic beverage.
- C. The following are added to **Section III – LIMITS OF INSURANCE**:
  - 1. The Liquor Liability Aggregate Limit shown in the Schedule of this endorsement is the most we will pay for all “bodily injury” and “property damage” as the result of the selling, serving or furnishing alcoholic beverages.
  - 2. Subject to the Liquor Liability Aggregate Limit, the Each Common Cause Limit shown in the Schedule of this endorsement is the most we will pay for all “bodily injury” or “property damage” sustained by one or more persons or organizations as the result of the selling, serving or furnishing of alcoholic beverages to any one person.  
Neither the Liability and Medical Expenses Limits Of Insurance shown in the Declarations nor its aggregate limit apply to damages arising out of the selling, serving or furnishing of alcoholic beverages.

## LIQUOR LIABILITY INSURANCE QUESTIONNAIRE

Date \_\_\_\_\_

Producer   		Name and Mailing Address:   		
Code	Subcode	Website Address Effective Date		Expiration Date Policy/Account Number

**Yes No**

1. Location of Premises (if different from above):  
\_\_\_\_\_

2. Type of License:     Wholesale     Retail    License No. \_\_\_\_\_  
 BC    Beer for off premises consumption only     Beer on premise consumption only  
 BE    Beer and Wine for off premises consumption only     Beer and wine on premise consumption only  
 Other \_\_\_\_\_

3. Has your liquor license ever been non-renewed, canceled or revoked? If yes, explain fully.  
\_\_\_\_\_

Have you had a warning or violation? If yes, provide detailed information.  
\_\_\_\_\_

4. Estimate annual receipts from the sale of alcohol beverages:    \$ \_\_\_\_\_  
 Estimate annual receipts from other sales:    Food \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Misc. \$ \_\_\_\_\_

5. Any sales of alcohol other than beer or wine? If yes, give details including dollar amounts.  
\_\_\_\_\_

6. Number of years at each insured location: \_\_\_\_\_

7. Hours of Operation: \_\_\_\_\_

8. Have you previously carried Liquor Liability Insurance? If yes, supply name of insurance company, limit of liability, deductible:  
\_\_\_\_\_

9. Has your Liquor Liability Insurance ever been canceled, declined or non-renewed? If yes, provide details:  
\_\_\_\_\_

10. Have you had any Liquor Liability claims (whether insured or not) during the past 5 years? If yes, provide details:  
\_\_\_\_\_

11. Do you sponsor hospitality suites/rooms?  
 If yes, are they at     Your Premises     Convention     Other Events  
 Give Details: \_\_\_\_\_

Yes No

12. What "Special Events" do/did you sponsor? ("Special Events" for purposes of this application are those where more than 50 members of the public will be in attendance).

A. Please supply details of your "Special Events" during the past 12 months:

B. What are your plans for "Special Events" for the upcoming 12 months?

13. Have all workers attended ASK (Alcohol Servers Knowledge) Seminars, TIPS (Training for Intervention Procedures), CAST (Certified Alcohol Training) or ServSafe?

14. Do you have any of the following:

A. Gender specific nights?

B. Cover Charge?

C. Live Band or DJ?

D. Happy Hour (hourly specials)?

E. Entertainment machines (Bucking Bronco, surf board, slot, video games of chance)?

F. Connected to other establishment? If yes, other establishment: \_\_\_\_\_

G. Pool tables?

H. Dance floor?

I. Recreation Area (volleyball, basketball)?

J. Open patio Area? If yes,

Is the area only accessible through the building?

K. Any other unusual exposure not listed above? If yes, what? \_\_\_\_\_

15. Are identification of legal age required on all purchases of alcoholic beverages?

Is there a reminder at the register indicating the minimum birthdates' required for legal age purchase of alcohol?

16. What actions are taken for an employee caught in selling alcoholic beverages to a minor?

17. Do you own a vehicle that has been altered to dispense beer on tap or used at social gatherings to dispense alcoholic beverages?

18. What is your policy or procedure if an employee has been caught drinking on the job or while driving a company owned vehicle?

19. Is the retail display of alcoholic beverages clearly identified to eliminate confusion between alcoholic and non-alcoholic beverages?

Completed By

Position

Date

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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 04/17/2008

**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					

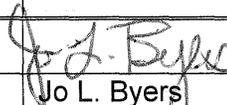
<b>3. Group Name</b>	<b>Group NAIC #</b>
EMC Insurance Companies	062

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>	AR-GL-2008-03
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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)	General Liability
10. Sub-Type of Insurance (Sub-TOI)	General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Liability
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: 6/1/08                      Renewal: 6/1/08

## 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>	4/7/08	
<b>19.</b>	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed	<input 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-GL-2008-03
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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 have created endorsement CG7613 (1-08) Liquor Liability to provide coverage for off premise consumption and limited on premise consumption. The classifications for off premise consumption include Beverage Distributors, Beverage Stores, Convenience Stores, Dairy Product Stores, Delicatessens, Department Stores, Drug Stores, and Grocery Stores. For on premise consumption the classifications include Cafes, Coffee Bars or Shops, Delicatessen and Sandwich Shops, Pizza Shops and Salad Bars. Also included are Hotels/Motels that offer evening adult beverages or limited cooking.

We are also submitting for filing CG8250 (2-08) Liquor Liability Insurance Questionnaire.

<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-GL-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>				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Liquor Liability	CG7613 (1-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Liquor Liability Insurance Questionnaire	CG8250 (2-08)	<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		