

SERFF Tracking Number: ZURC-125599950 State: Arkansas  
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CW-IM-27178  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Replacement Cost Coverage Endorsement  
Project Name/Number: /

## Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: Replacement Cost Coverage SERFF Tr Num: ZURC-125599950 State: Arkansas

Endorsement

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: CW-IM-27178

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Roderick Veranga

Disposition Date: 04/16/2008

Date Submitted: 04/09/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2008

Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008

Effective Date (Renewal):

07/01/2008

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Property & Casualty Section:

In accordance with the filing requirements of your state, we have enclosed for your review and approval the appropriate filing memorandum, forms, and transmittals in support of our revised Commercial Inland Marine Replacement Cost Coverage Endorsement.

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Product Name: Replacement Cost Coverage Endorsement  
Project Name/Number: /

We request an effective date of July 1, 2008.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Roderick Veranga  
Business Analyst  
Regulatory Services  
Phone: (847) 413-3054  
Fax: (847) 605-7768  
Email: roderick.veranga@zurichna.com

## Company and Contact

### Filing Contact Information

Roderick Veranga, Business Analyst roderick.veranga@zurichna.com  
1400 American Lane (847) 413-3054 [Phone]  
Schaumburg, IL 60196 (847) 605-7768[FAX]

### Filing Company Information

Empire Fire and Marine Insurance Company	CoCode: 21326	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 47-6022701	
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## Filing Fees

Fee Required? Yes

*SERFF Tracking Number:*      *ZURC-125599950*                      *State:*                      *Arkansas*  
*Filing Company:*              *Empire Fire and Marine Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CW-IM-27178*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *Replacement Cost Coverage Endorsement*  
*Project Name/Number:*      */*  
  
**Fee Amount:**              **\$50.00**  
**Retaliatory?**              **No**  
**Fee Explanation:**              **\$50 Per Form Filing**  
**Per Company:**              **No**

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	04/09/2008	19397908

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/16/2008	04/16/2008

*SERFF Tracking Number:*      *ZURC-125599950*                      *State:*                      *Arkansas*  
*Filing Company:*              *Empire Fire and Marine Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CW-IM-27178*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *Replacement Cost Coverage Endorsement*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 04/16/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* ZURC-125599950      *State:* Arkansas  
*Filing Company:* Empire Fire and Marine Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* CW-IM-27178  
*TOI:* 09.0 Inland Marine      *Sub-TOI:* 09.0005 Other Commercial Inland Marine  
*Product Name:* Replacement Cost Coverage Endorsement  
*Project Name/Number:* /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Filing Memorandum	Approved	Yes
<b>Form</b>	Replacement Cost Coverage	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Replacement Cost Coverage	EM 03 36	04 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 EM 03 36 09 96 Previous Filing #:		EM0336 _04-08_ Final.pdf

# Replacement Cost Coverage



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

This endorsement modifies insurance provided under the:

COMMERCIAL INLAND MARINE PROPERTY COVERAGE FORM  
COMMERCIAL INLAND MARINE ELECTRONIC DATA PROCESSING COVERAGE FORM

The **VALUATION** General Condition is replaced by the following:

1. In determining the amount we will pay for **COVERED PROPERTY** suffering "loss", no deduction for depreciation shall be taken provided the **COVERED PROPERTY** is actually repaired or replaced with similar materials of like kind and quality and for the same purpose as soon as reasonably possible after the "loss" or damage.
2. Payment of "loss" will be made on a replacement cost basis after the **COVERED PROPERTY** is repaired or replaced. At your option:
  - (a) You may make a claim for the actual cash value of the **COVERED PROPERTY** including a deduction for depreciation, after you provide us with a signed, sworn statement of "loss" but prior to repair or replacement; and
  - (b) You may make a claim for the difference between the actual cash value and the actual replacement cost:
    - (1) After you provide us with proof of complete repair or replacement; and
    - (2) Within 180 days of the date of "loss".
3. When payment of "loss" is made on a replacement cost basis, the most we will pay is the lesser of:
  - (a) The cost of replacing the lost or damaged **COVERED PROPERTY** with other property of similar material and like kind and quality that can be used for the same purposes;
  - (b) The amount you actually spend that is necessary to repair the lost or damaged **COVERED PROPERTY**; or
  - (c) The Limit of Insurance applicable to the lost or damaged **COVERED PROPERTY**.

*SERFF Tracking Number:*      *ZURC-125599950*                      *State:*                      *Arkansas*  
*Filing Company:*              *Empire Fire and Marine Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CW-IM-27178*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0005 Other Commercial Inland Marine*  
*Product Name:*              *Replacement Cost Coverage Endorsement*  
*Project Name/Number:*      */*

## **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 04/16/2008

**Comments:**

**Attachment:**

CW-IM-27178 AR P&C Transmittal.pdf

**Satisfied -Name:** Filing Memorandum  
**Review Status:** Approved 04/16/2008

**Comments:**

**Attachments:**

Forms Filing Memo.pdf  
EM0336 \_04-08\_ MU.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)**

<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"> <tr> <td>New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>		New Business		Renewal Business	
	New Business					
	Renewal Business					
	f. State Filing #:					
g. SERFF Filing #:						
h. Subject Codes						

<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Empire Fire and Marine	NE	21326	47-6022701

<b>5. Company Tracking Number</b>	<b>CW-IM-27178</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
	Roderick Veranga 1400 American Lane Schaumburg, IL 60196	Business Analyst	847-413-3054	847-605-7768	<a href="mailto:Roderick.veranga@zurichna.com">Roderick.veranga@zurichna.com</a>

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Roderick Veranga

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

<b>9. Type of Insurance (TOI)</b>	Commercial Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Commercial Inland Marine
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	0.9
<b>12. Company Program Title</b> (Marketing title)	Revised Replacement Cost Coverage Endorsement
<b>13. 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
<b>14. Effective Date(s) Requested</b>	New: July 1, 2008                      Renewal: July 1, 2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	April 9, 2008
<b>19. 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. This filing transmittal is part of Company Tracking #</b>	CW-IM-27178
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<b>21. Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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Dear Property & Casualty Section:

In accordance with the filing requirements of your state, we have enclosed for your review and approval the appropriate filing memorandum, forms, and transmittals in support of our revised Commercial Inland Marine Replacement Cost Coverage Endorsement.

We request an effective date of July 1, 2008.

Should you have any questions regarding this filing, please feel free to contact me.

Sincerely,



Roderick Veranga  
Business Analyst  
Regulatory Services  
Phone: (847) 413-3054  
Fax: (847) 605-7768  
Email: roderick.veranga@zurichna.com

<b>22. 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 #:**  
**Amount:** \$50

Filing Fee Sent Via EFT

**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.)**

**Forms Filing Memorandum  
Empire Fire And Marine Insurance Company  
Empire Indemnity Insurance Company**

At this time, we wish to submit a revised endorsement for approval.

**EM 0336 (04-08) Replacement Cost Coverage** replaces previously approved EM 0336 (09-96).

We have revised Paragraph 1 to more clearly state that when a loss is settled on a replacement cost basis, there is no deduction for depreciation.

Paragraph 2 was completely rewritten to change the time in which a loss is paid. Previously with this endorsement, payment was not made until the property was repaired or replaced. However, we are now changing that to allow the insured to submit a claim at the time of loss for payment of the actual cash value. Then, after repairs are made or the property is replaced but within 180 days of the loss, the insured can submit a second claim for payment of the difference between the first payment and the replacement cost.

Paragraph 3 has been revised to include the limit of insurance when determining the most we will pay.

We wish to file this revised endorsement with an effective date of July 1, 2008.

# Replacement Cost Coverage



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

This endorsement modifies insurance provided under the:

COMMERCIAL INLAND MARINE PROPERTY COVERAGE FORM  
COMMERCIAL INLAND MARINE ELECTRONIC DATA PROCESSING COVERAGE FORM

The **VALUATION** General Condition is replaced by the following:

1. In determining the amount we will pay for **COVERED PROPERTY** suffering "loss", no deduction for depreciation shall be taken provided the **COVERED PROPERTY** is actually repaired or replaced with similar materials of like kind and quality and for the same purpose as soon as reasonably possible after the "loss" or damage.
2. Payment of "loss" will be made on a replacement cost basis after the **COVERED PROPERTY** is repaired or replaced. At your option:
  - (a) You may make a claim for the actual cash value of the **COVERED PROPERTY** including a deduction for depreciation, after you provide us with a signed, sworn statement of "loss" but prior to repair or replacement; and
  - (b) You may make a claim for the difference between the actual cash value and the actual replacement cost:
    - (1) After you provide us with proof of complete repair or replacement; and
    - (2) Within 180 days of the date of "loss".
3. When payment of "loss" is made on a replacement cost basis, the most we will pay is the lesser of:
  - (a) The cost of replacing the lost or damaged **COVERED PROPERTY** with other property of similar material and like kind and quality that can be used for the same purposes;
  - (b) The amount you actually spend that is necessary to repair the lost or damaged **COVERED PROPERTY**; or
  - (c) The Limit of Insurance applicable to the lost or damaged **COVERED PROPERTY**.

Deleted: A.

Deleted: Replacement cost (without deduction for depreciation) replaces Actual Cash Value in the VALUATION Condition of this Coverage Form

Deleted: B

Deleted: We will not pay on a replacement cost basis for any "loss" or damage;¶  
1. Until the lost or damaged **COVERED PROPERTY** is actually repaired or replaced; and¶  
2. Unless the repairs or replacement are made as soon as reasonably possible after the "loss" or damage.

Deleted: C

Deleted: We will not pay more for "loss" or damage on a replacement cost basis than the least

Deleted: . 1. The Limit of Insurance applicable to the lost or damaged **COVERED PROPERTY**;¶  
2

Deleted: .

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