

SERFF Tracking Number: ZURC-125630785 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CW-CL-27279
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: CW-CL-27279 Zurich Programs - Cover Page, In Witness Clause and Schedule of Forms and Endorsements
Project Name/Number: CW-CL-27279 Zurich Programs - Cover Page, In Witness Clause and Schedule of Forms and Endorsements/CW-CL-27279

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW-CL-27279 Zurich Programs SERFF Tr Num: ZURC-125630785 State: Arkansas

- Cover Page, In Witness Clause and Schedule
of Forms and Endorsements

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: CW-CL-27279

State Status: Fees verified and
received

Filing Type: Form

Co Status: Not Applicable

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

Author: Cindy Schultz

Disposition Date: 05/06/2008

Date Submitted: 05/01/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: CW-CL-27279 Zurich Programs - Cover Page, In
Witness Clause and Schedule of Forms and Endorsements

Status of Filing in Domicile:

Project Number: CW-CL-27279

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/06/2008

State Status Changed: 05/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting a new form, U-GU-619-A CW (10/02) Schedule of Forms and Endorsements for use in your state.

This form will be used as part of the declarations in order to identify the forms and endorsements attached to the insured's policy.

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We are replacing EM 3549 (1104) Policy Jacket with EM 3652 (01-08) Commercial Lines Policy and EM 0875 (01-08) Important Notice – In Witness Clause. EM 3652 is a Cover Page identifying the company name and address. EM 0875 is the In Witness page with the required president and secretary signatures.

Company and Contact

Filing Contact Information

Cindy Schultz, Filing Analyst cindy.schultz@zurichna.com
 1400 American Lane (847) 762-7311 [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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	05/01/2008	20045354

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/06/2008	05/06/2008

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Disposition

Disposition Date: 05/06/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Schedule of Forms and Endorsements	Approved	Yes
Form	Commercial Lines Policy	Approved	Yes
Form	Important Notice - In Witness Clause	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Schedule of Forms and Endorsements	U-GU-619-A CW	10/02	Declaration	New		0.00	U-GL-619-A CW 1002.pdf
Approved	Commercial Lines Policy	EM 3652	01-08	Other	Replaced	Replaced Form #: EM 3549 (11-04) Previous Filing #: AR-PC-05-013628	0.00	EM3652 0108 EFM Jacket.pdf
Approved	Important Notice In Witness Clause	-EM 0875	01-08	Other	New		0.00	EM0875 0108.pdf

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Commercial Lines Policy



This policy consists of:

- Declarations
- Common policy conditions
- One or more coverage parts

Empire Fire and Marine Insurance Company
13810 FNB Parkway, PO Box 542003
Omaha, Nebraska 68154-8003
Phone: 800-228-9283

A Stock Company



ZURICH

Important Notice – In Witness Clause

In return for the payment of premium and subject to all the terms of the policy, we agree with you to provide insurance as stated in this policy. This policy shall not be valid unless countersigned by the duly authorized Representative of the Company.

In Witness Whereof, this Company has executed and attested these presents and, where required by law, has caused this policy to be countersigned by its duly authorized Representative.



President



Corporate Secretary

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 05/06/2008

Comments:

Attachment:

P & C Transmittal Doc.pdf

Property & Casualty Transmittal Document

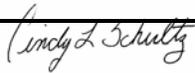
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Empire Fire and Marine Insurance	NE	21326	47-6022701	0212

5. Company Tracking Number	CW-CL-27279
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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
	Cindy L Schultz	Regulatory Services Analyst	847-762-7311	847-605-7768	cindy.schultz@zurichna.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Cindy L Schultz		

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

9. Type of Insurance (TOI)	35.0000
10. Sub-Type of Insurance (Sub-TOI)	35.0002
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	NA
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: 11-01-2008 Renewal: 11-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	NA
17. Reference Organization # & Title	NA
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	CW-CL-27279
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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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We are filing these forms for the following lines of business:

Commercial Automobile
Commercial Property
Commercial Crime
Commercial Inland Marine
Commercial General Liability (including Liquor Liability)
Professional Liability
Commercial Umbrella
Crop

We are requesting an effective date of November 1, 2008, for new and renewal business.

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 #: EFT
Amount: 50.00

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input 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		

PC FFS-1