

SERFF Tracking Number: ARKS-125681592 State: Arkansas
Filing Company: 23418 - MID-CONTINENT CASUALTY COMPANY State Tracking Number: #197302 \$50
Company Tracking Number: AR-CONTRACTORS PKG
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Liability Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 23418 - MID-CONTINENT CASUALTY COMPANY
Product Name: n/a SERFF Tr Num: ARKS-125681592 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #197302 \$50
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: AR-CONTRACTORS PKG State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Disposition Date: 06/11/2008
Date Submitted: 06/04/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/11/2008
State Status Changed: 06/11/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

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COMPANY
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TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: n/a
Project Name/Number: /

Filing Contact Information

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

23418 - MID-CONTINENT CASUALTY CoCode: 23418 State of Domicile: Arkansas
COMPANY
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/11/2008	06/11/2008

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Liability
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Project Name/Number: /

Disposition

Disposition Date: 06/11/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

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
Supporting Document	ARKS-125681592		Yes
Supporting Document	ARKS-125681592-1		Yes

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Supporting Document Schedules

Review Status:
Satisfied -Name: ARKS-125681592 06/11/2008
Comments:
Attachment:
ARKS-125681592.pdf

Review Status:
Satisfied -Name: ARKS-125681592-1 06/11/2008
Comments:
Attachment:
ARKS-125681592-1.pdf



Mid-Continent Group

MID-CONTINENT CASUALTY • MID-CONTINENT INSURANCE • OKLAHOMA SURETY

LR
197302
50.00

June 2, 2008

ARKS-125681592

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 W Third Street
Little Rock AR 72201-1904

Approved until withdrawn
or revoked

Re: Mid-Continent Casualty Company (084-23418) (73-0556513)
Commercial Multi-Peril
Form Filing
Our File # AR-Contractors Package

JUN 11 2008

Arkansas Insurance Department
By: LR

Dear Honorable Bowman,

The Mid-Continent Casualty Company hereby submits for your approval the enclosed form filing to be used with the Commercial Multi-Peril line of business.

This submission deals with three new forms for a new Contractor's Package Program that we are implementing. Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the new forms.

We request that this filing be applicable to all policies effective on and after August 1, 2008.

If you need any additional information please contact me. Thank you in advance for reviewing our submission.

Respectfully,

Vicki Lingafelter

Vicki Lingafelter
State Compliance Analyst
Phone: 800-722-4994 (341)
Fax: 918-560-2736
vlingafelter@mcg-ins.com

RECEIVED

JUN 04 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p> <p style="font-size: 1.2em; margin-top: 20px;">Approved until withdrawn or revoked</p> <p style="font-size: 1.5em; margin-top: 10px;">JUN 11 2008</p> <p style="margin-top: 10px;">Arkansas Insurance Department By: <i>LR</i></p>

2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing: RECEIVED	
e. Effective date of filing: JUN 04 2008	
New Business	
Renewal Business	
f. State Filing #:	PROPERTY AND CASUALTY DIVISION
g. SERFF Filing #:	ARKANSAS INSURANCE DEPARTMENT
h. Subject Codes	

3. Group Name	Group NAIC #
Mid-Continent Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Mid-Continent Casualty Company	OK	23418	73-0556513	

5. Company Tracking Number	AR-Contractors Package
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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
Vicki Lingafelter 1437 S Boulder Ste 200 Tulsa OK 74119-3610	State Compliance Analyst	800-722-4994 (341)	918-560-2736	vlingafelter@mcg-ins.com
7. Signature of authorized filer		<i>Vicki Lingafelter</i>		
8. Please print name of authorized filer		Vicki Lingafelter		

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

9. Type of Insurance (TOI)	5.0
10. Sub-Type of Insurance (Sub-TOI)	5.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Contractors Package Program
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: 08/01/08 Renewal: 08/01/08

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Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	6/2/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	
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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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The Mid-Continent Casualty Company hereby submits for your approval the enclosed form filing to be used with the Commercial Multi-Peril line of business.

This submission deals with three new forms for a new Contractor's Package Program that we are implementing. Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the new forms.

We request that this filing be applicable to all policies effective on and after August 1, 2008

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]
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Check #: 197302
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.)

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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 #	AR-Contractors Package			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	MF 4017 (06/06)	Supplemental Declarations	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	MF 4018 (06/04)	Commercial Property Location Schedule Description of Premises	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	MF 4020 (04/07)	Amendatory Endorsement Newly Acquired or Constructed Property Amended Limits	<input checked="" 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		

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SUPPLEMENTAL DECLARATIONS

POLICY NO.	EFFECTIVE DATE:
INSURED:	AGENT:

Coverage Provided - Insurance at the described premises <i>Applies</i> only for <i>Coverages</i> for which a limit of insurance is shown						
Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Cause of Loss	Coinsurance	Rates

Optional Coverages - Applicable only when entries are made in the schedule below.							
Prem. No.	Bldg. No.	Agreed Value		Replacement Cost (X)			
		Exp. Date	Coverage	Amount	Building	Personal Property	Including Stock

Prem. No.	Bldg. No.	Inflation Guard (percentage)		
		Building	Personal Property	

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

AMENDATORY ENDORSEMENT

NEWLY ACQUIRED OR CONSTRUCTED PROPERTY AMENDED LIMITS

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

Part 5. Coverage Extensions a. (1) and (2) are replaced by the following:

5. Coverage Extensions

Except as otherwise provided, the following Extensions apply to property located in or on the building described in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises.

If a Coinsurance percentage of 80% or more or, a Value Reporting period symbol, is shown in the Declarations, you may extend the insurance provided by this Coverage Part as follows:

a. Newly Acquired Or Constructed Property

(1) Buildings

If this policy covers Building, you may extend that insurance to apply to:

- (a)** Your new buildings while being built on the described premises; and
- (b)** Buildings you acquire at locations, other than the described premises, intended for:
 - (i)** Similar use as the building described in the Declarations; or
 - (ii)** Use as a warehouse.

The most we will pay for loss or damage under this Extension is \$100,000 at each building.

(2) Your Business Personal Property

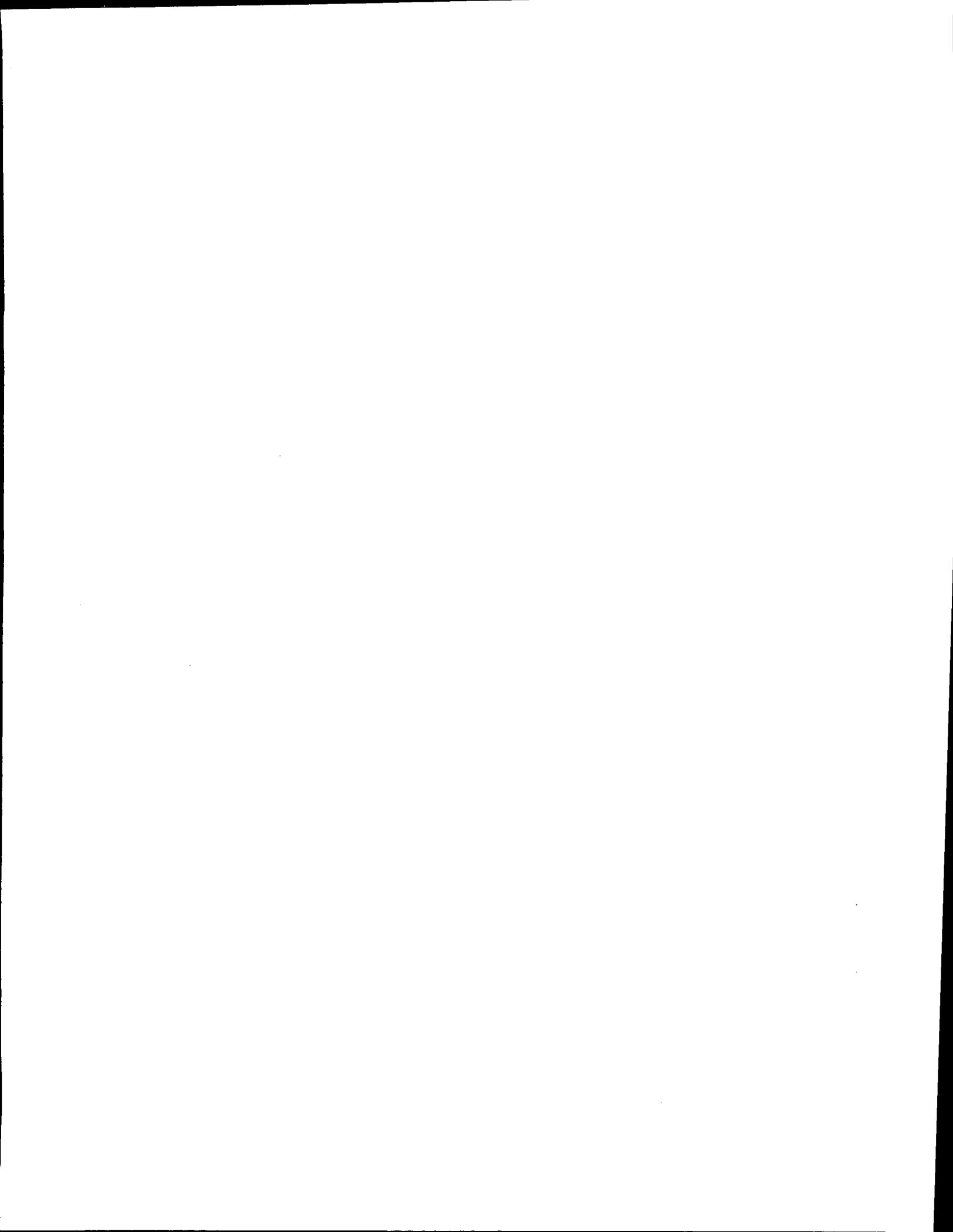
- (a)** If this policy covers Your Business Personal Property, you may extend that insurance to apply to:
 - (i)** Business personal property, including such property that you newly acquire, at any location you acquire other than at fairs, trade shows or exhibitions;
 - (ii)** Business personal property, including such property that you newly acquire, located at your newly constructed or acquired buildings at the location described in the Declarations; or
 - (iii)** Business personal property that you newly acquire, located at the described premises.

The most we will pay for loss or damage under this Extension is \$25,000 at each building.

- (b)** This Extension does not apply to:

- (i)** Personal property of others that is temporarily in your possession in the course of installing or performing work on such property; or
- (ii)** Personal property of others that is temporarily in your possession in the course of your manufacturing or wholesaling activities.

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Explanatory Memorandum for Contractor's Package Program

This is a new program that will combine ISO Property & Non Controlled Inland Marine

