

SERFF Tracking Number: SMM-125662723 State: Arkansas
First Filing Company: State Automobile Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SAC-GL-2008-438
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Contractors Addl Insured 2008 Forms
Project Name/Number: Contractors Addl Insured 2008 Forms/SAC-GL-2008-438

Filing at a Glance

Companies: State Automobile Mutual Insurance Company, State Auto Property and Casualty Insurance Company

Product Name: Contractors Addl Insured 2008 SERFF Tr Num: SMM-125662723 State: Arkansas

Forms

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: SAC-GL-2008-438 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Authors: Kathy Hartwell, Francine Disposition Date: 06/25/2008

Williams, Matthew Rowland

Date Submitted: 06/24/2008 Disposition Status: Approved

Effective Date Requested (New): 11/15/2008

Effective Date (New):

Effective Date Requested (Renewal): 11/15/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Contractors Addl Insured 2008 Forms

Status of Filing in Domicile: Pending

Project Number: SAC-GL-2008-438

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/25/2008

State Status Changed: 06/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

STATE AUTO INSURANCE COMPANIES, GROUP FILING ID # SAC-GL-2008-438

- State Automobile Mutual Insurance Company, NAIC #25135, FEIN 31-4316080

- State Auto Property & Casualty Insurance Company, NAIC #25127, FEIN 57-6010814

SERFF Tracking Number: SMM-125662723 State: Arkansas
First Filing Company: State Automobile Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SAC-GL-2008-438
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Contractors Addl Insured 2008 Forms
Project Name/Number: Contractors Addl Insured 2008 Forms/SAC-GL-2008-438

Commercial General Liability - Forms Revisions

We desire to file the following form revisions as detailed in Exhibit A.

1. Contractors Plus Endorsement, SL1011 01/08, replaces SL1011 01/06
2. Additional Insured – Owners, Lessees Or Contractors – Scheduled Person or Organization (Including Completed Operations), SL1023 01/08 -- replaces SL2010 04/07
3. Additional Insured – Owners, Lessees Or Contractors – Automatic Status (Including Completed Operations), SL1024 01/08 -- replaces SL2033 04/07
4. Employment Practices Risk Management Information, EP2412 04/08 -- New
5. Employment Practices Liability Insurance Application, EP4000 06/08 – replaces EP4000 05/06
6. Renewal EPLI Insurance Application, EP4001 06/08 – replaces EP4001 05/06
7. Mini EPL Insurance Application, EP4003 06/08 – replaces EP4003 05/06
8. Arkansas Supplemental Application and Consent Form – Employment Practices Liability Insurance Application, EP4004 06/08 -- New

Company and Contact

Filing Contact Information

Francine Williams, State Regulatory Analyst I francine.williams@stateauto.com
State Auto Insurance Companies (800) 444-9950 [Phone]
Columbus, OH 43215 (614) 887-1583[FAX]

Filing Company Information

State Automobile Mutual Insurance Company CoCode: 25135 State of Domicile: Ohio

SERFF Tracking Number: SMM-125662723 State: Arkansas
First Filing Company: State Automobile Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SAC-GL-2008-438
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Contractors Addl Insured 2008 Forms
Project Name/Number: Contractors Addl Insured 2008 Forms/SAC-GL-2008-438

518 East Broad Street Group Code: 175 Company Type: Property and
Casualty

P. O. Box 182822
Columbus, OH 43215 Group Name: State ID Number:
(614) 464-5000 ext. [Phone] FEIN Number: 31-4316080

State Auto Property and Casualty Insurance CoCode: 25127 State of Domicile: Iowa
Company

1300 Woodland Avenue Group Code: 175 Company Type: Property and
Casualty

P. O. Box 66150
West Des Moines, IA 50265-0150 Group Name: State ID Number:
(614) 464-5000 ext. [Phone] FEIN Number: 57-6010814

SERFF Tracking Number: SMM-125662723 State: Arkansas
First Filing Company: State Automobile Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SAC-GL-2008-438
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Contractors Addl Insured 2008 Forms
Project Name/Number: Contractors Addl Insured 2008 Forms/SAC-GL-2008-438

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per forms filing.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Automobile Mutual Insurance Company	\$50.00	06/24/2008	21067828
State Auto Property and Casualty Insurance Company	\$0.00	06/24/2008	

SERFF Tracking Number: SMM-125662723 State: Arkansas
First Filing Company: State Automobile Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SAC-GL-2008-438
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Contractors Adtl Insured 2008 Forms
Project Name/Number: Contractors Adtl Insured 2008 Forms/SAC-GL-2008-438

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 06/25/2008

Comments:

Attachment:

PCTransmittal.pdf

Satisfied -Name: Cover Memo

Review Status: Approved 06/25/2008

Comments:

Attachment:

AR cover memo.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; 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					

3. Group Name	Group NAIC #
State Auto Insurance Companies	175

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Automobile Mutual Insurance Company	OH	25135	31-4316080	
State Auto Property & Casualty Insurance Company	IA	25127	57-6010814	

5. Company Tracking Number	SAC-GL-2008-438
-----------------------------------	------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Matthew Rowland 518 E. Broad Street Columbus, OH 43215	State Regulatory Analyst I	800.695.9436 (ext. 5025)	614.887.1557	Matthew.Rowland@StateAuto.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Matthew Rowland		

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

9.	Type of Insurance (TOI)	17.0 Other Liability - Occ/Claims Made			
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)	Commercial 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:	11/15/2008	Renewal:	11/15/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing	June 24, 2008			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SAC-GL-2008-438
------------	--	------------------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

Re: STATE AUTO INSURANCE COMPANIES, GROUP FILING ID # SAC-GL-2008-438
 State Automobile Mutual Insurance Company
 NAIC #25135, FEIN 31-4316080
 State Auto Property & Casualty Insurance Company
 NAIC #25127, FEIN 57-6010814

Commercial General Liability - Forms Revisions

We desire to file the following form revisions as detailed in Exhibit A.

1. Contractors Plus Endorsement, SL1011 01/08, replaces SL1011 01/06
2. Additional Insured – Owners, Lessees Or Contractors – Scheduled Person or Organization (Including Completed Operations), SL1023 01/08 -- replaces SL2010 04/07
3. Additional Insured – Owners, Lessees Or Contractors – Automatic Status (Including Completed Operations), SL1024 01/08 -- replaces SL2033 04/07
4. Employment Practices Risk Management Information, EP2412 04/08 -- New
5. Employment Practices Liability Insurance Application, EP4000 06/08 – replaces EP4000 05/06
6. Renewal EPLI Insurance Application, EP4001 06/08 – replaces EP4001 05/06
7. Mini EPL Insurance Application, EP4003 06/08 – replaces EP4003 05/06
8. Arkansas Supplemental Application and Consent Form – Employment Practices Liability Insurance Application, EP4004 06/08 – New

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 #: N/A - 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 #		SAC-GL-2008-438			
2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)					
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	Contractors Plus Endorsement	SL 10 11 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SL 10 11 01 06	
02	Additional Insured – Owners, Lessees Or Contractors – Scheduled Person Or Organization (including Completed Operations)	SL 10 23 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SL 20 10 04 07	
03	Additional Insured – Owners, Lessees Or Contractors – Automatic Status (including Completed Operations)	SL 10 24 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SL 20 33 04 07	
04	Employment Practices Risk Management Information	EP 24 12 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A – New	
05	Employment Practices Liability Insurance Application	EP 40 00 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	EP 40 00 05 06	
06	Renewal EPL Insurance Application	EP 40 01 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	EP 40 01 05 06	
07	Mini EPL Insurance Application	EP 40 03 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	EP 40 03 05 06	
08	Arkansas Supplemental Application and Consent Form – Employment Practices Liability Insurance Application	EP 40 04 06 08	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS COVER MEMORANDUM / FILING DESCRIPTION

Arkansas Insurance Department

Re: STATE AUTO INSURANCE COMPANIES, GROUP FILING ID # SAC-GL-2008-438
State Automobile Mutual Insurance Company
NAIC #25135, FEIN 31-4316080
State Auto Property & Casualty Insurance Company
NAIC #25127, FEIN 57-6010814

Commercial General Liability - Forms Revisions

We desire to file the following form revisions as detailed in Exhibit A.

1. Contractors Plus Endorsement, SL1011 01/08, replaces SL1011 01/06
2. Additional Insured – Owners, Lessees Or Contractors – Scheduled Person or Organization (Including Completed Operations), SL1023 01/08 -- replaces SL2010 04/07
3. Additional Insured – Owners, Lessees Or Contractors – Automatic Status (Including Completed Operations), SL1024 01/08 -- replaces SL2033 04/07
4. Employment Practices Risk Management Information, EP2412 04/08 -- New
5. Employment Practices Liability Insurance Application, EP4000 06/08 – replaces EP4000 05/06
6. Renewal EPLI Insurance Application, EP4001 06/08 – replaces EP4001 05/06
7. Mini EPL Insurance Application, EP4003 06/08 – replaces EP4003 05/06
8. Arkansas Supplemental Application and Consent Form – Employment Practices Liability Insurance Application, EP4004 06/08 -- New

If you have any questions feel free to contact me. Your earliest consideration and approval of this filing to become effective November 15, 2008 will be very much appreciated.

Yours truly,

Matthew Rowland
State Regulatory Analyst I
Tele #: 800.444.9950 (ext. 5025)
Fax #: 614.887.1557
Email: Matthew.Rowland@StateAuto.com
Attachments