

SERFF Tracking Number: ARKS-125704748 State: Arkansas
Filing Company: 23418 - MID-CONTINENT CASUALTY State Tracking Number: #197510 \$50
COMPANY
Company Tracking Number: AR-ML-FORMS (06/08)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
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-125704748 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: #197510 \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-ML-FORMS (06/08) State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts

Author:

Disposition Date: 07/17/2008

Date Submitted: 06/20/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

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: 07/17/2008

Deemer Date:

State Status Changed: 07/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

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Product Name: n/a
Project Name/Number: /

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

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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	Edith Roberts	07/17/2008	07/17/2008

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Project Name/Number: /

Disposition

Disposition Date: 07/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Approved 6/19/2008. Logged out of SERFF 7/17/08...given to Betty to scan.

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125704748 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	ARKS-125704748		No

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Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125704748

07/17/2008

Comments:

Attachment:

ARKS-125704748.pdf



Mid-Continent Group

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

ARKS-125704748

197510

50.00

ER

June 16, 2008

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

Approved until withdrawn
or revoked

JUN 19 2008

Arkansas Insurance Department
By: ER

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PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Re: Mid-Continent Casualty Company (084-23418) (73-0556513)
Oklahoma Surety Company (084-23418) (73-0556513)
General Liability
Form Filing
Our File # AR-ML-Forms (06/08)

Dear Honorable Bowman,

The Mid-Continent Casualty Company and the Oklahoma Surety Company hereby submits for your approval the enclosed forms to be used with the General Liability line of business.

This submission deals with 4 revised forms. The purpose of this revision is to provide coverage for additional insureds as outlined in each form.

Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the current forms as well as the forms being revised. Please note that I have underlined the new material and bracketed the deleted material.

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

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ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Form

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 Mid-Continent Group	Group NAIC # 084
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Mid-Continent Casualty Company	OK	23418	73-0556513	

5. Company Tracking Number **AR-ML Forms (06/08)**

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: *Vicki Lingafelter*
 8. Please print name of authorized filer: Vicki Lingafelter

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

9. Type of Insurance (TOI)	17.0 / 18.0
10. Sub-Type of Insurance (Sub-TOI)	17.0000 / 18.0000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
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: 8/01/08 Renewal: 8/01/08

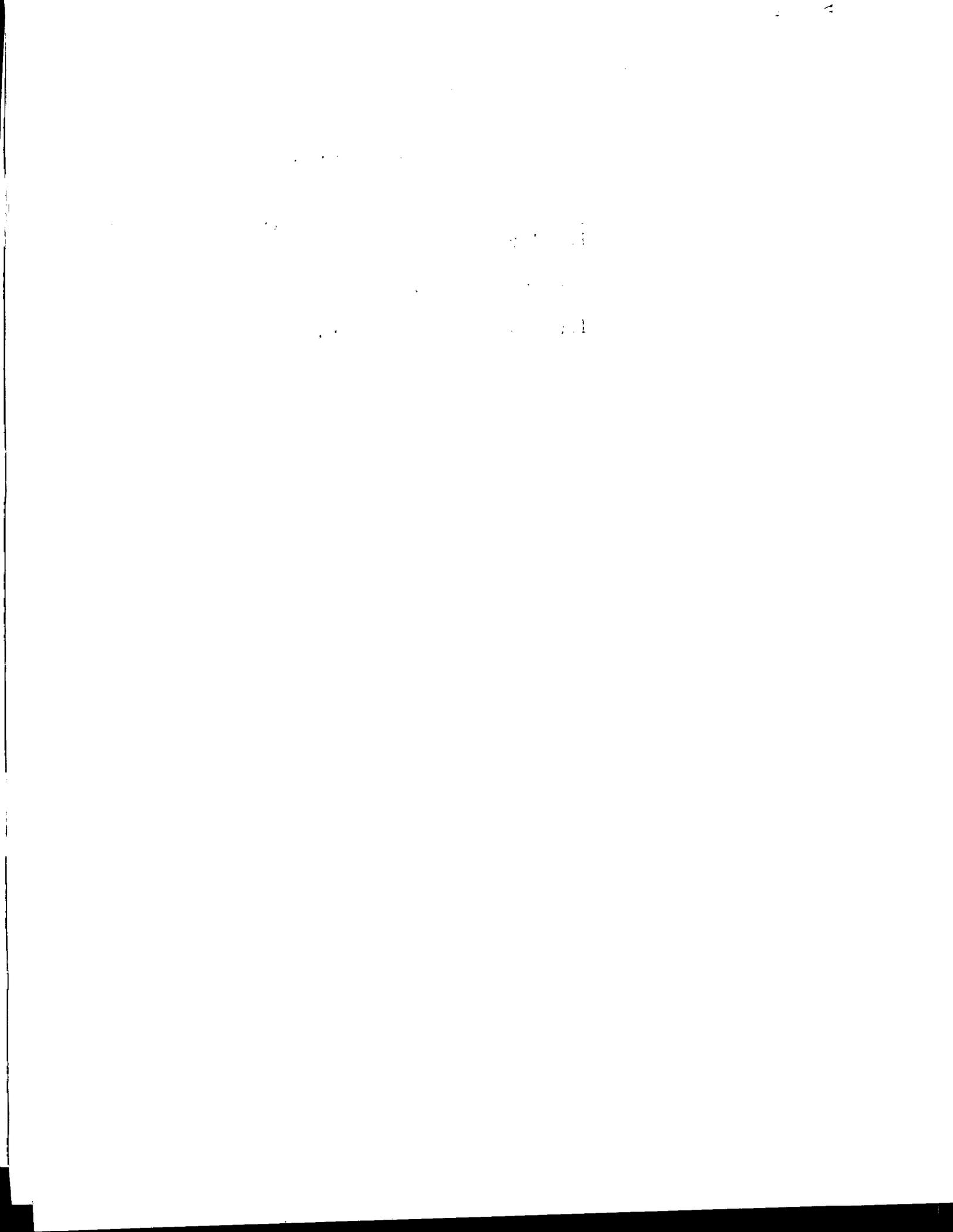
PC TD-1 pg 1 of 2

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ARKANSAS INSURANCE DEPARTMENT

2



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization for whom the named insured has agreed by written “insured contract” to designate as an additional insured subject to all provisions and limitations of this policy.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability directly attributable to your performance of ongoing operations for that insured.

Page 1

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ARKANSAS INSURANCE DEPARTMENT

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ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

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WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability caused, in whole or in part, by your performance of ongoing operations for that insured.

8
Paul

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ARKANSAS INSURANCE DEPARTMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION - ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability directly attributable to your performance of ongoing operations for that insured.

This amendment applies only when you have agreed by written "insured contract" to designate the person or organization listed above as an additional insured subject to all provisions and limitations of this policy.

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PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION - ADDITIONAL INSURED

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This amendment applies only when you have agreed by written "insured contract" to designate the person or organization listed above as an additional insured subject to all provisions and limitations of this policy.

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PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OWNERS, LESSEES OR CONTRACTORS
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SCHEDULE

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This amendment applies only when you have agreed by written "insured contract" to designate the person or organization listed above as an additional insured subject to all provisions and limitations of this policy.

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PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OWNERS, LESSEES OR CONTRACTORS
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – OWNERS, LESSEES
or CONTRACTORS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: _____

1. **WHO IS AN INSURED (Section II)** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability directly attributable to your performance of "your work" for that insured.
2. With respect to 1. above the following additional provisions apply:

4. Other Insurance

The insurance afforded by this Coverage Part is primary insurance and we will not seek contribution from any other insurance available to the insured unless the other insurance is provided by a contractor other than the above named additional insured. We shall be considered as excess insurance of any other insurance provided by a contractor other than the above named additional insured.

This amendment applies only when you have agreed by written "insured contract" to designate the person or organization listed above as an additional insured subject to all provisions and limitations of this policy.

All other conditions remain unchanged

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PROPERTY AND CASUALTY DIVISION
KANSAS INSURANCE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – OWNERS, LESSEES
or CONTRACTORS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: _____

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PROPERTY AND CASUALTY
ARKANSAS INSURANCE CO.