

SERFF Tracking Number: ARKS-125731573 State: Arkansas
Filing Company: 23418 - MID-CONTINENT CASUALTY State Tracking Number: #197792 \$50
COMPANY
Company Tracking Number: AR-CONSTRUCTORS PACKAGE
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: AR-Contractors Package
Project Name/Number: /

Filing at a Glance

Company: 23418 - MID-CONTINENT CASUALTY COMPANY
Product Name: AR-Contractors Package SERFF Tr Num: ARKS-125731573 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #197792 \$50
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: AR-CONSTRUCTORS PACKAGE State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Author: Disposition Date: 07/14/2008
Date Submitted: 07/11/2008 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: 07/14/2008
State Status Changed: 07/14/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

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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	07/14/2008	07/14/2008

SERFF Tracking Number: ARKS-125731573 *State:* Arkansas
Filing Company: 23418 - MID-CONTINENT CASUALTY *State Tracking Number:* #197792 \$50
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TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: AR-Contractors Package
Project Name/Number: /

Disposition

Disposition Date: 07/14/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125731573 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125731573		Yes

SERFF Tracking Number: ARKS-125731573 State: Arkansas
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Rate Information

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Liability
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Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125731573

07/14/2008

Comments:

Attachment:

ARKS-125731573.pdf



ARKS-125731573

197792

LR

50.00

Mid-Continent Group

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

July 9, 2008

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

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

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 1 new form that I inadvertently left off of the original filing. The Contractors Package was approved under file # AR-Contractors Package.

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

Approved until withdrawn
or revoked

JUL 14 2008

Arkansas Insurance Department

By:

RECEIVED

JUL 11 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p> <p style="text-align: center;">Approved until withdrawn or revoked</p> <p style="text-align: center; font-size: 1.2em;">JUL 14 2008</p> <p>Arkansas Insurance Department By: <i>LK</i></p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

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		

RECEIVED

JUL 11 2008

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

9. Type of Insurance (TOI)	5.0	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT
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:	Renewal:

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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	7/9/08	
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 #	AR-Contractors Package
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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] <p>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.</p>
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This submission deals with 1 new form that I inadvertently left off of the original filing. The Contractors Package was approved under file # AR-Contractors Package.

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]
<p>Check #: 197792 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to 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 #	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	Contractors Package Policy Declarations	MS 5022 (03/07)	<input checked="" 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		

4



MID-CONTINENT CASUALTY COMPANY

P. O. Box 1409 Tulsa, Oklahoma 74101

**CONTRACTORS PACKAGE POLICY
DECLARATIONS**

POLICY NO: _____
RENEWAL NO: _____

Named Insured and Mailing Address

Agent Name and Mailing Address

POLICY PERIOD: FROM _____ TO _____ at 12:01 A.M. Standard Time at your mailing address shown above

THE NAMED INSURED IS _____

BUSINESS DESCRIPTION: _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL PROPERTY COVERAGE	\$ _____
COMMERCIAL INLAND MARINE COVERAGE	\$ _____
OTHER (SPECIFY)	\$ _____
OTHER (SPECIFY)	\$ _____
SURCHARGE / TAXES (if applicable)	\$ _____
TOTAL	\$ _____

REPORTING BASIS: _____ **APPLICABLE COVERAGE:** _____

Form(s) and Endorsement(s) made a part of this policy at this time*:

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Countersigned at: _____

Date: 1/7/9/2008

By _____

Authorized Representative

INSURED