

SERFF Tracking Number: EMCC-125729928 State: Arkansas  
First Filing Company: EMCASCO Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-HO-2008-02  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Form Filing  
Project Name/Number: /

## Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company, Union Insurance Company of Providence

Product Name: Form Filing	SERFF Tr Num: EMCC-125729928	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: AR-HO-2008-02	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: Stephanie McBride	Disposition Date: 07/11/2008
	Date Submitted: 07/11/2008	Disposition Status: Approved
Effective Date Requested (New): 10/01/2008		Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008		Effective Date (Renewal): 10/01/2008

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: 07/11/2008	
State Status Changed: 07/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
July 11, 2008	

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street

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Project Name/Number: /  
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415  
EMCASCO INSURANCE COMPANY – 062-21407  
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423  
Homeowners  
Form Filing  
Company Filing #: AR-HO-2008-02  
Effective Date: October 1, 2008

The captioned companies are members of Insurance Services Office. We are submitting for your review and approval a form filing to be applicable to policies effective on or after October 1, 2008. The corresponding rate and rule filing will be sent under separate cover.

We are introducing a new endorsement HO7137 (2-04) Theft Coverage Endorsement. This endorsement extends the homeowners policy to cover the peril of theft while a dwelling is under construction.

Please find attached the Transmittal Document, Form Filing Schedule, and a final printed copy of the endorsement. A filing fee in the amount of \$50 is available via EFT.

We respectfully request your approval of our filing to be applicable to policies effective on or after October 1, 2008.  
Thank you.

Stephanie McBride  
Filings Analyst  
Rates and Filings Dept.  
800-247-2128 Ext. 2684  
Stephanie.M.McBride@EMCIns.com

## Company and Contact

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**Filing Contact Information**

Stephanie McBride, Filings Analyst Stephanie.M.McBride@EMCIns.com  
 PO Box 712 (515) 345-2684 [Phone]  
 Des Moines, IA 50306-0712 (515) 345-2223[FAX]

**Filing Company Information**

EMCASCO Insurance Company CoCode: 21407 State of Domicile: Iowa  
 717 Mulberry Street Group Code: 62 Company Type: P & C  
 Des Moines, IA 50309 Group Name: State ID Number:  
 (800) 247-2128 ext. [Phone] FEIN Number: 42-6070764  
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Employers Mutual Casualty Company CoCode: 21415 State of Domicile: Iowa  
 717 Mulberry Street Group Code: 62 Company Type: P & C  
 Des Moines, IA 50309 Group Name: State ID Number:  
 (800) 247-2128 ext. [Phone] FEIN Number: 42-0234980  
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Union Insurance Company of Providence CoCode: 21423 State of Domicile: Iowa  
 717 Mulberry Street Group Code: 62 Company Type: P & C  
 Des Moines, IA 50309 Group Name: State ID Number:  
 (800) 247-2128 ext. [Phone] FEIN Number: 05-0230479  
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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$50.00	07/11/2008	21365004
Employers Mutual Casualty Company	\$0.00	07/11/2008	
Union Insurance Company of Providence	\$0.00	07/11/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	07/11/2008	07/11/2008

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## Disposition

Disposition Date: 07/11/2008  
Effective Date (New): 10/01/2008  
Effective Date (Renewal): 10/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Theft Coverage Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Theft Coverage Endorsement	HO7137	2-04	Endorsement/New/Amendment/Conditions			HO7137_200402.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THEFT COVERAGE ENDORSEMENT  
(DWELLING UNDER CONSTRUCTION – NEW  
(HO0002, HO0003 AND HO0005 ONLY)**

In consideration of the additional premium charge, your policy is extended to cover theft, including burglary, or attempted burglary of lumber, building materials, fixtures, and equipment which are to be or are a permanent part of the dwelling or other structures under construction. This endorsement applies only until construction is completed, occupied, or until expiration or cancellation of your policy.

The coverage applies only while on the premises indicated in the policy.

For any one occurrence, we will pay up to \$5,000 of the adjusted loss in excess of a \$250.00 deductible. An annual aggregate limit of \$10,000 applies.

**SECTION I — PERILS INSURED AGAINST are amended:**

In Form **HO0002**, subparagraph **9.b. (2)** is deleted.

In Form **HO0003**, subparagraph **A.2.c. (3)** and **B.9.b. (2)** are deleted.

In Form **HO0005**, subparagraph **A.2.c.** is deleted.

All other terms and conditions of the policy are unchanged.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 07/11/2008

**Comments:**

**Attachment:**

P&C Transmittal- 10-08 Form Rev.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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="border: none;">New Business</td> <td style="border: none; width: 100px;"></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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
EMC Insurance Companies	062

4. Company Name(s)	Domicile	NAIC #	FEIN #
Employers Mutual Casualty Company	IA	21415	42-0234980
EMCASCO Insurance Company	IA	21407	42-6070764
Union Insurance Company of Providence	IA	21423	05-0230479

<b>5. Company Tracking Number</b>	<b>AR-HO-2008-02</b>
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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
	Stephanie McBride P. O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2684	515-345-2223	Stephanie.M.McBride@EMCIns.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Stephanie McBride

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

9.	Type of Insurance (TOI)	4.0000
10.	Sub-Type of Insurance (Sub-TOI)	4.0000
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Homeowners
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: 10/1/08      Renewal: 10/1/08

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	7/11/08	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-HO-2008-02
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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><b>Check #:</b> EFT <b>Amount:</b> \$50</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-HO-2008-02			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	AR-HO-2008-01			
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	Theft Coverage Endorsement	HO7137 (2-04)	<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		