

SERFF Tracking Number: ARKS-125771249 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #199077 \$50  
Company Tracking Number: AR-GL-091208-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Filing at a Glance

Companies: 10855 - CYPRESS INSURANCE COMPANY, 20044 - CORNHUSKER CASUALTY COMPANY

Product Name: n/a

SERFF Tr Num: ARKS-125771249 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: #199077 \$50

Sub-TOI: 17.2001 Commercial General Liability

Co Tr Num: AR-GL-091208-BHHC-

State Status: Fees verified and

F1

received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author:

Disposition Date: 08/19/2008

Date Submitted: 08/12/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

2 companies - 2 forms total

## 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: 08/19/2008

State Status Changed: 08/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

## Company and Contact

### Filing Contact Information

NA NA,

NA@NA.com

NA

(123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125771249 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #199077 \$50  
Company Tracking Number: AR-GL-091208-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

NA, AR 00000

**Filing Company Information**

10855 - CYPRESS INSURANCE COMPANY CoCode: 10855 State of Domicile: Arkansas  
No Address Group Code: Company Type:  
City, AR 99999 Group Name: State ID Number:  
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999  
-----

20044 - CORNHUSKER CASUALTY CoCode: 20044 State of Domicile: Arkansas  
COMPANY Group Code: Company Type:  
No Address Group Name: State ID Number:  
City, AR 99999 FEIN Number: 99-9999999  
(999) 999-9999 ext. [Phone] -----

*SERFF Tracking Number:* ARKS-125771249 *State:* Arkansas  
*First Filing Company:* 10855 - CYPRESS INSURANCE COMPANY, ... *State Tracking Number:* #199077 \$50  
*Company Tracking Number:* AR-GL-091208-BHHC-F1  
*TOI:* 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2001 Commercial General Liability  
*Product Name:* n/a  
*Project Name/Number:* /

## **Filing Fees**

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

SERFF Tracking Number: ARKS-125771249 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #199077 \$50  
Company Tracking Number: AR-GL-091208-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status   | Created By    | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 08/19/2008 | 08/19/2008     |

SERFF Tracking Number: ARKS-125771249 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #199077 \$50  
Company Tracking Number: AR-GL-091208-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Disposition

Disposition Date: 08/19/2008

Effective Date (New):

Effective Date (Renewal):

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      |



*SERFF Tracking Number:* ARKS-125771249 *State:* Arkansas  
*First Filing Company:* 10855 - CYPRESS INSURANCE COMPANY, ... *State Tracking Number:* #199077 \$50  
*Company Tracking Number:* AR-GL-091208-BHHC-F1  
*TOI:* 17.2 Other Liability - Occurrence Only *Sub-TOI:* 17.2001 Commercial General Liability  
*Product Name:* n/a  
*Project Name/Number:* /

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125771249 State: Arkansas  
First Filing Company: 10855 - CYPRESS INSURANCE COMPANY, ... State Tracking Number: #199077 \$50  
Company Tracking Number: AR-GL-091208-BHHC-F1  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: n/a  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** ARKS-125771249

08/19/2008

**Comments:**

**Attachment:**

ARKS-125771249.pdf



ARKS-125771249

ER

# Berkshire Hathaway Homestate Companies

# 199077

50.00

Redwood Fire and Casualty Insurance Company  
Cornhusker Casualty Company  
Brookwood Insurance Company

Continental Divide Insurance Company  
Oak River Insurance Company  
Cypress Insurance Company

**RECEIVED**

AUG 12 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

August 8, 2008

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

Subject: Cornhusker Casualty Company and Cypress Insurance Company  
Form Filing  
Commercial General Liability Endorsement  
NAIC #: 031-20044, 031-10855  
Company Filing #: AR-GL-091208-BHHC-F1  
Effective Date: September 12, 2008

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial General Liability coverages in Arkansas. We hereby propose the following effective date rule:

"The endorsement applies to policies effective on or after September 12, 2008."

If we do not receive approval by September 12, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsement in this filing is in regards to Commercial General Liability coverage and is intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny  
Regulatory Analyst  
[dpokorny@bh-hc.com](mailto:dpokorny@bh-hc.com)

Approved until withdrawn  
or revoked

Aug 12 2008

Arkansas Insurance Department

By:

## Property & Casualty Transmittal Document

|   |   |
|---|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b><br>a. Date the filing is received:<br>b. Analyst:<br>c. Disposition:<br>d. Date of disposition of the filing:<br>e. Effective date of filing:<br>New Business<br>Renewal Business<br>f. State Filing #:<br>g. SERFF Filing #:<br>h. Subject Codes |
|---|---|

RECEIVED

AUG 12 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

|  |                     |
|--|---------------------|
| <b>3. Group Name</b>                   | <b>Group NAIC #</b> |
| Berkshire Hathaway Homestate Companies | 0031                |

| 4. Company Name(s)          | Domicile | NAIC # | FEIN #     | State # |
|-----------------------------|----------|--------|------------|---------|
| Cornhusker Casualty Company | NE       | 20044  | 47-0529945 |         |
| Cypress Insurance Company   | CA       | 10855  | 95-6042929 |         |
|                             |          |        |            |         |
|                             |          |        |            |         |
|                             |          |        |            |         |

|                                   |                             |
|-----------------------------------|-----------------------------|
| <b>5. Company Tracking Number</b> | <b>AR-GL-091208-BHHC-F1</b> |
|-----------------------------------|-----------------------------|

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

| 6. | Name and address   | Title              | Telephone #s | FAX #        | e-mail             |
|----|--|--------------------|--------------|--------------|--------------------|
|    | Diane Pokorny<br>9290 W. Dodge Road<br>Ste. 300<br>Omaha, NE 68114 | Regulatory Analyst | 800-488-2930 | 402-393-7619 | dpokorny@bh-hc.com |
|    |  |                    |              |              |                    |

|  |                         |
|--|-------------------------|
| 7. Signature of authorized filer         | <i>Diane M. Pokorny</i> |
| 8. Please print name of authorized filer | Diane M. Pokorny        |

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

|  |  |
|--|--|
| 9. Type of Insurance (TOI)   | 17.2   |
| 10. Sub-Type of Insurance (Sub-TOI)  | 17.2001  |
| 11. State Specific Product code(s) (if applicable) [See State Specific Requirements] |  |
| 12. Company Program Title (Marketing title)  | <b>Commercial General Liability</b>  |
| 13. Filing Type GL   | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested  | New: 09/12/2008      Renewal:  |

2

## 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 (if applicable)</b> |                                     |   |
| <b>17.</b> | <b>Reference Organization # &amp; Title</b>   |                                     |   |
| <b>18.</b> | <b>Company's Date of Filing</b>               | 8/8/2008                            |   |
| <b>19.</b> | <b>Status of filing in domicile</b>           | <input type="checkbox"/> Not Filed  | <input checked="" 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-GL-091208-BHHC-F1 |
|------------|--|----------------------|

|            |  |
|------------|--|
| <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] |
|------------|--|

Exclusion of Injury to Employees, Contractors, Subcontractors, Employees of Contractors, and Employees of Subcontractors (CL 6160 08 08)

The above form modifies insurance provided under the Commercial General Liability Coverage Form. The above excludes coverage for bodily injury to any employee of any insured arising out of or in the course of employment by any insured or performing duties related to the conduct of any insured's business. The full explanation and implication of this exclusion is specifically explained within form CL 6160 above.

|            |   |
|------------|---|
| <b>22.</b> | <b>Filing Fees (Filer must provide check # and fee amount if applicable)</b><br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------------|---|

**Check #:** 0000199077  
**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.)**

3

### 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-GL-091208-BHHC-F1                   |   |  |   |
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br><small>(Company tracking number of rate/rule filing, if applicable)</small> |  |   |  |   |
| <b>3.</b> | <b>Form Name /Description/Synopsis</b>   | <b>Form #<br/>Include edition date</b> | <b>Replacement Or<br/>withdrawn?</b>  | <b>If replacement,<br/>give form #<br/>it replaces</b> | <b>Previous state<br/>filing number,<br/>if required by state</b> |
| 01        | Exclusion of Injury to Employees, Contractors, Subcontractors, Employees of Contractors, and Employees of Subcontractors                 | CL 6160 08 08                          | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 02        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 03        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 04        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 05        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 06        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 07        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 08        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 09        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |
| 10        |  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |  |   |

4

**EXPLANATORY MEMORANDUM**  
**(AR-GL-091208-BHHC-F1)**

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial General Liability coverages in Arkansas. This filing represents an independent program of the companies.

**Effective Date**

We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after September 12, 2008.”

If we do not receive approval by September 12, 2008, an amended effective date will be selected upon approval.

**A Summary of Submitted Forms**

**Exclusion of Injury to Employees, Contractors, Subcontractors, Employees of Contractors, and Employees of Subcontractors (CL 6160 08 08)**

The above form modifies insurance provided under the Commercial General Liability Coverage Form. The above excludes coverage for bodily injury to any employee of any insured arising out of or in the course of employment by any insured or performing duties related to the conduct of any insured's business. The full explanation and implication of this exclusion is specifically explained within form CL 6160 above.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsement in this filing together with the approved ISO forms.

**Person to Contact**

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930, 3118. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

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

**EXCLUSION OF INJURY TO EMPLOYEES, CONTRACTORS,  
SUBCONTRACTORS, EMPLOYEES OF CONTRACTORS, AND  
EMPLOYEES OF SUBCONTRACTORS**

This Endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- I. Exclusion e. Employer's Liability of subsection 2. Exclusions of Section I – Coverages in Coverage A. Bodily Injury and Property Damage Liability** is deleted in its entirety and replaced with the following:
- (i) "Bodily injury" to any "employee" of any insured arising out of or in the course of:
    - (a) Employment by any insured, or
    - (b) Performing duties related to the conduct of any insured's business;
  - (ii) "Bodily injury" to any contractor, subcontractor, or any "employee" of any contractor or subcontractor arising out of or in the course of the rendering or performing services of any kind or nature whatsoever by such contractor, subcontractor, or "employee" of such contractor or subcontractor for which any insured may become liable in any capacity;
  - (iii) Any obligation of any insured to indemnify or contribute with another because of damages arising out of such "bodily injury"; or
  - (iv) "Bodily injury" sustained by the spouse, child, parent, brother or sister of any "employee" of any insured, or of a contractor, subcontractor, or of any "employee" of any contractor or subcontractor as a consequence of any injury to any person as set forth in

paragraphs (i) and (ii) of this endorsement.

This exclusion applies to all claims and "suits" by any person or organization for damages because of such "bodily injury", including damages for care and loss of services and any claim under which any insured may be held liable under any Workers Compensation law.

As used herein the definition of "employee" includes a "leased worker" and a "temporary worker."

- II. As respects this exclusion solely, Section IV. Commercial General Liability Conditions, 11. Separation of Insureds** is deleted in its entirety and replaced with the following:

**11. Separation of Insureds**

Except with respect to the Limits of Insurance, "bodily injury" as described in this endorsement, and to any rights or duties specifically assigned in this coverage part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named insured and
- b. Separately to each insured against whom claim is made or "suit" is brought.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

6

## 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="width: 50%; border: none;">New Business</td> <td style="border: none; text-align: right;">1 AUG 12 2008</td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> |   | New Business | 1 AUG 12 2008 | Renewal Business |  |
| New Business  | 1 AUG 12 2008                           |              |               |                  |  |
| Renewal Business  |   |              |               |                  |  |
| f. State Filing #:  |   |              |               |                  |  |
| g. SERFF Filing #:  |   |              |               |                  |  |
| h. Subject Codes  |   |              |               |                  |  |

RECEIVED

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

|  |                     |
|--|---------------------|
| <b>3. Group Name</b>                   | <b>Group NAIC #</b> |
| Berkshire Hathaway Homestate Companies | 0031                |

| 4. Company Name(s)          | Domicile | NAIC # | FEIN #     | State # |
|-----------------------------|----------|--------|------------|---------|
| Cornhusker Casualty Company | NE       | 20044  | 47-0529945 |         |
| ✓ Cypress Insurance Company | CA       | 10855  | 95-6042929 |         |
|                             |          |        |            |         |
|                             |          |        |            |         |
|                             |          |        |            |         |
|                             |          |        |            |         |

|                                   |                      |
|-----------------------------------|----------------------|
| <b>5. Company Tracking Number</b> | AR-GL-091208-BHHC-F1 |
|-----------------------------------|----------------------|

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

| 6. | Name and address   | Title              | Telephone #s            | FAX #        | e-mail   |
|----|--|--------------------|-------------------------|--------------|--|
|    | Diane Pokorny<br>9290 W. Dodge Road<br>Ste. 300<br>Omaha, NE 68114 | Regulatory Analyst | 800-488-2930            | 402-393-7619 | dpokorny@bh-hc.com   |
|    |  |                    |                         |              | Approved until withdrawn<br>or revoked<br><br><i>Aug 12 2008</i><br>Arkansas Insurance Department<br>By: <i>EM</i> |
| 7. | Signature of authorized filer                                      |                    | <i>Diane M. Pokorny</i> |              |  |
| 8. | Please print name of authorized filer                              |                    | Diane M. Pokorny        |              |  |

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

|     |  |  |
|-----|--|--|
| 9.  | Type of Insurance (TOI)  | 17.2   |
| 10. | Sub-Type of Insurance (Sub-TOI)  | 17.2001  |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] |  |
| 12. | Company Program Title (Marketing title)  | Commercial General Liability   |
| 13. | Filing Type GL   | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. | Effective Date(s) Requested  | New: 09/12/2008   Renewal:   |

7

## Property & Casualty Transmittal Document---

|     |  |                                    |  |
|-----|--|------------------------------------|--|
| 15. | Reference Filing?                      | <input type="checkbox"/> Yes       | <input checked="" type="checkbox"/> No   |
| 16. | Reference Organization (if applicable) |                                    |  |
| 17. | Reference Organization # & Title       |                                    |  |
| 18. | Company's Date of Filing               | 8/8/2008                           |  |
| 19. | Status of filing in domicile           | <input type="checkbox"/> Not Filed | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

|     |   |                      |
|-----|---|----------------------|
| 20. | This filing transmittal is part of Company Tracking # | AR-GL-091208-BHHC-F1 |
|-----|---|----------------------|

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

Exclusion of Injury to Employees, Contractors, Subcontractors, Employees of Contractors, and Employees of Subcontractors (CL 6160 08 08)

The above form modifies insurance provided under the Commercial General Liability Coverage Form. The above excludes coverage for bodily injury to any employee of any insured arising out of or in the course of employment by any insured or performing duties related to the conduct of any insured's business. The full explanation and implication of this exclusion is specifically explained within form CL 6160 above.

|     |  |
|-----|--|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
|-----|--|

Check #: 0000199077  
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.)**

8

### 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-GL-091208-BHHC-F1  |   |  |
|-----------|--|--------------------------------|---|---|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br><small>(Company tracking number of rate/rule filing, if applicable)</small> |                                |   |   |  |
| 3.        | Form Name<br>/Description/Synopsis   | Form #<br>Include edition date | Replacement<br>Or<br>Withdrawn?   | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
| 01        | Exclusion of Injury to Employees, Contractors, Subcontractors, Employees of Contractors, and Employees of Subcontractors                 | CL 6160 08 08                  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 02        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 03        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 04        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 05        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 06        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 07        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 08        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 09        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |
| 10        |  |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |   |  |



# Berkshire Hathaway Homestate Companies

Redwood Fire and Casualty Insurance Company  
Cornhusker Casualty Company  
Brookwood Insurance Company

Continental Divide Insurance Company  
Oak River Insurance Company  
Cypress Insurance Company

August 8, 2008

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

**RECEIVED**

**1 AUG 12 2008**

Subject: Cornhusker Casualty Company and Cypress Insurance Company  
Form Filing  
Commercial General Liability Endorsement  
NAIC #s: 031-20044, 031-10855  
Company Filing #: AR-GL-091208-BHHC-F1  
Effective Date: September 12, 2008

**PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT**

Dear Commissioner Bowman:

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial General Liability coverages in Arkansas. We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after September 12, 2008.”

If we do not receive approval by September 12, 2008, an amended effective date will be selected upon approval.

The Companies have been granted authority to transact insurance in Arkansas. As an ISO subscriber, we have given ISO authority to file on our behalf. The endorsement in this filing is in regards to Commercial General Liability coverage and is intended to supplement any forms and endorsements already in place. If you have any questions, please call me at (800) 488-2930. We have attached an extra copy of this filing, together with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

Sincerely,

Diane M. Pokorny  
Regulatory Analyst  
[dpokorny@bh-hc.com](mailto:dpokorny@bh-hc.com)

10

**EXPLANATORY MEMORANDUM**  
**(AR-GL-091208-BHHC-F1)**

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial General Liability coverages in Arkansas. This filing represents an independent program of the companies.

**Effective Date**

We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after September 12, 2008.”

If we do not receive approval by September 12, 2008, an amended effective date will be selected upon approval.

**A Summary of Submitted Forms**

**Exclusion of Injury to Employees, Contractors, Subcontractors, Employees of Contractors, and Employees of Subcontractors (CL 6160 08 08)**

The above form modifies insurance provided under the Commercial General Liability Coverage Form. The above excludes coverage for bodily injury to any employee of any insured arising out of or in the course of employment by any insured or performing duties related to the conduct of any insured's business. The full explanation and implication of this exclusion is specifically explained within form CL 6160 above.

As an ISO subscriber, we have given ISO authority to file forms on our behalf. Since this filing is intended to supplement any ISO or company program already in place, we will use the endorsement in this filing together with the approved ISO forms.

**Person to Contact**

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930, 3118. A duplicate copy of this filing is enclosed, along with a postage prepaid and self-addressed return envelope. Upon approval, please file, stamp, and return the extra copy to complete our records.

11

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION OF INJURY TO EMPLOYEES, CONTRACTORS,  
SUBCONTRACTORS, EMPLOYEES OF CONTRACTORS, AND  
EMPLOYEES OF SUBCONTRACTORS**

This Endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

I. Exclusion e. **Employer's Liability** of subsection 2. **Exclusions of Section I – Coverages in Coverage A. Bodily Injury and Property Damage Liability** is deleted in its entirety and replaced with the following:

- (i) "Bodily injury" to any "employee" of any insured arising out of or in the course of:
  - (a) Employment by any insured, or
  - (b) Performing duties related to the conduct of any insured's business;
- (ii) "Bodily injury" to any contractor, subcontractor, or any "employee" of any contractor or subcontractor arising out of or in the course of the rendering or performing services of any kind or nature whatsoever by such contractor, subcontractor, or "employee" of such contractor or subcontractor for which any insured may become liable in any capacity;
- (iii) Any obligation of any insured to indemnify or contribute with another because of damages arising out of such "bodily injury"; or
- (iv) "Bodily injury" sustained by the spouse, child, parent, brother or sister of any "employee" of any insured, or of a contractor, subcontractor, or of any "employee" of any contractor or subcontractor as a consequence of any injury to any person as set forth in

paragraphs (i) and (ii) of this endorsement.

This exclusion applies to all claims and "suits" by any person or organization for damages because of such "bodily injury", including damages for care and loss of services and any claim under which any insured may be held liable under any Workers Compensation law.

As used herein the definition of "employee" includes a "leased worker" and a "temporary worker."

II. As respects this exclusion solely, **Section IV. Commercial General Liability Conditions, 11. Separation of Insureds** is deleted in its entirety and replaced with the following:

**11. Separation of Insureds**

Except with respect to the Limits of Insurance, "bodily injury" as described in this endorsement, and to any rights or duties specifically assigned in this coverage part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named insured and
- b. Separately to each insured against whom claim is made or "suit" is brought.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

1111

**CORNHUSKER CASUALTY COMPANY**

9290 WEST DODGE ROAD, SUITE 300  
OMAHA, NEBRASKA 68114-3363  
(402)-393-7255

27-5  
1040

|            |            |
|------------|------------|
| Check Date | Check No.  |
| 08/07/2008 | 0000199077 |

PAY EXACTLY FIFTY DOLLARS & 00/100

|              |
|--------------|
| Check Amount |
| \$*****50.00 |

**TO THE ORDER OF**

THE STATE INS DEPT TRUST FUND  
ARKANSAS INSURANCE DEPT  
ACCOUNTING DIVISION  
1200 W THIRD ST  
LITTLE ROCK, AR 72201-1904

*[Handwritten Signature]*  
*[Handwritten Signature]*

WELLS FARGO BANK  
NEBRASKA, N.A.  
OMAHA, NE

Missing features indicate a counterfeit. Maroon background on front. Artificial watermark on back.

⑈0000199077⑈ ⑆104000058⑆ 1150042593⑈

**CORNHUSKER CASUALTY COMPANY**

DETACH BEFORE DEPOSITING

AGENT

VENDOR ARDEPTTRUS

CHECK NO 0000199077

| DESCRIPTION   | NET AMOUNT |
|---|------------|
| 08070821 08/07/08 ARKANSAS FORM FILING CL 6160 0808 | 50.00      |
| CHECK TOTAL   | 50.00      |

13