

SERFF Tracking Number: ZURC-125755670 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CW CA 27583
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: CW CA 27583 Correction Filing for Adoption of Revised Declarations Page
Project Name/Number: /

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: CW CA 27583 Correction Filing SERFF Tr Num: ZURC-125755670 State: Arkansas

for Adoption of Revised Declarations Page

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0002 Garage

Co Tr Num: CW CA 27583

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Barbara Smith

Disposition Date: 08/04/2008

Date Submitted: 07/31/2008

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: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/04/2008

State Status Changed: 08/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing a revised declaratons page (Menu of Coverages - EM 32 02) correction/clarification to our previously approved filing.

While the only change to this menu of coverages was on page 4, I attached a version that would apply when writing recreational vehicle dealers or truck rental policies.

SERFF Tracking Number: ZURC-125755670 State: Arkansas
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The information on pages 14 and 15 varies depending on the policy type written. Specifically, the page headings and limits vary when writing recreational vehicle or truck rental policies versus writing independent auto dealer or auto rental policies.

I have attached a copy of this form with pages 14 and 15 representing a recreational vehicle dealer or truck rental policy and another copy representing an independent auto dealer or auto rental policy.

The previously approved filing information is as follows: SERFF tracking number ZURC-125653219, dispositioned by your department on 05/28/08.

Company and Contact

Filing Contact Information

Barbara Smith, Filing Analyst barb.smith@zurichna.com
 1400 American Lane (847) 605-6291 [Phone]
 Schaumburg, IL 60196-1056 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska
 13810 FNB Parkway Group Code: 212 Company Type:
 Omaha, NE 68154-5202 Group Name: State ID Number:
 (402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR fees - \$50 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$50.00	07/31/2008	21717561

SERFF Tracking Number: ZURC-125755670 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/04/2008	08/04/2008

SERFF Tracking Number: ZURC-125755670 State: Arkansas
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Project Name/Number: /

Disposition

Disposition Date: 08/04/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125755670 State: Arkansas
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 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Menu of Coverages - IAD Dealer & Auto Rental	Approved	Yes
Form	Menu of Coverages - RV Dealer & Truck Rental	Approved	Yes

SERFF Tracking Number: ZURC-125755670 State: Arkansas
 Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CW CA 27583
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
 Product Name: CW CA 27583 Correction Filing for Adoption of Revised Declarations Page
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Menu of Coverages - IAD Dealer & Auto Rental	EM 32 02	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		EM3202 0108 for IAD Dealer & Auto Rental policies.pdf
Approved	Menu of Coverages - RV Dealer & Truck Rental	EM 32 02	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 Previous Filing #:		EM3202 0108 for RV Dealer & TR Rental policies.pdf

MENU OF COVERAGES

GARAGE LIABILITY

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>	<u>PREMIUM</u>
Auto Liability	Bodily Injury \$ Each Person \$ Each Accident	Property Damage \$ Each Accident
Other than Auto Liability	\$ Bodily Injury and Property Damage Combined, Each Accident	
Personal Injury Protection*	See	
Added Personal Injury Protection*	See	
ExtraOrdinary Medical Benefits (PA only)	See	
Property Protection Insurance (MI only)	See	
Property Damage Liability Coverage Buyback (MI only)	See	
Uninsured Motorist	Bodily Injury \$ Per Person \$ Per Accident See	Property Damage \$ Per Accident
Underinsured Motorist	Bodily Injury \$ Per Person \$ Per Accident See	Property Damage \$ Per Accident
Medical Payments	\$ Per Person Auto See	Premises See
Tier 2 Coverage	See EM3216	
Drive-Other-Car	See	
Waiver of Collision Deductible	See	
Dealers' Errors & Omissions	See	
Fire Legal Liability	See	
Broad Form Products	See	
Lessor's Contingent Liability	See	
Lessor's Contingent Physical Damage	See	
Personal Injury Liability	See	
Employment Practices Liability Insurance	See	

MISCELLANEOUS PREMIUM BEARING ENDORSEMENTS:
GARAGE LIABILITY TOTAL:

*(or equivalent No-Fault or Added No-Fault coverage)

GARAGE LIABILITY continued. . .

LOCATIONS AND OPERATIONS NOT COVERED – See

ADDITIONAL INSURED(S) – See

Locations Where You Conduct Garage Operations

GARAGEKEEPERS LIABILITY

_____ Legal Liability	_____ Other _____	<u>PREMIUM</u>
Location #		
LIMIT	<u>Deductible</u>	
Specified Causes	per auto	per accident
Comprehensive	per auto	per accident
Collision	per auto	
Customer's Personal Property	per auto	
Location #		
LIMIT	<u>Deductible</u>	
Specified Causes	per auto	per accident
Comprehensive	per auto	per accident
Collision	per auto	
Customer's Personal Property	per auto	
Location #		
LIMIT	<u>Deductible</u>	
Specified Causes	per auto	per accident
Comprehensive	per auto	per accident
Collision	per auto	
Customer's Personal Property	per auto	

MISCELLANEOUS PREMIUM BEARING ENDORSEMENTS:
 GARAGEKEEPERS LIABILITY TOTAL:

*Deductible only applies to Vandalism, Malicious Mischief and Theft.

PHYSICAL DAMAGE INSURANCE (DEALERS OPEN LOT COVERAGE)

Location #				<u>PREMIUM</u>
LIMIT		<u>Deductible</u>		
Specified Causes*		per auto	per accident	
Fire & Theft*		per auto	per accident	
Comprehensive*		per auto	per accident	
			Subtotal	

Location #				
LIMIT		<u>Deductible</u>		
Specified Causes*		per auto	per accident	
Fire & Theft*		per auto	per accident	
Comprehensive*		per auto	per accident	
			Subtotal	

Location #				
LIMIT		<u>Deductible</u>		
Specified Causes*		per auto	per accident	
Fire & Theft*		per auto	per accident	
Comprehensive*		per auto	per accident	
			Subtotal	

Blanket Collision	\$	Limit minus	\$	Deductible
False Pretense	\$	Limit		

MISCELLANEOUS PREMIUM BEARING ENDORSEMENTS: \$
 PHYSICAL DAMAGE TOTAL: \$

* Deductible only applies to Vandalism, Malicious Mischief and Theft.

PHYSICAL DAMAGE INSURANCE (DEALERS OPEN LOT COVERAGE) continued. . .

The most we will pay for any one auto:

The most we will pay for loss in transit:

The most we will pay for loss at any temporary location:

Reporting Basis: Reporting Nonreporting

LOSS PAYEES – See

SCHEDULED AUTOS

<u>No.</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Type</u>	<u>Value</u>	<u>GVW</u>	<u>VIN #</u>	<u>Ded.</u>
					\$			
					\$			
					\$			
					\$			
					\$			

Coverages apply when premium charge is shown:

Coverage	1	2	Premium 3	4	5
Auto Liability					
Personal Injury Protection*					
Added Personal Injury Protection*					
ExtraOrdinary Medical Benefits (PA only)					
Property Protection Insurance (MI only)					
Uninsured Motorist Underinsured Motorist					
Medical Payments Specified Causes Comprehensive Collision Waiver of Collision Deductible					
VEHICLE TOTAL	\$	\$	\$	\$	\$

TOTAL PREMIUM FOR SCHEDULED AUTOS: \$

*(or equivalent No-Fault or Added No-Fault coverage)

DEALER PROPERTY COVERAGE

<u>COVERAGES</u>	<u>LIMITS</u>
Miscellaneous Business Personal Property	\$ 10,000
	0
Electronic Data Processing Systems and Electronic Media	\$ 10,000
	0
Extra Expense	\$ 5,000
Valuable Papers and Records	\$ 5,000
Fences	\$ 1,000
Outside Signs	\$ 1,000
Money and Securities	\$ 1,000
Employee Dishonesty	\$ 2,500
Package Premium	\$

PROPERTY COVERAGE

LOCATION #

Building # Building #

Construction:
Occupancy:
Protection Class:

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property						
Including Stock						
Personal Property						
Excluding Stock						
Options:						
Business Income From						
Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal						
Property Incl. Stock						
Earthquake – Personal						
Property Excl. Stock						
Earthquake Sprinkler						
Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property						
Including Stock						
Personal Property						
Excluding Stock						
Options:						
Business Income From						
Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal						
Property Incl. Stock						
Earthquake – Personal						
Property Excl. Stock						
Earthquake Sprinkler						
Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

Location # Total:\$

PROPERTY continued. . .

LOCATION #	Building #1	Building #2	Building #3
Construction:			
Occupancy:			
Protection Class:			

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

Location # Total:\$

PROPERTY continued. . .

LOCATION #	Building #1	Building #2	Building #3
Construction:			
Occupancy:			
Protection Class:			

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

Location # Total:\$

PROPERTY continued. . .

LOCATION #	Building #1	Building #2	Building #3
Construction:			
Occupancy:			
Protection Class:			

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler						
Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler						
Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

Location # Total:\$

PROPERTY continued. . .

LOCATION #	Building #1	Building #2	Building #3
Construction:			
Occupancy:			
Protection Class:			

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building						
Personal Property Including Stock						
Personal Property Excluding Stock						
Options:						
Business Income From Dependent Properties						
Legal Liability						
Earthquake – Building						
Earthquake – Personal Property Incl. Stock						
Earthquake – Personal Property Excl. Stock						
Earthquake Sprinkler Leakage						
Limited Flood						
Inflation Guard:						
Agreed Value Expiration Date						

Location # Total:\$

PROPERTY continued. . .

LOCATION #	Building #1	Building #2	Building #3
Construction:			
Occupancy:			
Protection Class:			
BUILDING #	COVERED CAUSES OF LOSS	METHOD OF VALUATION	DEDUCTIBLE COINSURANCE PREMIUM
Building			
Personal Property Including Stock			
Personal Property Excluding Stock			
Options:			
Business Income From Dependent Properties			
Legal Liability			
Earthquake – Building			
Earthquake – Personal Property Incl. Stock			
Earthquake – Personal Property Excl. Stock			
Earthquake Sprinkler			
Leakage			
Limited Flood			
Inflation Guard:			
Agreed Value Expiration Date			

BUILDING #	COVERED CAUSES OF LOSS	METHOD OF VALUATION	DEDUCTIBLE COINSURANCE PREMIUM
Building			
Personal Property Including Stock			
Personal Property Excluding Stock			
Options:			
Business Income From Dependent Properties			
Legal Liability			
Earthquake – Building			
Earthquake – Personal Property Incl. Stock			
Earthquake – Personal Property Excl. Stock			
Earthquake Sprinkler			
Leakage			
Limited Flood			
Inflation Guard:			
Agreed Value Expiration Date			

Location # Total:\$

MISCELLANEOUS PREMIUM BEARING ENDORSEMENTS:
TOTAL PROPERTY, CRIME AND INLAND MARINE PERMIUM:

MORTGAGE HOLDERS – See

CRIME COVERAGE – INDEPENDENT AUTO DEALER AND AUTO RENTAL OPERATORS

Limits Under Crime Coverage Apply Per Location.

<u>COVERAGES</u>	<u>LIMITS</u>
Employee Theft	\$ 5,000
Forgery Or Alteration	\$ 5,000
Inside The Premises –	
Theft Of Money And Securities	\$ 5,000
Robbery Or Safe Burglary Of Other Property	\$ 5,000
Outside The Premises	\$ 5,000
Computer Fraud	\$ 5,000
Money Orders And Counterfeit Paper Currency	\$ 5,000
Deductible	\$ _____

Employee Benefit Plan(s) Included As Named Insured:

CRIME OPTIONAL COVERAGES

If Crime Optional Coverages Is Indicated By Limits And A Premium,
It Is In Addition To The Limits Shown Above

<u>COVERAGES</u>	<u>LIMITS</u>	<u>PREMIUM</u>
Employee Theft		
Forgery Or Alteration		
Inside The Premises –		
Theft Of Money And Securities		
Robbery Or Safe Burglary Of Other Property		
Outside The Premises		
Computer Fraud		
Money Orders And Counterfeit Paper Currency		

TOTAL OPTIONAL CRIME PREMIUM \$

INLAND MARINE – INDEPENDENT AUTO DEALER AND AUTO RENTAL OPERATORS

Limits Under Inland Marine Apply Per Location

<u>COVERAGES</u>	<u>LIMITS</u>
Accounts Receivable	\$ 10,000
Valuable Papers	\$ 10,000
Outside Signs	\$ 10,000
Data Processing Media	\$ 10,000
Employee Tools	\$ 10,000
Fine Arts	\$ 10,000
Deductible	\$ _____

INLAND MARINE OPTIONAL COVERAGES

If Inland Marine Optional Coverages Is Indicated By Limits And A Premium,
It Is In Addition To The Limits Shown Above

<u>COVERAGES</u>	<u>LIMITS</u>	<u>PREMIUM</u>
Accounts Receivable		
Valuable Papers		
Outside Signs		
Data Processing Media		
Employee Tools		
Fine Arts		

TOTAL OPTIONAL INLAND MARINE PREMIUM \$

FORMS AND ENDORSEMENT APPLICABLE TO THIS POLICY:

MENU OF COVERAGES

GARAGE LIABILITY

<u>COVERAGE</u>	<u>LIMIT OF INSURANCE</u>	<u>PREMIUM</u>
Auto Liability	Bodily Injury \$ Each Person \$ Each Accident	Property Damage \$ Each Accident
Other than Auto Liability	\$ Bodily Injury and Property Damage Combined, Each Accident	
Personal Injury Protection*	See	
Added Personal Injury Protection*	See	
ExtraOrdinary Medical Benefits (PA only)	See	
Property Protection Insurance (MI only)	See	
Property Damage Liability Coverage Buyback (MI only)	See	
Uninsured Motorist	Bodily Injury \$ Per Person \$ Per Accident See	Property Damage \$ Per Accident
Underinsured Motorist	Bodily Injury \$ Per Person \$ Per Accident See	Property Damage \$ Per Accident
Medical Payments	\$ Per Person Auto See	Premises See
Tier 2 Coverage	See EM3216	
Drive-Other-Car	See	
Waiver of Collision Deductible	See	
Dealers' Errors & Omissions	See	
Fire Legal Liability	See	
Broad Form Products	See	
Lessor's Contingent Liability	See	
Lessor's Contingent Physical Damage	See	
Personal Injury Liability	See	
Employment Practices Liability Insurance	See	

MISCELLANEOUS PREMIUM BEARING ENDORSEMENTS:
GARAGE LIABILITY TOTAL:

*(or equivalent No-Fault or Added No-Fault coverage)

GARAGE LIABILITY continued. . .

LOCATIONS AND OPERATIONS NOT COVERED – See

ADDITIONAL INSURED(S) – See

Locations Where You Conduct Garage Operations

GARAGEKEEPERS LIABILITY

_____ Legal Liability	_____ Other _____	<u>PREMIUM</u>
Location #		
LIMIT	<u>Deductible</u>	
Specified Causes	per auto	per accident
Comprehensive	per auto	per accident
Collision	per auto	
Customer's Personal Property	per auto	
Location #		
LIMIT	<u>Deductible</u>	
Specified Causes	per auto	per accident
Comprehensive	per auto	per accident
Collision	per auto	
Customer's Personal Property	per auto	
Location #		
LIMIT	<u>Deductible</u>	
Specified Causes	per auto	per accident
Comprehensive	per auto	per accident
Collision	per auto	
Customer's Personal Property	per auto	

MISCELLANEOUS PREMIUM BEARING ENDORSEMENTS:
GARAGEKEEPERS LIABILITY TOTAL:

*Deductible only applies to Vandalism, Malicious Mischief and Theft.

SCHEDULED AUTOS

<u>No.</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Type</u>	<u>Value</u>	<u>GVW</u>	<u>VIN #</u>	<u>Ded.</u>
					\$			
					\$			
					\$			
					\$			
					\$			

Coverages apply when premium charge is shown:

Coverage	1	2	Premium 3	4	5
Auto Liability					
Personal Injury Protection*					
Added Personal Injury Protection*					
ExtraOrdinary Medical Benefits (PA only)					
Property Protection Insurance (MI only)					
Uninsured Motorist Underinsured Motorist					
Medical Payments Specified Causes Comprehensive Collision Waiver of Collision Deductible					
VEHICLE TOTAL	\$	\$	\$	\$	\$

TOTAL PREMIUM FOR SCHEDULED AUTOS: \$

*(or equivalent No-Fault or Added No-Fault coverage)

DEALER PROPERTY COVERAGE

<u>COVERAGES</u>	<u>LIMITS</u>
Miscellaneous Business Personal Property	\$ 10,000
	0
Electronic Data Processing Systems and Electronic Media	\$ 10,000
	0
Extra Expense	\$ 5,000
Valuable Papers and Records	\$ 5,000
Fences	\$ 1,000
Outside Signs	\$ 1,000
Money and Securities	\$ 1,000
Employee Dishonesty	\$ 2,500
Package Premium	\$

PROPERTY COVERAGE

LOCATION #

Construction:
 Occupancy:
 Protection Class:

Building #

Building #

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building Personal Property Including Stock						
Building Personal Property Excluding Stock						
Options: Business Income From Dependent Properties Legal Liability Earthquake – Building Earthquake – Personal Property Excl. Stock Earthquake Sprinkler Leakage Limited Flood						
Inflation Guard: Agreed Value Expiration Date						

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
Building Personal Property Including Stock						
Building Personal Property Excluding Stock						
Options: Business Income From Dependent Properties Legal Liability Earthquake – Building Earthquake – Personal Property Excl. Stock Earthquake Sprinkler Leakage Limited Flood						
Inflation Guard: Agreed Value Expiration Date						

Location # Total:\$

PROPERTY continued. . .

LOCATION #

Building #1 Building #2 Building #3
 Construction:
 Occupancy:
 Protection Class:

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
------------	-------	------------------------	---------------------	------------	-------------	---------

Building
 Personal Property
 Including Stock
 Building
 Personal Property
 Excluding Stock
 Options:
 Business Income From
 Dependent Properties
 Legal Liability
 Earthquake – Building
 Earthquake – Personal
 Property Excl. Stock
 Earthquake Sprinkler
 Leakage
 Limited Flood

Inflation Guard:
 Agreed Value Expiration Date

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
------------	-------	------------------------	---------------------	------------	-------------	---------

Building
 Personal Property
 Including Stock
 Building
 Personal Property
 Excluding Stock
 Options:
 Business Income From
 Dependent Properties
 Legal Liability
 Earthquake – Building
 Earthquake – Personal
 Property Excl. Stock
 Earthquake Sprinkler
 Leakage
 Limited Flood

Inflation Guard:
 Agreed Value Expiration Date

Location # Total:\$

PROPERTY continued. . .

LOCATION #

Building #1 Building #2 Building #3
 Construction:
 Occupancy:
 Protection Class:

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
------------	-------	------------------------	---------------------	------------	-------------	---------

Building
 Personal Property
 Including Stock
 Building
 Personal Property
 Excluding Stock
 Options:
 Business Income From
 Dependent Properties
 Legal Liability
 Earthquake – Building
 Earthquake – Personal
 Property Excl. Stock
 Earthquake Sprinkler
 Leakage
 Limited Flood

Inflation Guard:
 Agreed Value Expiration Date

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
------------	-------	------------------------	---------------------	------------	-------------	---------

Building
 Personal Property
 Including Stock
 Building
 Personal Property
 Excluding Stock
 Options:
 Business Income From
 Dependent Properties
 Legal Liability
 Earthquake – Building
 Earthquake – Personal
 Property Excl. Stock
 Earthquake Sprinkler
 Leakage
 Limited Flood

Inflation Guard:
 Agreed Value Expiration Date

Location # Total:\$

PROPERTY continued. . .

LOCATION #

Building #1 Building #2 Building #3
 Construction:
 Occupancy:
 Protection Class:

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
------------	-------	------------------------	---------------------	------------	-------------	---------

Building
 Personal Property
 Including Stock
 Building
 Personal Property
 Excluding Stock
 Options:
 Business Income From
 Dependent Properties
 Legal Liability
 Earthquake – Building
 Earthquake – Personal
 Property Excl. Stock
 Earthquake Sprinkler
 Leakage
 Limited Flood

Inflation Guard:
 Agreed Value Expiration Date

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
------------	-------	------------------------	---------------------	------------	-------------	---------

Building
 Personal Property
 Including Stock
 Building
 Personal Property
 Excluding Stock
 Options:
 Business Income From
 Dependent Properties
 Legal Liability
 Earthquake – Building
 Earthquake – Personal
 Property Excl. Stock
 Earthquake Sprinkler
 Leakage
 Limited Flood

Inflation Guard:
 Agreed Value Expiration Date

Location # Total:\$

PROPERTY continued. . .

LOCATION #

Building #1 Building #2 Building #3
 Construction:
 Occupancy:
 Protection Class:

BUILDING #	LIMIT	Covered Causes of Loss	Method of Valuation	Deductible	Coinsurance	PREMIUM
------------	-------	------------------------	---------------------	------------	-------------	---------

Building
 Personal Property
 Including Stock
 Building
 Personal Property
 Excluding Stock
 Options:
 Business Income From
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 Earthquake – Building
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 Property Excl. Stock
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PROPERTY continued. . .

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 Earthquake – Personal
 Property Excl. Stock
 Earthquake Sprinkler
 Leakage
 Limited Flood
 Inflation Guard:
 Agreed Value Expiration Date

Location # Total:\$

MISCELLANEOUS PREMIUM BEARING ENDORSEMENTS:
 TOTAL PROPERTY, CRIME AND INLAND MARINE PERMIUM:

MORTGAGE HOLDERS – See

CRIME COVERAGE – RECREATIONAL VEHICLE DEALERS AND TRUCK RENTAL OPERATORS

Limits Under Crime Coverage Apply Per Location.

<u>COVERAGES</u>	<u>LIMITS</u>
Employee Theft	\$ 25,000
Forgery Or Alteration	\$ 25,000
Inside The Premises –	
Theft Of Money And Securities	\$ 25,000
Robbery Or Safe Burglary Of Other Property	\$ 25,000
Outside The Premises	\$ 25,000
Computer Fraud	\$ 25,000
Money Orders And Counterfeit Paper Currency	\$ 25,000
Deductible	\$ _____

Employee Benefit Plan(s) Included As Named Insured:

CRIME OPTIONAL COVERAGES

If Crime Optional Coverages Is Indicated By Limits And A Premium,
It Is In Addition To The Limits Shown Above

<u>COVERAGES</u>	<u>LIMITS</u>	<u>PREMIUM</u>
Employee Theft		
Forgery Or Alteration		
Inside The Premises –		
Theft Of Money And Securities		
Robbery Or Safe Burglary Of Other Property		
Outside The Premises		
Computer Fraud		
Money Orders And Counterfeit Paper Currency		

TOTAL OPTIONAL CRIME PREMIUM \$

INLAND MARINE – RECREATIONAL VEHICLE DEALERS AND TRUCK RENTAL OPERATORS

Limits Under Inland Marine Apply Per Location

<u>COVERAGES</u>	<u>LIMITS</u>
Accounts Receivable	\$ 25,000
Valuable Papers	\$ 25,000
Outside Signs	\$ 25,000
Data Processing Media	\$ 25,000
Employee Tools	\$ 25,000
Fine Arts	\$ 25,000
Deductible	\$ _____

INLAND MARINE OPTIONAL COVERAGES

If Inland Marine Optional Coverages Is Indicated By Limits And A Premium,
It Is In Addition To The Limits Shown Above

<u>COVERAGES</u>	<u>LIMITS</u>	<u>PREMIUM</u>
Accounts Receivable		
Valuable Papers		
Outside Signs		
Data Processing Media		
Employee Tools		
Fine Arts		

TOTAL OPTIONAL INLAND MARINE PREMIUM \$

FORMS AND ENDORSEMENT APPLICABLE TO THIS POLICY:

SERFF Tracking Number: *ZURC-125755670* *State:* *Arkansas*
Filing Company: *Empire Fire and Marine Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW CA 27583*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0002 Garage*
Product Name: *CW CA 27583 Correction Filing for Adoption of Revised Declarations Page*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125755670 State: Arkansas
Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CW CA 27583
TOI: 20.0 Commercial Auto Sub-TOI: 20.0002 Garage
Product Name: CW CA 27583 Correction Filing for Adoption of Revised Declarations Page
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/04/2008

Comments:

Attachments:

PCTD.pdf

FFS.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 08/04/2008

Comments:

Attachment:

Correction Filing 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 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> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Empire Fire & Marine Insurance Company	NE	21326	47-6022701	

5. Company Tracking Number	CW CA 27583
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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
	Barbara Smith 1400 American Lane Schaumburg, IL 60196	Filing Analyst	847-605-6291	847-605-7768	barb.smith@zurichna.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Barbara J. Smith

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

9.	Type of Insurance (TOI)	19.2, 21.2
10.	Sub-Type of Insurance (Sub-TOI)	19.2002, 21.2000
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
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: 10/01/08 Renewal: 10/01/08

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 #		CW CA 27583		
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	Menu of Coverages	EM 32 02 (01 08)	<input type="checkbox"/> New <input checked="" 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		

Form Explanatory Memorandum

We recently received approval for the following:

EM 3202 (01-08) MENU OF COVERAGES replaces previously approved EM 3202 (10-00). The only revision to this declarations page is on page 4. We have removed Collision from each location and have moved it to the bottom of the schedule as Blanket Collision.

Clarification to the above:

While the only change to this menu of coverages was on page 4, I attached a version that would apply when writing recreational vehicle dealers or truck rental policies.

The information on pages 14 and 15 varies depending on the policy type written. Specifically, the page headings and limits vary when writing recreational vehicle or truck rental policies versus writing independent auto dealer or auto rental policies.

I have attached a copy of this form with pages 14 and 15 representing a recreational vehicle dealer or truck rental policy and another copy representing an independent auto dealer or auto rental policy.

We wish to file this with an effective date of October 1, 2008.