

SERFF Tracking Number: ARKS-125967629 State: Arkansas
First Filing Company: 23418 - MID-CONTINENT CASUALTY COMPANY, ... State Tracking Number: #199959 \$50
Company Tracking Number: AR-ML 1322 (12/08)
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Companies: 23418 - MID-CONTINENT CASUALTY COMPANY, 23426 - OKLAHOMA SURETY COMPANY

Product Name: n/a SERFF Tr Num: ARKS-125967629 State: Arkansas
TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: #199959 \$50
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-ML 1322 (12/08) State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Disposition Date: 01/02/2009
Date Submitted: 12/29/2008 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:
1 form

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: 01/02/2009 Deemer Date:
State Status Changed: 01/02/2009
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com

SERFF Tracking Number: ARKS-125967629 *State:* Arkansas
First Filing Company: 23418 - MID-CONTINENT CASUALTY *State Tracking Number:* #199959 \$50
COMPANY, ...
Company Tracking Number: AR-ML 1322 (12/08)
TOI: 17.0 Other Liability-Occ/Claims Made *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/02/2009	01/02/2009

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Project Name/Number: /

Disposition

Disposition Date: 01/02/2009

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

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TOI: 17.0 Other Liability-Occ/Claims Made *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

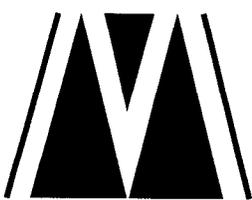
SERFF Tracking Number: ARKS-125967629 State: Arkansas
First Filing Company: 23418 - MID-CONTINENT CASUALTY State Tracking Number: #199959 \$50
COMPANY, ...
Company Tracking Number: AR-ML 1322 (12/08)
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Unsatisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 01/02/2009
Comments:

Satisfied -Name: ARKS-125967629 **Review Status:** 01/02/2009
Comments:
Attachment:
ARKS-125967629.pdf

ARKS - 125967629



Mid-Continent Group

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

December 22, 2008

199959
50.00

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)
Oklahoma Surety Company (084-23426) (73-0773259)
General Liability
Form Filing
Our File # AR-ML 1322 (12/08)

Dear Honorable Bowman:

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

This submission deals with one new form. Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the new form.

We request that this filing be applicable to all policies effective on and after February 1, 2009.

If you need any additional information please contact me. Thank you in advance for reviewing our submission.

Respectfully,

Vicki Lingafelter

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

Approved until withdrawn
or revoked

Dec 29 2008

Arkansas Insurance Department
By:

EA

RECEIVED

DEC 29 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;"> 1. Reserved for Insurance Dept. Use Only </div>	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 #
Mid-Continent Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Mid-Continent Casualty Company	OK	23418	73-0556513	
Oklahoma Surety Company	OK	23426	73-0773259	

5. Company Tracking Number	AR-ML 1322 (12/08)
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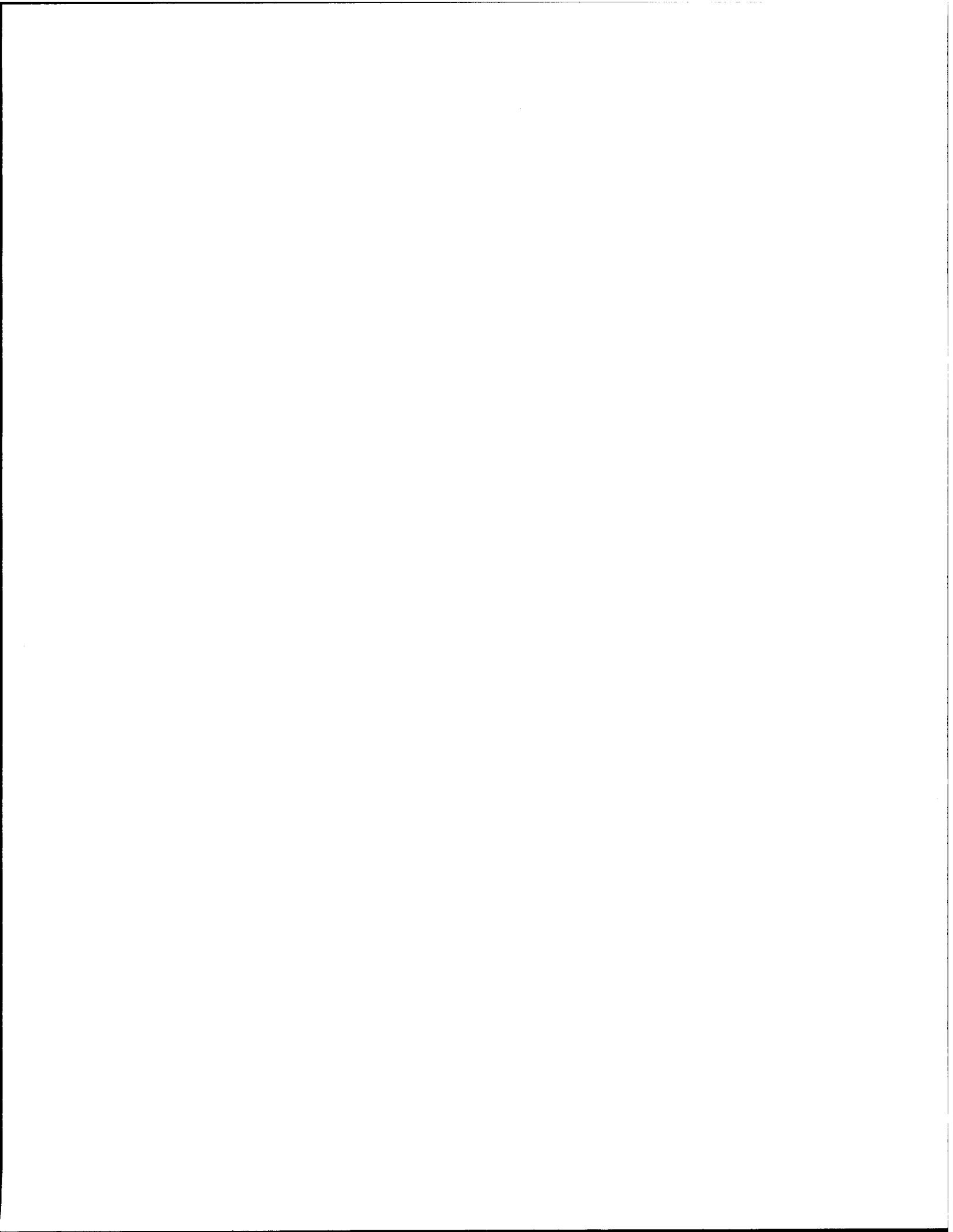
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

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

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

9.	Type of Insurance (TOI)	17.0 / 18.0
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 / 18.0001
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	General Liability
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 2/01/09 Renewal: 2/01/09



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	12/22/08	
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-ML 1322 (12/08)
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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]
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The Mid-Continent Casualty Company and Oklahoma Surety Company hereby submits for your approval the enclosed form to be used with the General Liability line of business.

This submission deals with one new form. Further details concerning this filing are included in the attached Explanatory Memorandum along with a copy of the new form.

We request that this filing be applicable to all policies effective on and after February 1, 2009.

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]
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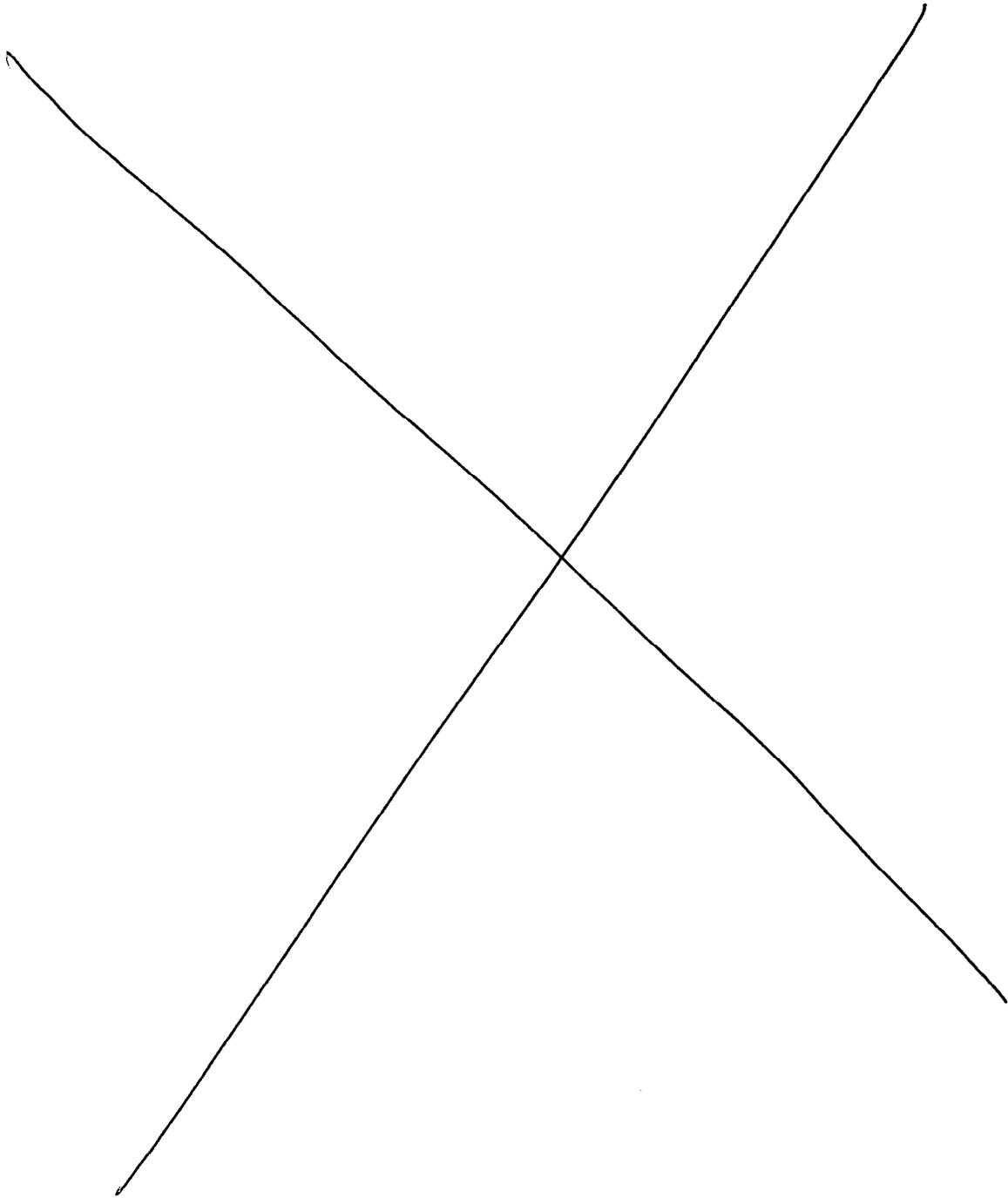
Check #: 199959
Amount: 50.00

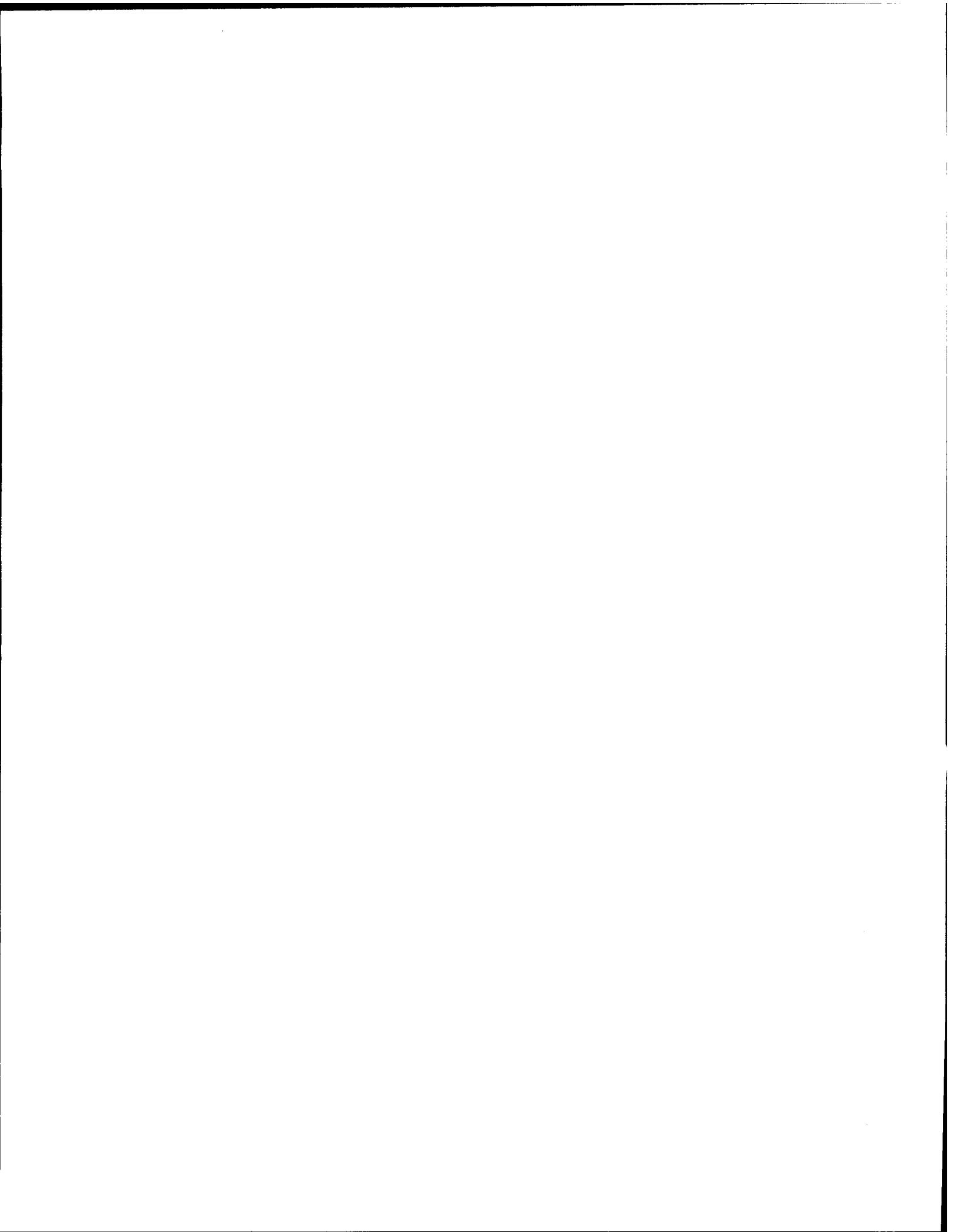
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Explanatory Memorandum

The intent of this form is to comply with Arkansas Plant Board requirements for insurance. Covers property damage to areas that crop sprayers are spraying.





Effective March 1, 2007

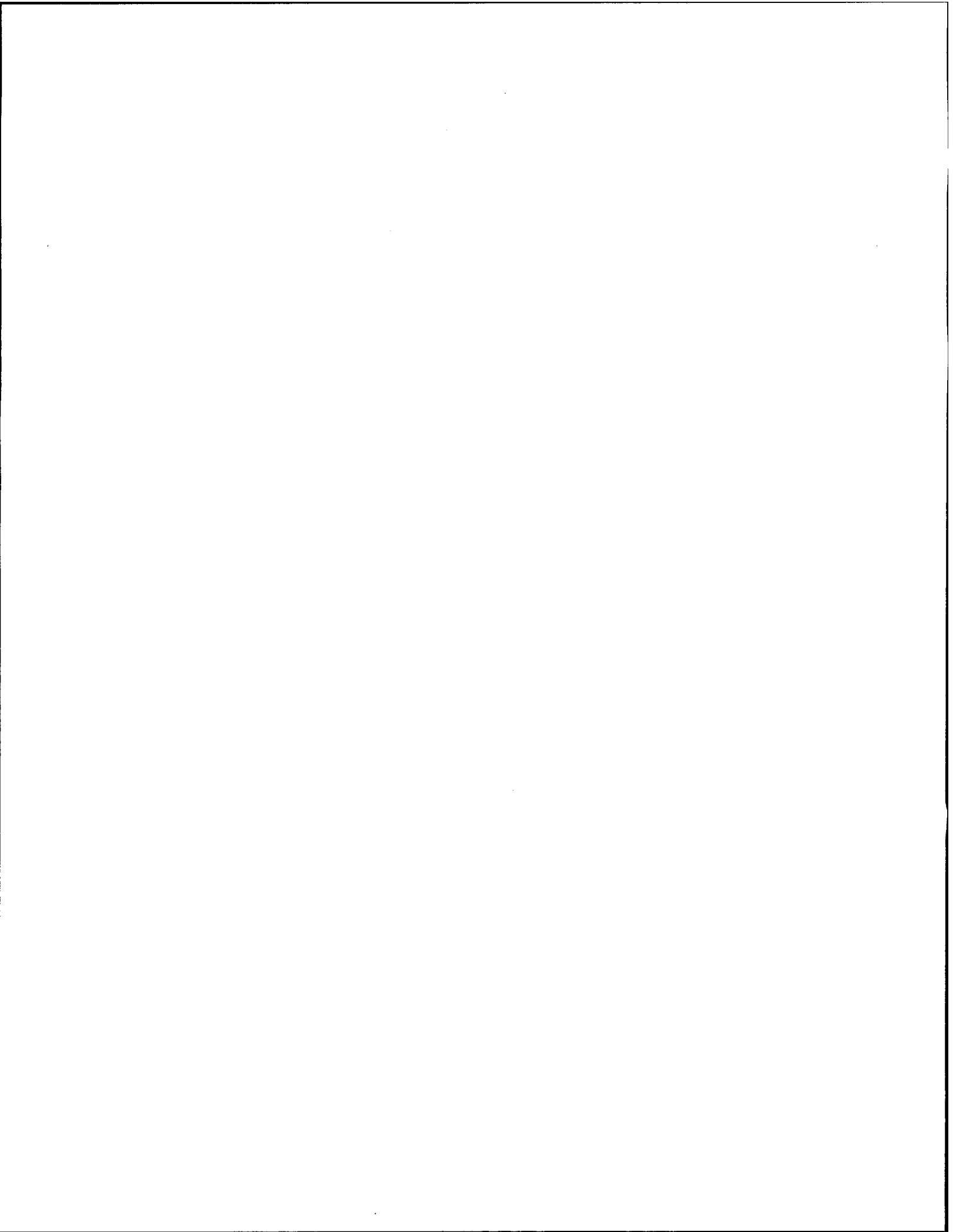
FORM FILING SCHEDULE

(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-ML 1322 (12/08)			
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	Herbicide/Pesticide Applicators Endorsement	ML 1322 (12/08)	<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		

PC FFS-1



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

HERBICIDE/PESTICIDE APPLICATORS ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

We will pay those sums the insured becomes legally obligated to pay as "property damage" resulting from the "herbicide/pesticide application hazard." The limits of insurance shown in this endorsement are included within the limits of insurance shown in the declarations and do not create a separate and independent limit of insurance. The limits of insurance shown in this endorsement are the most we will pay for "property damage" resulting from the "herbicide/pesticide application hazard."

Occurrence Limit	\$ 100,000	(per occurrence)
Aggregate Limit	\$ 200,000	(per policy period)
Deductible	\$ _____	(per claim)
	\$ _____	(per occurrence)

Definition – "Herbicide/Pesticide Application Hazard" means "property damage" to crops and other plants upon which you are performing or have performed operations that occur as a result of your application operations. Exclusions j. (4), (5) and (6) do not apply to "property damage" included within this hazard.