

SERFF Tracking Number: EMCC-125906457 State: Arkansas  
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-GL-2008-10  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: General Liability  
Project Name/Number: /

## Filing at a Glance

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

Product Name: General Liability SERFF Tr Num: EMCC-125906457 State: Arkansas  
TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-GL-2008-10 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts  
Author: Jo Byers Disposition Date: 01/07/2009  
Date Submitted: 11/17/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2009 Effective Date (New):  
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):  
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: 01/07/2009  
State Status Changed: 01/07/2009 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
November 17, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third St.  
Little Rock, AR 72201-1904

*SERFF Tracking Number:* EMCC-125906457                      *State:* Arkansas  
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EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415  
EMCASCO INSURANCE COMPANY – 062-21407  
UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423  
EMC PROPERTY & CASUALTY COMPANY – 062-25186  
General Liability  
Form Revision, CG7557  
Company Filing #: AR-GL-2008-10  
Effective: January 1, 2009

The captioned companies are members of Insurance Services Office and submit for filing a form revision applicable to policies written on or after January 1, 2009.

Some insured contractors run into situations where they are required to have their own insurance program provide coverage excess of that provided by an Owner Controlled Insurance Program (wrap up). The contracts often require that the contractor's insurance program also cover any coverage gaps created by deductibles under the wrap up policy.

To address this problem, we have amended our currently filed endorsement CG7557 to provide coverage for amounts not covered under the wrap up due to the application of a deductible or retention.

CG7557 (6-08) Excess Coverage for Designated Operations Covered by a Consolidated (Wrap-up) Insurance Program replaces CG7557 (12-04)

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, marked up form, and a final printed copy of our form.

We respectfully request your approval of this filing, to be applicable to policies written on or after January 1, 2009.  
Thank you.

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Jo L. Byers, Filings Analyst  
 Rates and Filings Dept.  
 (800) 247-2128 Ext. 2707  
 jo.l.byers@emcins.com

## Company and Contact

### Filing Contact Information

Jo Byers, Filings Analyst  
 PO Box 712  
 Des Moines, IA 50306-0712  
 Jo.L.Byers@EMCIns.com  
 (800) 247-2128 [Phone]  
 (515) 345-2223[FAX]

### Filing Company Information

EMC Property & Casualty Company	CoCode: 25186	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: 63-0329091	
	-----	

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	
	-----	

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	
	-----	

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

SERFF Tracking Number: EMCC-125906457 State: Arkansas  
 First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50  
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Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC Property & Casualty Company	\$0.00	11/17/2008	
EMCASCO Insurance Company	\$0.00	11/17/2008	
Employers Mutual Casualty Company	\$50.00	11/17/2008	23977785
Union Insurance Company of Providence	\$0.00	11/17/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/07/2009	01/07/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
STATUS - 3rd REQUEST	Note To Reviewer	Jo Byers	01/05/2009	01/05/2009
STATUS 2ND REQUEST	Note To Reviewer	Jo Byers	12/23/2008	12/23/2008
STATUS	Note To Reviewer	Jo Byers	12/18/2008	12/18/2008

SERFF Tracking Number: EMCC-125906457 State: Arkansas  
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## Disposition

Disposition Date: 01/07/2009

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Excess Coverage for Designated Operations Covered by a Consolidated (Wrap-up) Insurance Program	Approved	Yes

*SERFF Tracking Number:* EMCC-125906457      *State:* Arkansas  
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*Product Name:* General Liability  
*Project Name/Number:* /

**Note To Reviewer**

**Created By:**

Jo Byers on 01/05/2009 09:13 AM

**Subject:**

STATUS - 3rd REQUEST

**Comments:**

Since we have missed our requested effective date of 1/1/09, we will need to change the effective date. Please advise the status of this filing so we may know what effective date we can change this to. Thank you.

*SERFF Tracking Number:*      *EMCC-125906457*                      *State:*                      *Arkansas*  
*First Filing Company:*      *EMC Property & Casualty Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AR-GL-2008-10*  
*TOI:*                      *17.0 Other Liability-Occ/Claims Made*      *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*                      *General Liability*  
*Project Name/Number:*      */*

**Note To Reviewer**

**Created By:**

Jo Byers on 12/23/2008 07:24 AM

**Subject:**

STATUS 2ND REQUEST

**Comments:**

This filing was submitted on 11/17/08, requesting a 1/1/09 effective date, and to date, we have not received a response. Please advise at your earliest convenience the status of this filing. Thank you.

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*First Filing Company:*      *EMC Property & Casualty Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AR-GL-2008-10*  
*TOI:*                      *17.0 Other Liability-Occ/Claims Made*      *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*                      *General Liability*  
*Project Name/Number:*      */*

**Note To Reviewer**

**Created By:**

Jo Byers on 12/18/2008 07:39 AM

**Subject:**

STATUS

**Comments:**

This filing was submitted on November 17, and to date, we have not received a response. Please advise the status of this filing at your earliest convenience. Thank you.

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Excess Coverage for Designated Operations Covered by a Consolidated (Wrap-up) Insurance Program	CG7557	6-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: CG7557 12-04 Previous Filing #:		CG7557_200806.pdf mark_CG7557.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCESS COVERAGE FOR DESIGNATED OPERATIONS COVERED BY  
A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE\***

<b>Description and Location of Your Operation(s):</b>
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\*(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**A. The following exclusion is added to paragraph 2., Exclusions of Section I – **COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY:****

This insurance does not apply to “bodily injury” or “property damage” arising out of your ongoing operations or operations included within the “products – completed operations hazard” at the location described in the Schedule of this endorsement and occurring at the location described in the Schedule of this endorsement, if coverage for you for such “bodily injury” or “property damage” has been afforded by a consolidated (wrap-up) insurance program for the construction project in which you are involved at the location described in the Schedule of this endorsement.

This exclusion will not apply in the following instances:

- (1) The consolidated (wrap-up) insurance program has ended or is canceled or is nonrenewed or no longer applies to you at the time of the “occurrence”; or

- (2) The damages exceed the limits of a consolidated (wrap-up) insurance program applicable to the operations described in the Schedule of this endorsement.

- (3) To that portion of the damages that are subject to a deductible or retention under the consolidated (wrap-up) insurance program.

**B. Paragraph 4. Other Insurance of Section IV – **COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended by adding the following:**

Any coverage afforded to you under this Coverage Part will be excess over any other valid and collectible insurance available to you under a consolidated (wrap-up) insurance program, whether that coverage is excess, contingent or on any other basis, and any other valid and collectible umbrella liability coverage available to you under a consolidated (wrap-up) insurance program.



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*Product Name:*                      *General Liability*  
*Project Name/Number:*              */*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

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

**Review Status:** Approved 01/07/2009

**Comments:**

**Attachment:**

rff\_pctd.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:
	<input type="checkbox"/> New Business
	<input type="checkbox"/> Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

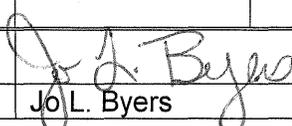
<b>3. Group Name</b>	<b>Group NAIC #</b>
EMC Insurance Companies	062

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
EMC Property & Casualty Co.	IA	35186	63-0329091

<b>5. Company Tracking Number</b>	<b>AR-GL-2008-10</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
	Jo L. Byers P.O. Box 712 Des Moines, IA 50306-0712	Filings Analyst	800-247-2128 ext. 2707	515-345-2223	Jo.L.Byers@EMCIns.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jo L. Byers

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

9. Type of Insurance (TOI)	General Liability
10. Sub-Type of Insurance (Sub-TOI)	General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
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: 1/1/09      Renewal: 1/1/09

## 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>	11/17/08	
<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-2008-10
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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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Some insured contractors run into situations where they are required to have their own insurance program provide coverage excess of that provided by an Owner Controlled Insurance Program (wrap up). The contracts often require that the contractor's insurance program also cover any coverage gaps created by deductibles under the wrap up policy.

To address this problem, we have amended our currently filed endorsement CG7557 to provide coverage for amounts not covered under the wrap up due to the application of a deductible or retention.

CG7557 (6-08) Excess Coverage for Designated Operations Covered by a Consolidated (Wrap-up) Insurance Program replaces CG7557 (12-04)

<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]
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**Check #:** EFT  
**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.)**

### 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-2008-10			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Excess Coverage for Designated Operations Covered by a Consolidated (Wrap-up) Insurance Program	CG7557 (6-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CG7557 (12-04)	
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		