

SERFF Tracking Number: EMCC-125978596 State: Arkansas
First Filing Company: EMC Property & Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AR-CA-2009-01
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
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: Commercial Auto	SERFF Tr Num: EMCC-125978596	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: AR-CA-2009-01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins, Brittany Yielding
	Author: Jo Byers	Disposition Date: 01/08/2009
	Date Submitted: 01/07/2009	Disposition Status: Approved
Effective Date Requested (New): 03/15/2009		Effective Date (New): 03/15/2009
Effective Date Requested (Renewal): 03/15/2009		Effective Date (Renewal): 03/15/2009

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/08/2009	
State Status Changed: 01/08/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
January 7, 2009	

Commissioner of Insurance
Arkansas Insurance Department

SERFF Tracking Number: EMCC-125978596 *State:* Arkansas
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1200 West Third St.
Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY – 062-21415

EMCASCO INSURANCE COMPANY – 062-21407

UNION INSURANCE COMPANY OF PROVIDENCE – 062-21423

EMC PROPERTY & CASULATY COMPANY – 062-25186

Commercial Auto Form Filing

Commercial Auto Amendment Municipalities and/or Volunteer Fire Departments – CA7414 (1-09)

Company File # AR-CA-2009-01

Effective: March 15, 2009

The captioned companies are members of Insurance Services Office and are submitting a form filing applicable to policies written on or after March 15, 2009.

We are introducing endorsement CA7414 (1-09) Commercial Auto Amendment Municipalities and/or Volunteer Fire Departments. This endorsement is available for our Municipalities and/or Volunteer Fire Departments book of business and offers several coverage enhancements. Please see the attached form memorandum for complete details.

We supplement this filing with the \$50.00 filing fee (EFT), Property and Casualty Transmittal Document, Form Memorandum, 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 March 15, 2009.
Thank you.

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

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Company and Contact

Filing Contact Information

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

Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMC Property & Casualty Company	\$0.00	01/07/2009	
EMCASCO Insurance Company	\$0.00	01/07/2009	
Employers Mutual Casualty Company	\$50.00	01/07/2009	24881081
Union Insurance Company of Providence	\$0.00	01/07/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/08/2009	01/08/2009

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Disposition

Disposition Date: 01/08/2009
Effective Date (New): 03/15/2009
Effective Date (Renewal): 03/15/2009
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
Supporting Document	Memorandum	Approved	Yes
Form	Commercial Auto Amendment Municipalities and/or Volunteer Fire Departments	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Auto Amendment Municipalities and/or Volunteer Fire Departments	CA7414	1-09	Endorsement/Amendment/Conditions New			CA7414_200901.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTO AMENDMENT MUNICIPALITIES AND/OR VOLUNTEER FIRE DEPARTMENTS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The BUSINESS AUTO COVERAGE FORM is amended to include the following clarifications and extensions of coverage. With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SECTION I – COVERED AUTOS

is amended as follows:

COMMANDEERED AUTOS

A “commandeered auto” shall be deemed to be a covered “auto” you own. This extension of coverage is provided only for the time you officially use the “commandeered auto” during an “emergency situation”.

SECTION II – LIABILITY COVERAGE

is amended as follows:

OFFICERS, EMPLOYEES AND AGENTS

Paragraph **A.1. Who Is An Insured** is amended by adding paragraph **d.** as follows:

d. Any of your officers, “employees” and agents are “insureds” while they are operating an “auto” under the following conditions:

- (1) Only while such “auto” is being used in your business;
- (2) Only while the officers, “employees” and agents operating an “auto” are acting within the scope of their employment or duties for you; and
- (3) Only when the use of such “auto” has been authorized by you.

This extension does not apply:

- (1) While an officer, “employee” or agent of yours uses any “auto” to drive to or from work; or
- (2) While any “auto” is operated for any personal use by any of your officers, “employees” or agents.

For the purpose of this extension, the drive to work limitation (1) above will not include responding to, at the scene of, or returning directly from an emergency scene, if such response and return are within the scope of their employment or duties for you.

Neither of the above limitations (1) or (2) apply when an owned “auto” is a scheduled “auto” and is furnished for regular use to an officer or “employee” by the Named Insured.

Agent includes, but is not limited to, any person(s) who are volunteer firefighter(s), which volunteer firefighter(s) are properly and lawfully listed on your official roster of such volunteers, but only while acting at the direction of and within the scope of their duties for you. Each volunteer is to be considered an “employee” and is subject to all terms, provisions and conditions of the coverage form.

OWNER OF COMMANDEERED AUTO

Paragraph **A.1. Who Is An Insured** is amended by adding paragraph **e.** as follows:

e. The owner of a “commandeered auto” is an “insured” while the “commandeered auto” is in your temporary care, custody or control and is being used as part of an “emergency situation”.

SUPPLEMENTARY PAYMENTS

Paragraph **A.2.a. Coverage Extensions, Supplementary Payments**, is amended by replacing paragraphs (2) and (4) as follows:

- (2) Up to \$3,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings up to \$350 a day because of time off from work.

MUTUAL AID EXPENSE — REIMBURSEMENT

Paragraph **A.2. Coverage Extensions** is amended by adding Paragraph **c.** as follows:

c. Mutual Aid Expense — Reimbursement

We will reimburse you for the expense of mutual aid assistance incurred by you when you request assistance from another fire department on your behalf because of “loss” to your covered “auto.”

We will pay for those mutual aid expenses that are incurred during the policy period, beginning 24 hours after the “loss” to your covered “auto”, and ending, regardless of the policy’s expiration, with the lesser of the following number of days:

(1) The number of days reasonably required to repair or replace your covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you; or

(2) Ninety (90) days.

The amount we will reimburse you will be limited to the lesser of the following for each mutual aid assistance made for you by another fire department:

(1) Necessary and actual expenses incurred; or

(2) Seven Thousand Five Hundred Dollars (\$7,500.00).

This reimbursement will be in addition to the otherwise applicable amount of coverage you have for the "loss" on the covered "auto". No deductible will apply to this reimbursement.

EXPECTED OR INTENDED INJURY

Paragraph **B. Exclusions** is amended by deleting Paragraph **1. Expected Or Intended Injury** in its entirety and replaced by the following:

"Bodily injury" or "property" damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to expected or intended "bodily injury" or "property damage" resulting from actions taken to protect persons or property and arising out of the use of a covered "auto".

FELLOW EMPLOYEE INCLUSION

Paragraph **B. Exclusions** is amended by deleting Paragraph **5. Fellow Employee** in its entirety.

SECTION III – PHYSICAL DAMAGE COVERAGE is amended as follows:

Paragraph **A. Coverage** is amended as follows:

TOWING

Paragraph **A. 2. Towing** is deleted and replaced by the following:

We will pay for towing and labor costs incurred, subject to the following:

- a. Up to \$100 each time a covered "auto" of the private passenger type is disabled; or
- b. Up to \$500 each time a covered "auto" other than a private passenger type is disabled.

However, the labor must be performed at the place of disablement.

PHYSICAL DAMAGE- TRANSPORTATION EXPENSE

Paragraph **A. 4.a. Transportation Expenses** is deleted and replaced by the following:

a. Transportation Expenses

- (1) We will pay up to \$75 per day to a maximum of \$1,000 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type.

We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

- (2) If the temporary transportation expenses you incur arise from your rental of an "auto" of the private passenger type, the most we will pay is the amount it costs to rent an "auto" of the private passenger type which is of like kind and quality as the stolen covered "auto", or \$75 per day, whichever is less, subject to the \$1,000 maximum.

Paragraph **A.4. Coverage Extension** is amended by adding the following:

WAIVER OF DEDUCTIBLE — GLASS REPAIR OR REPLACEMENT

- c. If a Comprehensive Coverage deductible is shown in the Declarations it does not apply to the cost of repairing or replacing damaged glass.

PERSONAL AUTO — PHYSICAL DAMAGE RECOVERY

- d. "Autos" owned or used by your volunteers or "employees" responding to an emergency scene for you are covered. We will pay only if these "autos" are responding to, at the scene of, or returning directly from the scene of an emergency for you.

We will pay up to \$500 or reimburse the deductible, whichever is less.

This coverage does not apply to any vehicle you own, hire or borrow.

PERSONAL PROPERTY OF OTHERS IN OR ON COVERED "AUTOS"

- e. We will pay up to \$1,000 for "loss" to personal property of others in or on your covered "auto".

This coverage applies only in the event of "loss" to your covered "auto" caused by fire, lightning, explosion, theft, mischief or vandalism, the covered "auto's" collision with another object, or the covered "auto's" overturn.

No deductibles apply to this coverage.

HIRED AUTO PHYSICAL DAMAGE

- f. If hired "autos" are covered "autos" for Liability Coverage, and if Comprehensive, Specified Causes of Loss, or Collision Coverage is provided for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire, subject to the following limit and deductible:

- (1) The most we will pay for loss to any hired "auto" is the lesser of \$50,000 or actual cash value or cost of repair, minus the deductible.

- (2) The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning.
- (3) Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

The insurance provided under this provision is excess over any other collectible insurance.

EQUIPMENT COVERAGE EXTENSION

Paragraph **A.5.** is added as follows:

5. Equipment Coverage Extension

We will consider equipment of a covered "auto" that is a fire truck, ambulance, rescue vehicle, or similar emergency vehicle to be part of the covered "auto" if that equipment is:

- a. permanently attached to the covered "auto";
- b. regularly attached to the covered "auto" with a bracket or similar device;
- c. regularly carried in a compartment or enclosure in the construction of the covered "auto" which is specifically designed for the equipment; or
- d. obviously required to complete the covered "auto" to operate in its intended use.

CUSTOMIZED FEATURES — LIMITED EXTENSION

Paragraph **A.6.** is added as follows:

6. Customized Features — Limited Extensions

For a covered "loss" to the customized features of a covered "auto" specifically outfitted for use by your chiefs, captains, police, administrators and others in comparable positions, we will pay the additional costs to repair or replace customized equipment permanently installed in the damaged "auto" with permanently installed equipment of like kind and quality and without deduction for depreciation. We will also include the cost of installation onto a replacement "auto" if the covered "auto" is not repairable.

For the extension to apply, this "auto" must be scheduled and have Physical Damage Coverages, but this coverage does not apply to any covered "auto" specifically designated for Designated Value Coverage on the Schedule of Covered Autos You Own.

This extension will also apply to property owned by you that is permanently attached in an "auto" not owned by you.

Paragraph **B. Exclusions** is amended as follows:

**FREEZING COVERAGE —
FIRE AND OTHER EMERGENCY VEHICLES**

Paragraph **B.3.a.** is amended as follows:

The exclusion relating to freezing does not apply to any "loss" to permanently attached special equipment common to an emergency vehicle caused by freezing.

However:

- (1) Damage caused by your failure to properly maintain such equipment is not covered.
- (2) "Loss" to an automobile engine caused by freezing is not covered.

AIRBAG COVERAGE

Paragraph **B.3.a.** is amended by adding the following:

If you have purchased Comprehensive or Collision coverage under this policy, the exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

**SOUND RECEIVING EQUIPMENT COVERAGE-FIRE,
POLICE AND EMERGENCY VEHICLES**

The exclusion relating to Audio, Visual and Data Electronic Equipment does not apply to any equipment that is installed in a covered "auto" which is:

- 1. Owned by a police or fire department;
- 2. Equipped as an emergency vehicle and owned by a political body or any of its agencies; or
- 3. Equipped as an emergency vehicle and owned by a volunteer fire department, volunteer rescue squad or volunteer ambulance corps.

Paragraph **C. Limit of Insurance** is amended as follows:

**DESIGNATED VALUE COVERAGE EXTENSION
FIRE DEPARTMENTS AND RESCUE SQUADS**

For covered "autos" for which a limit and premium are specifically shown for Designated Value Coverage in the Schedule of Covered Autos You Own, Paragraph **C. Limit of Insurance** is deleted and replaced by the following:

C. Limit of Insurance, Designated Value Coverage

- 1. The most we will pay for "loss" in any one "accident" is the least of:
 - a. The cost to repair a covered "auto" or a part or parts of it; or
 - b. The cost to replace a part or parts of the covered "auto" with a part or parts of like kind and quality without deduction for depreciation; or
 - c. The cost to replace the covered "auto" as of the time of the "loss" with a comparable new "auto" manufactured to current specifications or standards set by nationally recognized organizations such as but not limited to National Firefighters Professional Association or the US Department of Transportation, without deduction for depreciation; or
 - d. The amount shown in the Schedule of Covered Autos You Own as the Designated Value for the covered "auto."
- 2. For covered "autos" acquired during the policy period as replacement or additional vehicles

and not specifically scheduled on the Schedule of Covered Autos You Own will be covered by the Physical Damage Coverage Limit of Insurance provisions of the Commercial Auto Coverage Form that is a part of this policy.

LOSS TO TWO OR MORE COVERED AUTOS FROM ONE ACCIDENT

Paragraph **D. Deductible** is amended by adding the following:

If a Comprehensive, Specified Causes of Loss or Collision Coverage “loss” from one “accident” involves two or more covered “autos”, only the highest deductible applicable to those coverages will be applied to the “accident”.

This provision only applies if you carry Comprehensive, Collision or Specified Causes of Loss Coverage for those “autos”, and does not extend coverage to any covered “autos” for which you do not carry such coverage.

SECTION IV – BUSINESS AUTO CONDITIONS

is amended as follows:

DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

Paragraph **A.2. Duties in the Event of Accident, Claim, Suit or Loss**, is amended by adding the following:

- d.** Your obligation to notify us promptly of an “accident”, claim, “suit” or “loss” is satisfied if you send us the required notice as soon as practicable after your Insurance Administrator or anyone else designated by you to be responsible for insurance matters is notified, or in any manner made aware, of an “accident”, claim, “suit” or “loss”.

UNINTENTIONAL FAILURE TO DISCLOSE EXPOSURES

Paragraph **B.2. Concealment, Misrepresentation, or Fraud**, is amended by adding the following:

If you unintentionally fail to disclose any exposures existing at the inception date of your policy, we will not deny coverage under this Coverage Form solely because of such failure to disclose. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

LIBERALIZATION

Paragraph **B.3. Liberalization** is amended for this endorsement as follows:

If we revise this endorsement to provide greater coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the date the revision is effective in your state.

SECTION V – DEFINITIONS

is amended as follows:

MENTAL ANGUISH

Paragraph **C. “Bodily Injury”** is deleted in its entirety and replaced with the following:

- C.** “Bodily injury” means bodily injury, sickness or disease sustained by a person, including mental anguish or death resulting from bodily injury, sickness or disease.

The following definitions are added to **SECTION V – DEFINITIONS**:

COMMANDEERED AUTO

“Commandeered auto” means an “auto” belonging to someone else that you seize, confiscate or take arbitrarily by force, into your temporary care, custody or control while using it as part of an “emergency situation”. “Commandeered auto” does not include an “auto” owned by or available to an “employee”, agent, or volunteer of your organization from whom you have tacit approval to use the “auto”.

EMERGENCY SITUATION

“Emergency situation” means an urgent response necessary for protection of property, human life, health or safety, which results from the performing or attempting to perform fire fighting services, hazardous materials unit services, first aid, ambulance or rescue squad services, or related services, including the stabilizing or securing of an emergency scene, and which are sanctioned by the insured.

GOVERNMENTAL BODIES AMENDATORY ENDORSEMENT

Any land motor vehicle or “trailer” you own or lease that is designed for travel on public roads is an “auto” and not “mobile equipment” if the sole reason for considering it “mobile equipment” is such vehicle is used solely on roads you own.

SECTION VI – EXTENDED PROPERTY DAMAGE COVERAGE

is added as follows:

EXTENDED PROPERTY DAMAGE COVERAGE

Provisions of the Business Auto Coverage Form and related revisions provided in other portions of this Commercial Auto Amendment apply unless modified by the following:

SCHEDULE

Limit of Insurance	\$100,000 each “accident”
Deductible	\$1,000 each claim

A. Coverage

Exclusion **6. of Section II — Liability Coverage** is deleted and replaced by the following:

6. Care, Custody or Control

“Property Damage” to, or “covered pollution cost or expense” involving property owned by or rented or leased to any “insured”.

B. Limit of Liability

1. The Limit Of Insurance shown in the extension SCHEDULE is the most we will pay in damages for each “accident” covered under this extension regardless of the number of:
 - a. “Insureds”;
 - b. Claims made or “suits” brought; or
 - c. Persons or organizations making claims or bringing “suits”.
2. Any payments we make for damages because of “property damage” covered by this extension will apply against the Limit of Insurance for Liability Coverage shown on the Declarations.

C. Deductible

Our obligation to pay damages on your behalf applies only to the amount of damages in excess of the deductible amount shown above.

To settle a claim or “suit”, we may pay all or any part of the deductible. If this happens, you must reimburse us for the deductible or that portion we paid.

Your duties in the event of a claim or “suit” apply regardless of the application of the deductible.

D. Other Insurance

Insurance provided by this extension is excess over any other insurance whether primary, excess, contingent or on any other basis.

Because insurance provided by this extension is excess, we will have no duty to defend any claim, “suit” or “loss” to which insurance provided by this extension applies if any other insurer has a duty to defend such claim, “suit” or “loss”. If no other insurer defends, we will undertake to do so, but we will be entitled to the “insured’s” rights against any such other insurer.

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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 01/08/2009

Comments:

Attachment:

rff_pctd.pdf

Satisfied -Name: Memorandum **Review Status:** Approved 01/08/2009

Comments:

Attachment:

Form_memorandum.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 style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none; text-align: center;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
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

5. Company Tracking Number	AR-CA-2009-01
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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)	Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	Commercial Auto
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Auto
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: 03-15-2009 Renewal: 03-15-2009

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	1/7/09	
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-CA-2009-01
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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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We are introducing endorsement CA7414 (1-09) Commercial Auto Amendment Municipalities and/or Volunteer Fire Departments. This endorsement is available for our Municipalities and/or Volunteer Fire Departments book of business and offers several coverage enhancements. Please see the attached form memorandum for complete details.

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 #: 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.)

1.	This filing transmittal is part of Company Tracking #	AR-CA-2009-01			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	Commercial Auto Amendment Municipalities and/or Volunteer Fire Departments	CA7414 (1-09)	<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		

ARKANSAS COMMERCIAL AUTO FORM MEMORANDUM

CA7414 (1-09) Commercial Auto Amendment Municipalities and/or Volunteer Fire Departments new

- Including “commandeered auto” as a covered “auto” when used during an “emergency situation” including the owner of the “commandeered auto” as an insured while it’s in the insured’s care, custody and control.
- Including coverage for hired auto physical damage if the insured carries physical damage on their autos.
- Provision for designated value coverage for those vehicles insured on a designated value basis for physical damage as shown in the schedule.
- Extended property damage coverage for “property damage” to personal property of others in the insured’s care, custody or control.
- Towing coverage for private and non-private passenger autos.
- Waiver of glass deductible for repair and replacement.
- Deletion of fellow employee exclusion.
- Coverage for loss to personal property of others while in a covered auto.
- Coverage for accidental discharge of an airbag.
- Freezing coverage for fire and emergency vehicles.
- Reimbursement of physical damage deductible up to \$500 for volunteers or “employees” vehicles if damaged while responding to an emergency scene on the insured’s behalf.