

<i>SERFF Tracking Number:</i>	<i>UNON-125972423</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>09-CP-FM-4</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2009 CP Form Filing</i>		
<i>Project Name/Number:</i>	<i>03-09 AR CP Form Filing/</i>		

Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company

Product Name: 2009 CP Form Filing

SERFF Tr Num: UNON-125972423 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: 09-CP-FM-4

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Authors: Frances Linker, Tamara
Manuel

Disposition Date: 01/12/2009

Date Submitted: 01/09/2009

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 03/01/2009

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
03/01/2009

State Filing Description:

General Information

Project Name: 03-09 AR CP Form Filing

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following company endorsement for all policies effective March 1, 2009 for new and renewal business.

CL CP 00 16 11 08 Business Income (And Extra Expense) Actual Loss Sustained

<i>SERFF Tracking Number:</i>	<i>UNON-125972423</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>09-CP-FM-4</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2009 CP Form Filing</i>		
<i>Project Name/Number:</i>	<i>03-09 AR CP Form Filing/</i>		

This is a new company form. This endorsement will be available as an optional coverage endorsement on the Commercial Property line of business.

A copy of our revised company rules to be used with the above referenced endorsements.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com.

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst	flinker@usic.com
P. O. Box 152180	(972) 719-2400 [Phone]
Irving, TX 75015-2180	(972) 719-2301[FAX]

Filing Company Information

Acadia Insurance Company	CoCode: 31325	State of Domicile: New Hampshire
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2465 ext. [Phone]	FEIN Number: 01-0471706	

Continental Western Insurance Company	CoCode: 10804	State of Domicile: Iowa
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 42-0594770	

Union Insurance Company	CoCode: 25844	State of Domicile: Iowa
122 W. Carpenter Freeway	Group Code: 98	Company Type: P&C
Suite 350		
Irving, TX 75039	Group Name: W. R. Berkle	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 47-0547953	

SERFF Tracking Number: UNON-125972423 *State:* Arkansas
First Filing Company: Acadia Insurance Company, ... *State Tracking Number:* #? \$50
Company Tracking Number: 09-CP-FM-4
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: 2009 CP Form Filing
Project Name/Number: 03-09 AR CP Form Filing/

SERFF Tracking Number: UNON-125972423 State: Arkansas
 First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50
 Company Tracking Number: 09-CP-FM-4
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: 2009 CP Form Filing
 Project Name/Number: 03-09 AR CP Form Filing/

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acadia Insurance Company	\$0.00		
Continental Western Insurance Company	\$0.00		
Union Insurance Company	\$0.00		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0060000017	\$50.00	01/08/2009

SERFF Tracking Number: UNON-125972423 State: Arkansas
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50
Company Tracking Number: 09-CP-FM-4
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: 2009 CP Form Filing
Project Name/Number: 03-09 AR CP Form Filing/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/12/2009	01/12/2009

<i>SERFF Tracking Number:</i>	<i>UNON-125972423</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>09-CP-FM-4</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2009 CP Form Filing</i>		
<i>Project Name/Number:</i>	<i>03-09 AR CP Form Filing/</i>		

Disposition

Disposition Date: 01/12/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment: This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rule filing and review requirements.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: UNON-125972423 State: Arkansas
 First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50
 Company Tracking Number: 09-CP-FM-4
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: 2009 CP Form Filing
 Project Name/Number: 03-09 AR CP Form Filing/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Business Income (And Extra Expense) Actual Loss Sustained	Approved	Yes
Rate	AR-CF Rules	Approved	Yes

SERFF Tracking Number: UNON-125972423 State: Arkansas
 First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50
 Company Tracking Number: 09-CP-FM-4
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: 2009 CP Form Filing
 Project Name/Number: 03-09 AR CP Form Filing/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Income (And Extra Expense) Actual Loss Sustained	CL CP 00 16	11 08	Endorsement/Amendment/Conditions	New	0.00	CL CP 00 16 11 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESS INCOME (AND EXTRA EXPENSE) ACTUAL LOSS SUSTAINED

This endorsement modifies insurance provided under the following:

BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM

1. **Section A. Coverage, Paragraph 6. Coverage Extension** is deleted and replaced by the following:
 6. **Coverage Extension**

You may extend the insurance provided by this coverage part as follows:

Newly Acquired Locations

 - a. You may extend your business Income and Extra Expense Coverages to property at any location you acquire other than fairs or exhibitions.
 - b. The most we will pay under this Extension, for the sum of Business Income and Extra Expense incurred, is \$100,000 at each location
 - c. Insurance under this Extension for each acquired location will end when any of the following first occurs:
 - (1) This policy expires;
 - (2) 30 days expire after you acquire or begin to construct the property; or
 - (3) You report the values to us.We will charge you additional premium for the values reported from the date you acquire the property.

This Extension is additional insurance. The Additional Condition, Coinsurance, does not apply to this Extension.
2. **Section B. Limits Of Insurance** is deleted and replaced by the following:
 - B. Limits Of Insurance**

We will only pay for loss of Business Income you sustain and necessary Extra Expense you incur during the "period of restoration" and that occurs within 12 consecutive months after the date of direct physical loss or damage.
3. **Section D. Additional Condition Coinsurance** is deleted.
4. **Section E. Optional Coverages** is deleted.
5. **Section F. Definitions, paragraph 3.** is deleted and replaced by the following:
 3. "Period of Restoration" means the period of time that:
 - a. Begins:
 - (1) 72 hours after the time of direct physical loss or damage for Business Income coverage; or
 - (2) Immediately after the time of direct physical damage of loss for Extra Expense coverage;

Caused by or resulting from any Coverage cause of Loss at the described premises; and
 - b. Ends on the earlier of:
 - (1) The date when the property at the described premises should be repaired, rebuilt or replaced with reasonable speed and similar quality; or
 - (2) The date when business is resumed at a new permanent location; or
 - (3) 12 consecutive months after the date of direct physical loss or damage."Period of Restoration" does not include any increased period required due to the enforcement of any ordinance or law that:
 - (1) regulates the construction, use or repair, or requires the tearing down of any property; or

- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

The expiration date of this policy will not cut short the "period of restoration".

<i>SERFF Tracking Number:</i>	<i>UNON-125972423</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>09-CP-FM-4</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>2009 CP Form Filing</i>		
<i>Project Name/Number:</i>	<i>03-09 AR CP Form Filing/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNON-125972423 State: Arkansas
 First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50
 Company Tracking Number: 09-CP-FM-4
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: 2009 CP Form Filing
 Project Name/Number: 03-09 AR CP Form Filing/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	AR-CF Rules	Page 1-10	Replacement	03-09 CP Manual.pdf

**CONTINENTAL WESTERN INSURANCE COMPANY
 UNION INSURANCE COMPANY
 ACADIA INSURANCE COMPANY
 COMMERCIAL LINES MANUAL - DIVISION FIVE
 ARKANSAS EXCEPTION PAGES**

**RULE A6.
 ELECTRONIC COMMERCE ENDORSEMENT - CP 04 30**

D.	Loss Cost per \$100 of Coverage Limit					
		\$500 Ded.	\$1000 Ded.	\$2500 Ded.	\$5000 Ded.	\$10,000 Ded.
	Loss Cost	0.250	0.225	0.206	0.194	0.188

**RULE 8.
 POLICY WRITING MINIMUM PREMIUM**

		CWIC & UIC	AIC
A.	Policy minimum premium	\$300	\$1,000
B.	Policy minimum premium	\$300	\$1,000

**RULE 9.
 ADDITIONAL PREMIUM CHANGES**

Paragraph **A.2.** is replaced by the following:

A. Calculation Of Premium

2. In computing the additional premium for additional locations (except for average rated policies), additional amounts of insurance on existing locations or for additional causes of loss, use the rates and rules in effect as of the date of the effective date of the policy. The additional premium developed is in addition to any applicable policy-writing minimum premium.

B. Waiver Of Premium

Waive additional premium of **\$15 or less**. This waiver applies only to that portion of the premium due or the effective date of the policy change.

**RULE 10.
 RETURN PREMIUM CHANGES**

B. Waiver Of Premium

Waive return premium of **\$15 or less**. Grant any return premium due if requested by the insured. This waiver only applies to the portion of the premium due on the effective date of the policy change.

**RULE 31.
 PERSONAL PROPERTY**

C. Rules

10. Valuable Papers and Records - Other than Electronic Data

The \$2,500 per-premises limit provided in the Coverage Extensions may be increased.

- c. Use a loss cost of \$0.10 per \$100 over the \$2,500 limit provided.

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES

**RULE 38.
BUILDING AND PERSONAL PROPERTY COVERAGE OPTIONS**

W. Limited International Coverage - Property Endorsements

1. Business Personal Property - International Travel

c. Premium Determination

CP 04 32 - Use a loss cost of \$0.25 per \$100 of coverage limit.

Minimum Premium \$500.00

2. Property in Process of Manufacture by Others

c. Premium Determination

CP 04 33 - Use a loss cost of \$0.50 per \$100 of coverage limit.

Minimum Premium \$1,000.00

**RULE 51.
BUSINESS INCOME COVERAGE OPTIONS**

B. Business Income From Dependent Properties

6. Limited International Coverage

c. Premium Determination - **CP 15 01**

Multiply the building rate of the main location by a factor of 0.30 to develop a rate per \$100 of coverage to be applied to the coverage limit.

**RULE 53.
EXTRA EXPENSE COVERAGE OPTIONS**

B. Extra Expense From Dependent Properties

5. Limited International Coverage

c. Premium Determination - **CP 15 02**

Use a loss cost of \$0.25 per \$100 of coverage limit.

Minimum Premium \$500.00

LOSS COST MULTIPLIERS

	CWIC	UIC	AIC
The loss cost multiplier is	2.794	2.330	1.072

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES

ADDITIONAL RULE(S)

COMMERCIAL PROPERTY EXTENSION ENDORSEMENTS

1. Description of Coverage

Commercial Property Coverage may be extended by attachment of one of the following endorsements listed in **2. Forms** below. These forms provide extensions of coverage at specified sublimits. The sublimits provided in each of the endorsements may not be increased.

The sublimits in the Extension may be superceded by other specific coverage specified elsewhere in the policy. Refer to the Other Changes section of the endorsement.

2. Forms

- a. **CL CP 00 01** PROPERTY EXTENSION ENDORSEMENT (A)
- b. **CL CP 00 02** PROPERTY EXTENSION ENDORSEMENT (B)
- c. **CL CP 00 03** PROPERTY EXTENSION ENDORSEMENT (C)
- d. **CL CP 00 11** PROPERTY EXTENSION ENDORSEMENT (D)

3. Eligibility

Use of the Extension endorsement requires Commercial Property Coverage to be written under the Special Cause of Loss Coverage Form.

4. Premium Determination

Compute the flat charge premium from the table below. The premium is in addition to any minimum premium and is not subject to any rate modification.

Enhancement Form	Initial Location	Each Additional Location
a. CL CP 00 01	\$150	\$25
b. CL CP 00 02	\$250	\$50
c. CL CP 00 03	\$500	\$75
c. CL CP 00 11	\$500	\$150

CHURCH GUARDIAN PROPERTY ENDORSEMENT

1. Description of Coverage

Commercial Property coverage is extended for eligible churches, synagogues and other houses of worship. Refer to the coverage for details of coverage and the sublimits provided. The sublimits provided in the endorsement may not be increased.

2. Form

CL CP 00 06

3. Eligibility

Building Coverage must be written using either the Basic, Broad or Special Cause of Loss Form. This form may not be used in conjunction with the Commercial Property Enhancement Forms - A, B, C, D.

CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES

CHURCH GUARDIAN PROPERTY ENDORSEMENT (cont'd)

4. Premium Determination

Determine the flat charge premium from the table below. The premium is in addition to any minimum premiums and is not subject to any rate modification.

Each insured church	Premium	\$250
---------------------	---------	--------------

RECREATIONAL VEHICLE PARK ADVANTAGE ENDORSEMENT

1. Description of Coverage

Commercial Property Coverage may be extended by attaching the endorsement listed in **2. Form** below. This enhancement provides extensions of coverage and sublimits. The sublimits provided in the endorsement may not be increased.

2. Form

Use form **CL CP 00 05**

3. Eligibility

Recreational park and campground operators insured under the Building and Personal Property Coverage Form, which meet the company underwriting guidelines. This form may not be used in conjunction with the Commercial Property Enhancement Forms - A, B, C, D.

4. Premium Determination

Each insured RV park/campground	Premium	\$100
---------------------------------	---------	--------------

FOOD CONTAMINATION BUSINESS INCOME COVERAGE

1. Description of Coverage

Business Income Coverage may be extended to cover the suspension of operations due to the order of a governmental order involving actual or alleged outbreak of communicable disease or food contamination.

2. Form

Use form **CL CP 01 01**

3. Eligibility

Restaurant and hospitality accounts which are written with the Business Income and Extra Expense Coverage Form and meet the company's underwriting guidelines.

4. Premium Determination

1. Determine the premium for Business Income & Extra Expense Coverage after application of all rating factors, discounts, credits, debits, etc.
2. Multiply the premium from **1.** above times **1.15**.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT

1. Description of Coverage

The coverage provided under this coverage form is for over 1,000 types of equipment including, air conditioning units, telephone systems, refrigeration units, motors, pumps, compressors, data processing equipment, business and communications equipment, electrical equipment, boilers, and much more. Coverage is provided for losses due to mechanical breakdown, steam explosion and electrical arcing, including equipment failure due to pressure, mechanical or electrical breakdown.

2. Form

- a. Use Equipment Breakdown Coverage Endorsement **CL CP 00 04** for risks that fall within eligibility guidelines below.
- b. For risks that are "refer to company" per eligibility guidelines below use **CL CP 00 12** Equipment Breakdown Deductible and Limits Exceptions Schedule in addition to **CL CP 00 04**.

3. Eligibility

The following values must be referred to company due to additional rate consideration:

- 1. Spoilage and/or Ammonia Contamination Product Values which exceed \$100,000 at any one location.
- 2. Any Account which generates their own electrical power.
- 3. Any location containing MRI, Cat Scans, or Diagnostic Equipment exceeding \$100,000 in value.
- 4. When the total values at any one location exceed \$25,000,000 on Office Buildings, Apartments and Condominiums; \$15,000,000 for all others.
- 5. All Manufacturing/Processing (including Printing) locations in which the Building/Content and Business Income Values exceed \$5,000,000.
- 6. Any account, which has had 2 or more Equipment losses paid in the past 3 years.
- 7. The following occupancies must be referred to company due to additional rate consideration:

- | | |
|-------------------------------|-------------------------------------|
| 1. Mining (all types) | 8. Aluminum |
| 2. Hydros | 9. Wire Drawing |
| 3. Sawmills/Pulp Paper/Veneer | 10. Glass Manufacturing |
| 4. Forestry Operations | 11. Roofing and Floor Manufacturing |
| 5. Chemical Manufacturing | 12. Pharmaceuticals |
| 6. Rubber Manufacturing | 13. Electrical Substations |
| 7. Recycling/Waste Operations | 14. Casinos |

4. Premium Determination

- a. **Charge 10.2% of the final Commercial Property premium, excluding Earthquake**, for risks that fall within the above eligibility guidelines - **CL CP 00 04** only.
- b. For risks that are "refer to company" in the eligibility section - refer to Division Two - Boiler & Machinery, Premium Determination.

MOLD EXCLUSION (FUNGUS,WET OR DRY ROT, BACTERIA OR OTHER MICROBE EXCLUSION)

1. Description of Coverage

Fungus means any form of fungus, or fungi, including mold, mildew, mushroom, toadstool, smut, or rust (a plant fungus) and any mycotoxins, spores, scents, vapors, gases, substances, or by-products produced or released by fungus or fungi.

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

MOLD EXCLUSION (FUNGUS, WET OR DRY ROT, BACTERIA OR OTHER MICROBE EXCLUSION) (cont'd)

2. Form

Use form **CL CP 99 04**.

3. Rate Modification

Multiply the 80% or higher coinsurance direct. Property Damage loss cost for Building and/or Personal Property by the appropriate modification factor shown below. These factors reflect that current loss costs do not contemplate the present level of mold losses or the ever-increasing and potentially catastrophic losses due to mold and other forms of fungi.

- a. 1.00 factor to the Basic Group I Causes of Loss.
- b. 0.98 factor to the Basic Group II Causes of Loss.
- c. 0.98 factor to the Broad Causes of Loss.
- d. Special Causes of Loss:
 - (1) Building (Including or Excluding Theft) - 0.98 factor
 - (2) Contents: Excluding Theft Rate - 0.98 factor; Including Theft Rate - 1.00 factor

VALUE LIMITATION - ACTUAL CASH VALUE FOR ROOFS

1. **Description of Coverage**

This form revises the valuation of roofs damaged by windstorm/hail, rain, snow or ice from a replacement cost to an actual cash value basis.

2. **Form**

Use form **CL CP 01 02**

3. **Eligibility**

Any risk written on a Commercial Property Coverage Form with building coverage provided may be eligible.

4. **Premium Determination**

- 1. Determine the Group II Building premium, after application of all rating factors, discounts, credits, debits, etc. (If coverage is written on a combined Blanket Building and Personal Property basis, determine the percentage of building coverage to building and personal property coverage; and apply that percentage to the premium as noted above.)
- 2. **Multiply the premium from 1 by 0.95.**

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY
COMMERCIAL LINES MANUAL - DIVISION FIVE
ARKANSAS EXCEPTION PAGES**

COSMETIC DAMAGE TO ROOF COVERINGS CAUSED BY HAIL - EXCLUSION

1. Description of Coverage

This endorsement excludes cosmetic loss or damage to roof coverings caused by the peril of Hail. Cosmetic loss or damage means only damage that alters the physical appearance of the roof covering but does not result in the failure of the roof covering to perform its function to keep out the elements over an extended period of time.

2. Form

Use form **CL CP 99 07**

3. Rate Modification

No rate modification applicable.

JANITORIAL SERVICES

A. Janitorial Services - Property Enhancement (CL CP 00 08)

1. This form may be attached to the Commercial Property Coverage Part for a janitorial risk if either **Property Extension Endorsement, CL CP 00 02 or CL CP 00 11** is attached.
2. This form enhances various property damages for a janitorial risk.
3. There is a \$100 flat charge for this endorsement.

B. Janitorial Equipment, Tools and Supplies (CL CP 00 09)

1. This form may be attached to the Commercial Property Coverage Part for a janitorial risk if the **Janitorial Services -- Property Enhancement CL CP 00 08** is attached.
2. This form provides up to \$10,000 for Equipment and up to \$1,000 for Tools and Supplies.
3. A \$250 deductible is applicable.
4. There is a \$100 flat charge for this endorsement.

**CONTINENTAL WESTERN INSURANCE COMPANY
 UNION INSURANCE COMPANY
 ACADIA INSURANCE COMPANY
 COMMERCIAL LINES MANUAL - DIVISION FIVE
 ARKANSAS EXCEPTION PAGES**

BUSINESS INCOME (AND EXTRA EXPENSE) ACTUAL LOSS SUSTAINED

1. Description of Coverage

The Business Income (And Extra Expense) Actual Loss Sustained endorsement provides coverage for the actual loss of Business Income sustained during a period of 12 consecutive months after the date of direct physical damage. Coverage is also provided for Extra Expense that occurs within 12 consecutive months after the date of physical loss or damage.

2. Forms

Use endorsement **CL CP 00 16**

3. Eligibility

- a. This form may only be used in conjunction with **CP 00 30** Business Income (And Extra Expense) Coverage Form.
- b. All classes of business are eligible except for Schools (Public, Private, Trade or Vocational), Educational Institutions, Churches, Religious Institutions, Nonprofit organizations, Volunteer Fire Departments, Governmental Entities (Federal, State, County, City or other Governmental Subdivisions), Utilities (Public or Private), Libraries, Banks and Investment Firms, Hospitals, Out Patient Clinics and Rehabilitation Facilities.

4. Rules

- a. Attach Business Income (And Extra Expense) Coverage **Form CP 00 30** to all policies.
- b. If the Option II rating method is selected (**5b.** below), a completed Business Income Report/Worksheet **CP 15 15** is required.
- c. The only other business income options available for use with CL CP 00 16 are **CP 15 10** Ordinary Payroll Limitation or Exclusion and/or **CP 15 11** Power, Heat & Refrigeration Deduction.

5. Determining the Business Income - Actual Loss Sustained Limit

a. Option I: Sales Percentage

The Business Income - Actual Loss Sustained limit is determined as a percentage of the insured's total gross sales/receipts/rental income.

See **Table 1**:

Risk Type	Percent of Sales Rating Limit*
Motel/Hotel	80%
Habitational/Lessor's Risk	100%
Office	50%
Mercantile/Wholesale	45%
Institutional	70%
Services	90%
Manufacturing/Processing	50%
Contractors	40%

Table 1

*If the insured generates income from various types of operations, different percentages may be used. For example, for a mercantile risk also owns several rental properties, use 45% factor for the sales/receipts and 100% factor for the rental income.

**CONTINENTAL WESTERN INSURANCE COMPANY
 UNION INSURANCE COMPANY
 ACADIA INSURANCE COMPANY
 COMMERCIAL LINES MANUAL - DIVISION FIVE
 ARKANSAS EXCEPTION PAGES**

BUSINESS INCOME (AND EXTRA EXPENSE) ACTUAL LOSS SUSTAINED (Cont'd)

b. Option II: Business Income Worksheet

Option II allows the insured to indicate their specific amount of net sales, cost of goods sold, contributing and non-contributing expenses, and extra expense by completion of Business Income Report/Worksheet **CP 15 15**. The rating limit of insurance is determined by the sum of **Line J**. (Business Income exposure for 12 months) and **Line K.1** (Extra Expense).

6. Premium Determination

The Business Income (And Extra Expense) Actual Loss sustained option is rated per Business Income Rule 50, using the 100% coinsurance factor and the Business Income - ALS Rating Limit determined using Option I or II per Paragraph **5.a.** or **5.b.** above.

3. Rating Modification

Continental Western Insurance Company or Acadia Insurance Company

Individual Risk Premium Modification Plan - Company Exception

The company rates for the risk may be modified in accordance with the following rating table to recognize such special characteristics of the risk as are not fully reflected in the basic company premium or company rates. The total credits or debits under the following table shall not exceed -40% to +40%

Risk Characteristics	Description	Credit		Debit
Management	Cooperation in matters of safeguarding and proper handling of the property covered.	15%	to	15%
Location	Accessibility, congestion and exposures.	5%	to	5%
Building Features	Age, condition and unusual structural features.	10%	to	10%
Premises And Equipment	Care, condition and type.	5%	to	5%
Employees	Selection, training, supervision and experience.	3%	to	3%
Protection	Not otherwise recognized.	2%	to	2%
Financial Stability	Financial strength and resources	5%	to	5%
Persistency	Reduction in costs associated with renewal retention	5%	to	5%
Loss Experience	Losses and loss adjustment expenses less than anticipated and not reflected in the current rating	5%	to	5%

**CONTINENTAL WESTERN INSURANCE COMPANY
 UNION INSURANCE COMPANY
 ACADIA INSURANCE COMPANY
 COMMERCIAL LINES MANUAL - DIVISION FIVE
 ARKANSAS EXCEPTION PAGES**

Union Insurance Company

Individual Risk Premium Modification Plan - Company Exception

The company rates for the risk may be modified in accordance with the following rating table to recognize such special characteristics of the risk as are not fully reflected in the basic company premium or company rates. The total credits or debits under the following table shall not exceed -60% to +60%

Risk Characteristics	Description	Credit		Debit
Management	Cooperation in matters of safeguarding and proper handling of the property covered.	15%	to	15%
Location	Accessibility, congestion and exposures.	10%	to	10%
Building Features	Age, condition and unusual structural features.	10%	to	10%
Premises And Equipment	Care, condition and type.	5%	to	5%
Employees	Selection, training, supervision and experience.	3%	to	3%
Protection	Not otherwise recognized.	2%	to	2%
Financial Stability	Financial strength and resources	5%	to	5%
Persistency	Reduction in costs associated with renewal retention	5%	to	5%
Loss Experience	Losses and loss adjustment expenses less than anticipated and not reflected in the current rating	5%	to	5%

NOTE: Individual Risk Premium Modification does NOT apply to Earthquake coverages.

SERFF Tracking Number: UNON-125972423 State: Arkansas
First Filing Company: Acadia Insurance Company, ... State Tracking Number: #? \$50
Company Tracking Number: 09-CP-FM-4
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: 2009 CP Form Filing
Project Name/Number: 03-09 AR CP Form Filing/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 01/12/2009

Comments:

Attachment:

03-09 CP Form Transmittal.pdf

Property & Casualty Transmittal Document

Reset Form

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

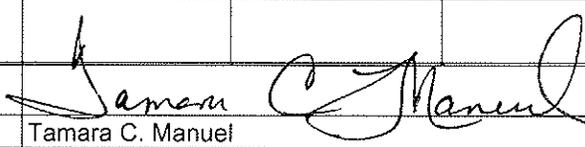
h. Subject Codes

3. Group Name	W. R. Berkley	Group NAIC #	0098
----------------------	---------------	---------------------	------

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Western Insurance Company	IA	10804	42-0594770	
Union Insurance Company	IA	25844	47-0547953	
Acadia Insurance Company	NH	31325	01-0471706	

5. Company Tracking Number	09-CP-FM-4
-----------------------------------	------------

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tamara C. Manuel	Compliance Analyst	800-444-0049	972-719-2348	tmanuel@usic.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tamara C. Manuel		

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

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Com'l Property
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: 3/1/09 Renewal: 3/1/09
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	1/9/09
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	09-CP-FM-4
------------	--	------------

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

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following company endorsement for all policies effective March 1, 2009 for new and renewal business.

CL CP 00 16 11 08 Business Income (And Extra Expense) Actual Loss Sustained

This is a new company form. This endorsement will be available as an optional coverage endorsement on the Commercial Property line of business.

A copy of our revised company rules to be used with the above referenced endorsements.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com.

[View Complete Filing Description](#)

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]
------------	---

Check #:

Amount:

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

***Refer to the 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 #	09-CP-FM-4
-----------	--	------------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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	Business Income (And Extra Expense) Actual Loss Sustained	CL CP 00 16 11 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