

## Filing at a Glance

Companies: EMCASCO Insurance Company, Employers Mutual Casualty Company

Product Name: Interline Form Filing

SERFF Tr Num: EMCC-125237975 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: AR-PC-07-025511

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: AR-IL-2007-04

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Stephanie McBride

Disposition Date: 07-27-2007

Date Submitted: 07-19-2007

Disposition Status: Approved

Effective Date Requested (New): 10-15-2007

Effective Date (New): 10-15-2007

Effective Date Requested (Renewal): 10-15-2007

Effective Date (Renewal): 10-15-2007

## 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: 07-27-2007

State Status Changed: 07-20-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

July 19, 2007

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201-1904

EMPLOYERS MUTUAL CASUALTY COMPANY 062-21415

EMCASCO INSURANCE COMPANY 062-21407

Commercial Interline

Form Revision

Company Filing #: AR-IL-2007-04

Effective: October 15, 2007

The captioned companies currently have Commercial Interline Forms on file with your department. For the purpose of clarifying our underwriting intent we are introducing two new endorsements to be applicable to the General Liability and Commercial Liability Umbrella programs and policies written on or after October 15, 2007.

Endorsement IL7323 (6/07) Exclusion Treated Wood allows us to exclude losses arising out of wood that has been treated with Chromated Copper Arsenate (CCA) and/or any related chemicals listed in the endorsement. Under separate cover we are submitting the corresponding General Liability rule GL185 Treated Wood Exclusion.

Endorsement IL7143 (6/07) Exclusion Manganese Fumes allows us to exclude manganese fume related exposures. Under separate cover we are submitting the corresponding General Liability rule GL186 Manganese Fumes Exclusion.

We believe claims arising out of these types of exposures should actually be excluded by the CGLs pollution exclusion. There is no credit or premium charge with these endorsements.

Please find attached the Transmittal Document and final printed copies of both endorsements. A filing fee in the amount of \$50 is available via EFT.

We respectfully request your approval of our filing to be applicable to policies written on or after October 15, 2007. Thank you.

Stephanie McBride  
Filings Analyst  
Rates and Filings Dept.  
800-247-2128 Ext. 2684  
Stephanie.M.McBride@EMCIns.com

## **Company and Contact**

### **Filing Contact Information**

Stephanie McBride, Filings Analyst  
PO Box 712  
Des Moines, IA 50306-0712

Stephanie.M.McBride@EMCIns.com  
(515) 345-2684 [Phone]  
(515) 345-2223[FAX]

### **Filing Company Information**

EMCASCO Insurance Company  
717 Mulberry Street  
Des Moines, IA 50309  
(800) 247-2128 ext. [Phone]

CoCode: 21407  
Group Code: 62  
Group Name:  
FEIN Number: 42-6070764

State of Domicile: Iowa  
Company Type: P & C  
State ID Number:

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Employers Mutual Casualty Company  
717 Mulberry Street  
Des Moines, IA 50309  
(800) 247-2128 ext. [Phone]

CoCode: 21415  
Group Code: 62  
Group Name:  
FEIN Number: 42-0234980

State of Domicile: Iowa  
Company Type: P & C  
State ID Number:

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
EMCASCO Insurance Company	\$50.00	07-19-2007	14675905
Employers Mutual Casualty Company	\$0.00	07-19-2007	

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	07-27-2007	07-27-2007

## Disposition

Disposition Date: 07-27-2007

Effective Date (New): 10-15-2007

Effective Date (Renewal): 10-15-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-27-2007 08:34 AM

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Exclusion - Treated Wood	Approved	Yes
<b>Form</b>	Exclusion - Manganese Fumes	Approved	Yes

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Treated Wood	IL7323	6-07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	IL7323_2007 06.pdf
Approved	Exclusion - Manganese Fumes	IL7143	6-07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	IL7143_2007 06.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – TREATED WOOD**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

This insurance does not apply to any "bodily injury", "property damage" or "personal and advertising injury" arising out of, caused by or resulting from "your products" or "your work" which are or include wood which has been treated with:

1. Chromated copper arsenate (CCA);
2. Ammoniacal Copper Zinc Arsenate (ACZA);
3. Ammoniacal Copper Arsenate (ACA);
4. Any other wood treatment containing arsenic, chromium or any arsenic or chromium compounds;
5. Creosote; or
6. Pentachlorophenol.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – MANGANESE FUMES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM

**A. The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage A. – Bodily Injury and Property Damage Liability:**

**2. Exclusions**

This insurance does not apply to:

**Manganese Fumes**

- a. "Bodily injury" or "property damage", as defined by this coverage part and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, absorption of, consumption of, exposure to, existence of, presence of or contact with "manganese fumes" regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.
- b. Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "manganese fumes", by any insured or by any other person or entity.

**B. The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage B – Personal and Advertising Injury Liability:**

**2. Exclusions**

This insurance does not apply to:

**Manganese Fumes**

- a. "Personal and advertising injury", as defined by this coverage part and any endorsements herein, arising, in whole or in part, out of the actual, alleged, threatened or suspected inhalation of, ingestion of, absorption of, consumption of, exposure to, existence of, presence of or contact with "manganese fumes" regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury.
- b. Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "manganese fumes", by any insured or by any other person or entity.

**C. The following definition is added to Section V – Definitions Section:**

"Manganese fumes" include, but is not limited to, manganese gases, vapors, fumes, by-products, particles, toxins, dusts or smoke emitted by the heating, melting or use of welding rods, electrodes or wires.

## **Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-27-2007
<b>Comments:</b>			
<b>Attachment:</b>			
P&C Transmittal Document.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: <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					

<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

<b>5. Company Tracking Number</b>	<b>AR-IL-2007-04</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
	Stephanie McBride P. O. Box 712	Filings Analyst	800-247-2128 ext 2684	515-345-2223	Stephanie.M.McBride @EMCIns.com
	Des Moines, IA 50306-0712				

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Stephanie McBride

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

9.	Type of Insurance (TOI)	35.0000
10.	Sub-Type of Insurance (Sub-TOI)	35.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	<b>Commercial Interline</b>
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 10-15-07      Renewal: 10-15-07

## 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</b> (if applicable)		
<b>17.</b>	<b>Reference Organization # &amp; Title</b>		
<b>18.</b>	<b>Company's Date of Filing</b>	7-19-07	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AR-IL-2007-04
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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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<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.)**