

<i>SERFF Tracking Number:</i>	<i>BRTH-125304411</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Brotherhood Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026251</i>
<i>Company Tracking Number:</i>	<i>AR P FC 2007 03</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>BCP-609 Correction</i>		
<i>Project Name/Number:</i>	<i>BCP 609/AR P FC 2007 03</i>		

Filing at a Glance

Company: Brotherhood Mutual Insurance Company

Product Name: BCP-609 Correction	SERFF Tr Num: BRTH-125304411	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-026251
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: AR P FC 2007 03	State Status:
Filing Type: Form	Co Status: Submitted	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Linda Emenhiser, Karen Miller	Disposition Date: 10/04/2007
	Date Submitted: 09/27/2007	Disposition Status: Approved
Effective Date Requested (New): 03/01/2008		Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): 03/01/2008		Effective Date (Renewal): 03/01/2008

General Information

Project Name: BCP 609	Status of Filing in Domicile: Pending
Project Number: AR P FC 2007 03	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/04/2007	
State Status Changed: 09/28/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

In accordance with your filing requirements, Brotherhood Mutual is submitting this filing under the provisions of your prior approval law. The filing will apply to new and renewal policies which have effective dates of March 1, 2008, and after.

We are revising optional form BCP-609 - Market Value. When this form is used, the market value for the covered property is always shown on the declarations; therefore, we have deleted the schedule from the form.

SERFF Tracking Number: BRTH-125304411 State: Arkansas
 Filing Company: Brotherhood Mutual Insurance Company State Tracking Number: AR-PC-07-026251
 Company Tracking Number: AR P FC 2007 03
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: BCP-609 Correction
 Project Name/Number: BCP 609/AR P FC 2007 03

For your convenience, we have included a comparison document showing the changes we made to BCP-609.

Company and Contact

Filing Contact Information

Linda Emenhiser, Sr. Rate & Filing Coordinator lemenhiser@brotherhoodmutual.com
 P. O. Box 2227 (260) 482-8668 [Phone]
 Fort Wayne, IN 46801 (260) 483-7525[FAX]

Filing Company Information

Brotherhood Mutual Insurance Company CoCode: 13528 State of Domicile: Indiana
 PO Box 2227 Group Code: -99 Company Type:
 6400 Brotherhood Way
 Fort Wayne, IN 46801-2227 Group Name: State ID Number:
 (260) 482-8668 ext. 9972[Phone] FEIN Number: 35-0198580

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Brotherhood Mutual Insurance Company	\$50.00	09/27/2007	15835004

SERFF Tracking Number: BRTH-125304411 State: Arkansas
Filing Company: Brotherhood Mutual Insurance Company State Tracking Number: AR-PC-07-026251
Company Tracking Number: AR P FC 2007 03
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: BCP-609 Correction
Project Name/Number: BCP 609/AR P FC 2007 03

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/04/2007	10/04/2007

SERFF Tracking Number: *BRTH-125304411* *State:* *Arkansas*
Filing Company: *Brotherhood Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-026251*
Company Tracking Number: *AR P FC 2007 03*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *BCP-609 Correction*
Project Name/Number: *BCP 609/AR P FC 2007 03*

Disposition

Disposition Date: 10/04/2007
Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BRTH-125304411 State: Arkansas
 Filing Company: Brotherhood Mutual Insurance Company State Tracking Number: AR-PC-07-026251
 Company Tracking Number: AR P FC 2007 03
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: BCP-609 Correction
 Project Name/Number: BCP 609/AR P FC 2007 03

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Comparison Document	Approved	Yes
Form	Market Value	Approved	Yes

SERFF Tracking Number: BRTH-125304411 State: Arkansas
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 Company Tracking Number: AR P FC 2007 03
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: BCP-609 Correction
 Project Name/Number: BCP 609/AR P FC 2007 03

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Market Value	BCP-609	(3.0)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 BCP-609 ((2.2) Previous Filing #: AR-PC-06-17970		BCP-609 3-0.pdf

The property coverage provided by this policy is subject to the provisions shown below. The **COMMERCIAL PROPERTY COVERAGE CONDITIONS (BCP-100)**, the **PERILS PART** and the **BUILDING** and the **PERSONAL PROPERTY COVERAGE PART (BCP-12)** also apply except to the extent modified by the provisions of this endorsement.

- PLEASE READ THIS CAREFULLY-

MARKET VALUE

HOW MUCH WE PAY

When MV (Market Value) is shown on the **declarations** for covered property, the following paragraphs replace and supercede the Loss Settlement Terms of the How Much We Pay section of the Building and Personal Property Coverage Part (BCP-12) with respect to losses to such covered property.

Loss Settlement Terms - Subject to Insurable Interest, Deductible, Insurance Under More Than One Coverage, and Insurance Under More Than One Policy under How Much We Pay, **we** pay the lesser of:

- a. the amount determined under Valuation;
- b. the market value at the time of loss, excluding the value of land;
- c. the cost to repair, replace, or rebuild the property with material of like kind and quality to the extent practicable; or
- d. the **limit** that applies to covered property.

Coinsurance does not apply to the property to which this endorsement applies.

SERFF Tracking Number: *BRTH-125304411* *State:* *Arkansas*
Filing Company: *Brotherhood Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-026251*
Company Tracking Number: *AR P FC 2007 03*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *BCP-609 Correction*
Project Name/Number: *BCP 609/AR P FC 2007 03*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BPTH-125304411 State: Arkansas
Filing Company: Brotherhood Mutual Insurance Company State Tracking Number: AR-PC-07-026251
Company Tracking Number: AR P FC 2007 03
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: BCP-609 Correction
Project Name/Number: BCP 609/AR P FC 2007 03

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/04/2007

Comments:

Attachment:

AR industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Comparison Document **Review Status:** Approved 10/04/2007

Comments:

Attachment:

WSComparison_BCP-609 2-2-BCP-609 3-0.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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 #

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

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.)

PC TD-1 pg 2 of 2

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

The property coverage provided by this policy is subject to the provisions shown below. The COMMERCIAL PROPERTY COVERAGE CONDITIONS (BCP-100), the PERILS PART and the BUILDING and the PERSONAL PROPERTY COVERAGE PART (BCP-12) also apply except to the extent modified by the provisions of this endorsement.

- PLEASE READ THIS CAREFULLY-

MARKET VALUE

SCHEDULE

Loc. No.	Bldg. No.	Covered Property

HOW MUCH WE PAY

~~Coinsurance does not apply to the property to which this endorsement applies.~~

When MV (Market Value) is shown on the declarations for covered property, the following paragraphs replace and supercede the Loss Settlement Terms of the How Much We Pay section of the Building and Personal Property Coverage Part (BCP-12) with respect to losses to such covered property.

~~Loss Settlement Terms is replaced by the following definition, and applies only to coverage applicable to the covered property shown on the above schedule.~~

Loss Settlement Terms - Subject to Insurable Interest, Deductible, Insurance Under More Than One Coverage, and Insurance Under More Than One Policy under How Much We Pay, **we** pay the lesser of:

- a. the amount determined under Valuation;
- b. the market value at the time of loss, excluding the value of land;
- c. the cost to repair, replace, or rebuild the property with material of like kind and quality to the extent practicable; or
- d. the **limit** that applies to covered property.

Coinsurance does not apply to the property to which this endorsement applies.

Input:	
Document 1	file://H:/Filings/2005 CMP/2005 CMP Forms/BCP/BCP-609 2-2.doc
Document 2	file://H:\Filings\BCP-609\BCP-609 3-0.doc
Rendering set	Standard

Legend:	
<u>Insertion</u>	
Deletion	
Moved from	
<u>Moved to</u>	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	4
Deletions	9
Moved from	1
Moved to	1
Style change	0
Format changed	0
Total changes	15