

SERFF Tracking Number: FEMC-125329737 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
Company Tracking Number: F-CA-08-1F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: '08 auto rate review/F-CA-08-1F

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Commercial Auto SERFF Tr Num: FEMC-125329737 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: AR-PC-07-026498
Sub-TOI: 20.0001 Business Auto Co Tr Num: F-CA-08-1F State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins
Author: Joni Borchert Disposition Date: 10/24/2007
Date Submitted: 10/19/2007 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
01/01/2008

General Information

Project Name: '08 auto rate review
Project Number: F-CA-08-1F

Status of Filing in Domicile: Authorized
Domicile Status Comments: MN is no file for commercial lines.

Reference Organization:
Reference Title:
Filing Status Changed: 10/24/2007
State Status Changed: 10/23/2007
Corresponding Filing Tracking Number:
Filing Description:

Reference Number:
Advisory Org. Circular:

Deemer Date:

We wish to implement this filing for all policies written on or after 1-1-2008, or within 90 days of your approval.

Company and Contact

Filing Contact Information

Joni Borchert, Property and Casualty Product jbborchert@fedins.com
Specialist
121 East Park Square (800) 533-0472 [Phone]

SERFF Tracking Number: FEMC-125329737 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
Company Tracking Number: F-CA-08-1F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: '08 auto rate review/F-CA-08-1F

Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0417460

Federated Service Insurance Company CoCode: 28304 State of Domicile: Minnesota
121 East Park Square Group Code: 7 Company Type:
PO Box 328
Owatonna, MN 55060 Group Name: State ID Number:
(800) 533-0472 ext. [Phone] FEIN Number: 41-0984698

SERFF Tracking Number: FEMC-125329737 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
Company Tracking Number: F-CA-08-1F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: '08 auto rate review/F-CA-08-1F

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	10/19/2007	16204463
Federated Service Insurance Company	\$0.00	10/19/2007	

SERFF Tracking Number: FEMC-125329737 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
Company Tracking Number: F-CA-08-1F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: '08 auto rate review/F-CA-08-1F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/24/2007	10/24/2007

SERFF Tracking Number: FEMC-125329737 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
Company Tracking Number: F-CA-08-1F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: '08 auto rate review/F-CA-08-1F

Disposition

Disposition Date: 10/24/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
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

SERFF Tracking Number: FEMC-125329737 State: Arkansas
 First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
 Company Tracking Number: F-CA-08-1F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: '08 auto rate review/F-CA-08-1F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Supporting Document	EXPLANATORY MEMORANDUM	Approved	Yes
Form	LIABILITY COVERAGE CHANGE - WHO IS AN INSURED - LIMITED LIABILITY COVERAGE FOR CUSTOMERS	Approved	Yes
Form	FORM FILING SCHEDULE	Approved	Yes

SERFF Tracking Number: FEMC-125329737 State: Arkansas
 First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
 Company Tracking Number: F-CA-08-1F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Auto
 Project Name/Number: '08 auto rate review/F-CA-08-1F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	LIABILITY COVERAGE CHANGE - WHO IS AN INSURED - LIMITED LIABILITY COVERAGE FOR CUSTOMERS	CA-F-134	08-07	Endorseme nt/Amendm ent/Condi tions	New		0.00	CA-F-134 (08-07).pdf
Approved	FORM FILING SCHEDULE	PC FFS-1		Other	New		0.00	pc ffs-1.pdf

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIABILITY COVERAGE CHANGE - WHO IS AN INSURED - LIMITED
LIABILITY COVERAGE FOR CUSTOMERS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SECTION II - LIABILITY COVERAGE A.1. Who Is An Insured is amended as follows:

Item **(6)** is added to paragraph **b**.

Anyone else while using with your permission a covered "auto" you own, hire or borrow except:

(6) Your customers. However, if a customer of yours:

- (i)** Has no other available insurance (whether primary, excess or contingent), they are an "insured" but only up to the compulsory or financial responsibility law limits where the covered "auto" is principally garaged.
- (ii)** Has other available insurance (whether primary, excess or contingent) less than the compulsory or financial responsibility law limits where the covered "auto" is principally garaged, they are an "insured" only for the amount by which the compulsory or financial responsibility law limits exceed the limit of their other insurance.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

CA-F-134 (08-07)

Policy Number:

Transaction Effective Date:

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 #	F-CA-08-1F			
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	Liability Coverage Change – Who Is An Insured – Limited Liability Coverage For Customers	CA-F-134 (08-07)	<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		

SERFF Tracking Number: FEMC-125329737 *State:* Arkansas
First Filing Company: Federated Mutual Insurance Company, ... *State Tracking Number:* AR-PC-07-026498
Company Tracking Number: F-CA-08-1F
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: '08 auto rate review/F-CA-08-1F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FEMC-125329737 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: AR-PC-07-026498
Company Tracking Number: F-CA-08-1F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Auto
Project Name/Number: '08 auto rate review/F-CA-08-1F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/24/2007

Comments:

Attachment:

pc td-1.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 10/24/2007

Comments:

Attachment:

cover letter.pdf

Satisfied -Name: EXPLANATORY MEMORANDUM **Review Status:** Approved 10/24/2007

Comments:

Attachment:

Limited Liability Form and Rule Explanatory.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;">New Business</td> <td style="border: none; width: 100px;"></td> </tr> <tr> <td style="border: none;">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 #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #
Federated Mutual Insurance Company	MN	007-13935	41-0417460
Federated Service Insurance Company	MN	007-28304	41-0984698

5. Company Tracking Number	F-CA-08-1F
-----------------------------------	-------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Joni Borchert	Property & Casualty Product Specialist	800-533-0472 Ext 5342	507-444-6691	jbborchert@fedins.com

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

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

9.	Type of Insurance (TOI)	COMMERCIAL AUTO		
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 checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New: 1-1-2008	Renewal:	1-1-2008

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	10-19-2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> MN is no file for commercial lines

20.	This filing transmittal is part of Company Tracking #	F-CA-08-1F
------------	--	------------

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

SEE COVER LETTER

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]
<p>Check #: EFT Amount: \$ 50</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

October 19, 2007

Arkansas

**FEDERATED MUTUAL INSURANCE COMPANY NAIC: 007-13935
FEDERATED SERVICE INSURANCE COMPANY NAIC: 007-28304**

COMMERCIAL AUTOMOBILE - DIVISION ONE

- New Federated Endorsement Liability Coverage Change – Who Is An Insured – Limited Liability Coverage For Customers CA-F-134 (08-07)

Federated File Number: F-CA-08-1F

We file for your approval the above listed filing. Please see the attached explanatory memorandums for further details.

We wish to implement this filing for all policies written on or after 1-1-2008, or within 90 days of your approval.

We trust this filing meets your requirements, and we appreciate your consideration of our filing.

Thank you.

FORM EXPLANATORY MEMORANDUM

<u>ENDORSEMENT</u>	<u>TITLE & COMMENTS</u>
CA-F-134	08-07 Liability Coverage Change – Who Is An Insured – Limited Liability Coverage For Customers This new optional endorsement will limit liability coverage for the Insured's customers. The customer will need to look to their own auto liability policy for auto coverage. If the customer has no coverage the insured's policy will provide protection for the customer but only up to the required financial responsibility limit. The Named Insured will have protection up to the policy limits. This endorsement is patterned after the limited liability coverage for customers included on the Garage Coverage Form