

SERFF Tracking Number: AMMH-125360900 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: #? \$100  
Company Tracking Number: 20071116-19  
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners  
Product Name: 070 AR MH - MB  
Project Name/Number: 070 AR Mechanical Breakdown/20071019-04

## Filing at a Glance

Company: American Family Home Insurance Company

Product Name: 070 AR MH - MB

TOI: 04.0 Homeowners

Sub-TOI: 04.0002 Mobile Homeowners

Filing Type: Rate

SERFF Tr Num: AMMH-125360900 State: Arkansas

SERFF Status: Closed

Co Tr Num: 20071116-19

Co Status:

Author: Krista Mahaffey

Date Submitted: 11/21/2007

State Tr Num: #? \$100

State Status: Fees verified

Reviewer(s): Becky Harrington,  
Betty Montesi, Brittany Yielding

Disposition Date: 11/27/2007

Disposition Status: Filed

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

01/01/2008

## General Information

Project Name: 070 AR Mechanical Breakdown

Project Number: 20071019-04

Reference Organization:

Reference Title:

Filing Status Changed: 11/27/2007

State Status Changed: 11/27/2007

Corresponding Filing Tracking Number:

Filing Description:

On behalf of American Family Home Insurance Company I am submitting for your review a revision to our existing mobile home filing which was approved on 09/01/2007. The purpose of this filing is to add Equipment Breakdown Enhancement forms, rates and rules.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

Krista Mahaffey, Filing Analyst

7000 Midland Blvd

kmahaffey@amig.com

(800) 759-9008 [Phone]

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Amelia, OH 45102 (513) 947-4695[FAX]

**Filing Company Information**

American Family Home Insurance Company CoCode: 23450 State of Domicile: Florida  
7000 Midland Blvd. Group Code: 127 Company Type:  
Amelia, OH 45102 Group Name: State ID Number:  
(800) 759-9008 ext. [Phone] FEIN Number: 31-0711074  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$100.00 rate / rule filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Home Insurance Company	\$0.00	11/21/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
70034640	\$100.00	11/19/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/27/2007	11/27/2007

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Cover Letter	Supporting Document	Krista Mahaffey	11/21/2007	11/21/2007

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## Disposition

Disposition Date: 11/27/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMMH-125360900 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Filed	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
<b>Supporting Document</b>	Cover Letter	Filed	Yes
<b>Rate</b>	Rate/Rule Filing	Filed	Yes

SERFF Tracking Number: AMMH-125360900 State: Arkansas  
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**Amendment Letter**

Amendment Date:  
Submitted Date: 11/21/2007

**Comments:**

Please see the attached cover letter.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Cover Letter**

Comment:  
cover letter-rate.pdf

*SERFF Tracking Number:*      *AMMH-125360900*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Family Home Insurance Company*      *State Tracking Number:*      *#? \$100*  
*Company Tracking Number:*      *20071116-19*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0002 Mobile Homeowners*  
*Product Name:*              *070 AR MH - MB*  
*Project Name/Number:*      *070 AR Mechanical Breakdown/20071019-04*

## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Rate/Rule Filing	E1,E2,E3,E5,R1 2,F1	Replacement	AR070M08 (1-1-08).pdf

**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**GENERAL RULES**

**1. DEFINITIONS**

- A. Mobile Home - a factory fabricated, transportable permanent housing unit, which is at least 8 body feet in width and built on a chassis. Designed to be used as a dwelling with or without a permanent foundation when connected to the required utilities. It may be equipped with one or more room sections that fold, collapse, or telescope into the principal unit when being transported and which can be expanded at the site to provide additional living area; or may be built in two or more sections to be joined at the site.
- B. Owner Occupied (Primary) Mobile Home - a home that must be owner occupied as the primary residence of the insured for a period of five (5) consecutive months or more annually.
- C. Seasonal/Vacation/Secondary Mobile Home - a mobile home that is not the primary residence of the Insured, but one that is used on an intermittent basis by the Insured and his (her) immediate family. Homes rented to others for seasonal or vacation use are not eligible for the Seasonal Mobile Home Program.
- D. Rental/Commercial Mobile Home - a mobile home policy written to cover the interest of the owner of a rented mobile home or of a mobile home used for light office, professional or institutional purposes.
- E. Doublewide/Multi-Sectional Mobile Home - multiple units joined together to form one unit.
- F. Tenant - a mobile home policy written to cover the interest of the person renting the home.
- G. Protected - any mobile home located within five road miles of a responding fire department.
- H. Unprotected - any mobile home that does not otherwise qualify as protected.

**2. POLICY FORMS**

Coverage will be written on the mobile home policy form contained within this filing, which will consist of:

- A. Policy form, plus,
- B. Declaration page, plus
- C. Required endorsements, if any

**3. POLICY TERM**

Policies may be issued for a term not to exceed 84 months, or on a continuous renewal form. If the policy term is other than 12 months, the following rules apply:

- A. If a policy is written for less than one year, the premium shall be pro rata of the annual premium but not less than the minimum premium.
- B. If a policy is written in excess of 12 months, but not in annual multiples, the premium shall be the applicable premium for each full year of coverage plus the pro rata portion of the succeeding year's premium.
- C. Policies written on a continuous renewal basis for a term of less than one year shall have a premium calculated at pro rata of the annual premium.

**4. MULTI-YEAR POLICIES**

Unless specifically noted otherwise, all rates shown in this manual are annual premiums. The Multi-Year Term Factors do not apply to the premiums shown in the Liability Section or to the Optional Coverages. The maximum term is seven (7) years.

<b>Policy Term, Months, Up To:</b>	<b>Multi-Year Term Factors</b>
12	1.000
24	2.035
36	3.070
48	4.105
60	5.140
72	6.175
84	7.210

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

5. CHANGES

- A. All changes requiring adjustments of premium shall be computed pro rata.
- B. If a policy is amended and results in a premium adjustment of less than \$5.00, such adjustment may be waived except that the actual return premium shall be allowed if requested by the named insured.

6. TRANSFER OR ASSIGNMENT

Subject to the rules of this manual and any necessary adjustment of premium, a mobile home or travel trailer policy may be endorsed to effect assignment from one insured to another in the event of transfer of title of the mobile home or travel trailer.

7. CANCELLATION

The following provisions apply when a policy or form of coverage is cancelled:

- A. If a policy or form of coverage is cancelled at the request of the insured or by the Company, the return premium shall be calculated pro rata of the premium, subject to any applicable minimum premiums.
- B. The following additional provisions apply to policies exceeding 12 months:
  - 1. When the policy has been in force for less than one year, the earned premium shall be computed pro rata in accordance with provision A. above for the first year's premium.
  - 2. When the policy has been in force more than 12 months, the earned premium shall be the applicable premium for each full year of coverage plus the pro rata portion, if any, of the next year's premium.

8. MINIMUM WRITTEN AND EARNED PREMIUM

No policy shall be written for less than the minimum written and earned premiums of \$50.00. \$50.00 minimum premium applies to the basic product only. The minimum earned premium is a minimum charge to be retained in full by the Company except that pro-rata cancellation may be allowed when new insurance is written by the Company within thirty (30) days covering a different mobile home for the same named insured. Pro-rata cancellation shall be allowed when the Company or its agent initiates cancellation.

9. WHOLE DOLLAR PREMIUM

- A. The premium shall be rounded to the nearest whole dollar separately for each coverage provided by the policy.
- B. A premium of \$.50 or more shall be rounded up to the next higher whole dollar.
- C. This procedure shall apply to all interim premium adjustments, including endorsements and cancellations.

10. AGE OF HOME DETERMINATION

For the purpose of determining the age of the mobile home, the term model year means January 1 of the year in which the covered mobile home was manufactured, according to the description and specifications of the manufacturer.

For example, if the covered mobile home was manufactured in 1994, and is designated a "1994 model" by the manufacturer, it will be (6) model years old on January 1, 2000.

11. DEDUCTIBLES

Coverages may be subject to the application of deductibles as shown on the rate pages.

12. MOBILE HOME PROGRAMS

The Mobile Home Programs must be written to contain the basic coverages listed in the Eligibility and Coverage Section of this manual to qualify for these programs. Also listed are the optional coverages.

13. MOBILE HOMEOWNER PROGRAMS

The Mobile Homeowner Programs must be written to contain the basic coverages listed in the Eligibility and Coverage Section of this manual to qualify for these programs. Seasonal/vacation/secondary homes, homes rented to others and homes used for commercial purposes are not eligible for the Mobile Homeowner Programs.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**ELIGIBILITY AND COVERAGES**

I. Owner Occupied Mobile Home Programs

A. Eligible Risks

- (1) Mobile Home  
a. owner occupied as the primary residence

B. Policy Coverages

- (1) Mobile Home  
a. All Risk including Flood and Earthquake  
b. Limited All Risk excluding Flood and Earthquake
- (2) Personal Property including Theft - optional  
a. All Risk including Flood and Earthquake  
b. Limited All Risk excluding Flood and Earthquake
- (3) Other Structures - optional  
a. All Risk including Flood and Earthquake  
b. Limited All Risk excluding Flood and Earthquake
- (4) Personal Liability - optional  
a. Personal Liability  
b. Medical Payments to Others  
c. Damage to Property of Others  
d. Animal Liability
- (5) Supplemental Protection  
Automatically included when coverage on the mobile home is provided.  
a. Additional Living Expense  
b. Antennas and Satellite Dishes  
c. Collapse  
d. Credit Cards, Fund Transfer Cards, Forgery, and Counterfeit Money  
e. Emergency Removal Service  
f. Fire Department Service Charge  
g. Food Spoilage  
h. Reasonable Repairs  
i. Stated Value  
j. Trees, Shrubs, Plants and Lawns

C. Optional Coverages and Increased Limits:

- (1) The policy may be written to include:  
a. Animal Liability Exclusion  
b. Deletion of Supplemental Coverages  
c. Golf Cart Physical Damage and Liability Extension  
d. Hobby Farming Coverage  
e. Identity Fraud Expense Coverage  
f. Mechanical Breakdown Enhancement  
g. Personal Property Replacement Cost  
h. Replacement Cost for Partial Losses  
i. Scheduled Personal Property  
j. Secondary Residence  
k. Trip Collision  
l. Vacancy Permission
- (2) Non premium bearing Optional Coverages:  
a. Additional Insured Person – Residence Premises  
b. Additional Party at Interest  
c. Builders Risk Coverage  
d. Building Exclusion
- (3) The limits may be increased for the following:  
a. Additional Living Expense  
b. Antennas and Satellite Dishes  
c. Fire Department Service Charge

Refer to rate section for premium charge.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

II. Seasonal Mobile Home Program

A. Eligible Risks

- (1) Mobile Home  
 a. owner occupied as a seasonal/vacation/secondary residence

B. Policy Coverages

- (1) Mobile Home  
 a. All Risk including Flood and Earthquake
- (2) Personal Property including Theft - optional  
 a. All Risk including Flood and Earthquake
- (3) Other Structures - optional  
 a. All Risk including Flood and Earthquake
- (4) Personal Liability - optional  
 a. Personal Liability  
 b. Medical Payments to Others  
 c. Damage to Property of Others  
 d. Animal Liability
- (5) Supplemental Protection  
 Automatically included when coverage on the mobile home is provided.  
 a. Antennas and Satellite Dishes  
 b. Collapse  
 c. Credit Cards, Fund Transfer Cards, Forgery and Counterfeit Money  
 d. Emergency Removal Service  
 e. Fire Department Service Charge  
 f. Food Spoilage  
 g. Reasonable Repairs  
 h. Stated Value  
 i. Trees, Shrubs, Plants and Lawns

C. Optional Coverages and Increased Limits:

- (1) The policy may be written to include:  
 a. Animal Liability Exclusion  
 b. Deletion of Supplemental Coverages  
 c. Golf Cart Physical Damage and Liability Extension  
 d. Mechanical Breakdown Enhancement  
 e. Replacement Cost for Partial Losses  
 f. Trip Collision
- (2) Non premium bearing Optional Coverages  
 a. Additional Party at Interest  
 b. Building Exclusion
- (3) The limits may be increased for the following:  
 a. Antennas and Satellite Dishes  
 b. Fire Department Service Charge

Refer to rate section for premium charge.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

III. Rental/Commercial Mobile Home Programs

A. Eligible Risks

- (1) Rental Use
- (2) Commercial Use or Office Use

B. Policy Coverages

- (1) Mobile Home
  - a. All Risk including Flood and Earthquake
- (2) Personal Property excluding Theft – optional
  - a. All Risk including Flood and Earthquake
- (3) Other Structures - optional
  - a. All Risk including Flood and Earthquake
- (4) Premises Liability - optional
  - a. Premises Liability
  - b. Premises Medical Payments
- (5) Supplemental Protection  
Automatically included when coverage on the mobile home is provided.
  - a. Antennas and Satellite Dishes
  - b. Collapse
  - c. Emergency Removal Service
  - d. Fire Department Service Charge
  - e. Food Spoilage
  - f. Loss of Use
  - g. Reasonable Repairs
  - h. Stated Value
  - i. Trees, Shrubs, Plants and Lawns

C. Optional Coverages and Increased Limits:

- (1) The policy may be written to include:
  - a. Deletion of Supplemental Coverages
  - b. Mechanical Breakdown Enhancement
  - c. Replacement Cost for Partial Losses
  - d. Trip Collision
- (2) Non premium bearing Optional Coverages:
  - a. Additional Party at Interest
  - b. Building Exclusion
- (3) The limits may be increased for the following:
  - a. Antennas and Satellite Dishes
  - b. Fire Department Service Charge

Refer to rate section for premium charge.

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**ARKANSAS  
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MOBILE HOME PROGRAMS**

IV. Tenant Mobile Home Program

A. Eligible Risks

- (1) Mobile Home
  - a. Tenant use

B. Policy Coverages

- (1) Personal Property
  - a. Named Perils including Burglary
  
- (2) Personal Liability - optional
  - a. Personal Liability
  - b. Medical Payments to Others
  - c. Damage to Property of Others
  - d. Animal Liability
  
- (3) Supplemental Protection  
Automatically included when coverage on personal property is provided.
  - a. Additional Living Expenses
  - b. Antennas and Satellite Dishes
  - c. Credit Cards, Fund Transfer Cards, Forgery, and Counterfeit Money
  - d. Emergency Removal
  - e. Fire Department Service Charge
  - f. Food Spoilage

C. Optional Coverages and Increased Limits:

- (1) The policy may be written to include:
  - a. Animal Liability Exclusion

Refer to rate section for premium charge.

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**ARKANSAS  
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MOBILE HOME PROGRAMS**

V. Mobile Homeowner Programs

A. Eligible Risks

- (1) Single-Sectional Mobile Homeowner
  - a. owner occupied as the primary residence
  - b. must be a single wide unit
- (2) Doublewide/Multi-Sectional Mobile Homeowner
  - a. owner occupied as the primary residence
  - b. must be a doublewide or multi-sectional unit

B. Coverages

Package must include the following basic coverages:

- (1) All Risk including Flood and Earthquake
- (2) Personal Property including Theft
  - a. on premises - 50% of the Dwelling Limit of the mobile home
  - b. off premises - 10% of the on premises coverage
- (3) Other Structures - 10% of the Dwelling Limit of the mobile home
- (4) Personal Liability
  - a. Personal Liability
  - b. Medical Payments to Others
  - c. Damage to Property of Others
  - d. Animal Liability
- (5) Supplemental Protection  
Automatically included when coverage on the mobile home is provided.
  - a. Additional Living Expenses
  - b. Antennas and Satellite Dishes
  - c. Collapse
  - d. Credit Cards, Fund Transfer Cards, Forgery, and Counterfeit Money
  - e. Emergency Removal Service Charge
  - f. Fire Department Service Charge
  - g. Food Spoilage
  - h. Reasonable Repairs
  - i. Stated Value
  - j. Trees, Shrubs, Plants, and Lawns

C. Optional Coverages and Increased Limits

- (1) The policy may be written to include:
  - a. Animal Liability Exclusion
  - b. Golf Cart Physical Damage and Liability Extension
  - c. Hobby Farming Coverage
  - d. Identity Fraud Expense Coverage
  - e. Mechanical Breakdown Enhancement
  - f. Personal Property Replacement Cost
  - g. Replacement Cost for Partial Losses
  - h. Scheduled Personal Property
  - i. Secondary Residence
  - j. Trip Collision
  - k. Vacancy Permission
- (2) Non premium bearing Optional Coverages:
  - a. Additional Insured Person – Residence Premises
  - b. Additional Party at Interest
  - c. Builders Risk Coverage
  - d. Building Exclusion
- (3) The limits may be increased for the following:
  - a. Additional Living Expense
  - b. Antennas and Satellite Dishes
  - c. Fire Department Service Charge
  - d. Medical Payments
  - e. Other Structures
  - f. Personal Liability
  - g. Personal Property including Theft

Refer to rate section for premium charge.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**TERRITORY DEFINITION**

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

**TERRITORY DEFINITION**

Unless otherwise indicated, the rates and/or premiums apply to the entire state.

**Territory 50**

Remainder of State

**Territory 51**

Ashley  
Chicot  
Clay  
Crittenden  
Cross  
Desha  
Greene  
Jackson  
Lawrence  
Lee  
Mississippi  
Phillips  
Poinsett  
Randolph  
St. Francis  
Woodruff

**DEDUCTIBLES**

**MOBILE HOME, SEASONAL & MOBILE HOMEOWNER PROGRAMS  
(excluding Rental/Commercial Program)**

All Risk Coverage Including Flood and Earthquake

The rates and/or premiums shown herein for all coverages on mobile homes, personal property, and other structures include a \$500 All Other Peril Deductible and an Earthquake Deductible which is 10% of the total amount of insurance per coverage with a minimum of \$1,000. The deductibles are applicable per home, per loss occurrence. Refer to Optional Coverages for additional deductible options.

Limited All Risk Coverage Excluding Flood and Earthquake

The rates and/or premiums shown herein for all coverages on mobile homes, personal property, and other structures include a \$500 All Peril Deductible. The Deductible is applicable per home, per loss occurrence. Refer to Optional Coverages for additional deductible options.

**RENTAL/COMMERCIAL PROGRAM**

Multiple Deductible Options as outlined on Page R-4.

**TENANT PROGRAM**

The rates and/or premiums shown herein for coverage on personal property include a \$500 Burglary and a \$250 All Other Peril Deductible. The Deductible is applicable per loss occurrence.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**BASE PREMIUM COMPUTATION**

1. Determine the value of the Dwelling.
2. For the Mobile Homeowner Programs, the amount of Other Structures and Personal Property is calculated from the Dwelling Limit (round up to an even thousand). The rate for Other Structures, Personal Property and Personal Liability is included in the Base Rate.
3. Multiply the Base Rate, Coverage Relativity, Territory Relativity, UVRC Relativity that corresponds to the appropriate Dwelling Limit (round up to an even thousand) and Age of Insured Relativity.  
 (Base Rate \* Coverage Relativity \* Territory Relativity \* UVRC Relativity \* Age of Insured Relativity) = Sub Total 1  
 (round to the nearest penny)  
*(UVRC Relativity Tables displayed after Program Grids)*
4. Multiply Sub Total 1 by the appropriate Location Relativity.  
 (Sub Total 1 \* Location Relativity) = Hold 1 (round to the nearest penny)
5. Multiply Sub Total 1 by the appropriate Risk Code Relativity (if applies).  
 (Sub Total 1 \* Risk Code Relativity) = Hold 2 (round each to the nearest penny)
6. Add Sub Total 1 with all Holds.  
 (Sub Total 1 + all Holds) = Sub Total 2 (round to the nearest whole dollar)
7. Multiply Sub Total 2 by the appropriate Age of Home Relativity. (Sub Total 2 \* Age of Home Relativity) = Sub Total 3 (round to the nearest whole dollar)
8. If the term is greater than 12 months, multiply the Sub Total 3 by the applicable multi-year term factor.

UVRC is defined as Unit Value Relativity Curve

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**SINGLE-SECTIONAL MOBILE HOME Program and SEASONAL Program**

All Risk including Flood and Earthquake (211/221)

Limited All Risk excluding Flood and Earthquake (2L2) (Mobile Home Program Only)

Product	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
211	260.84	N/A	N/A	\$50.00	5,000	1,000	JK	1.000	\$500
221	263.19	N/A	N/A	\$50.00	5,000	1,000	JK	1.000	\$500
2L2	247.80	N/A	N/A	\$50.00	5,000	1,000	JK	1.000	\$500

Territory Relativity Table	
50	51
1.00	1.48

Location Surcharge/Discount Table	
Protected	Unprotected
1.00	1.23

Age of Insured Surcharge/Discount Table	
Insured Age	Factor
18-22	1.05
23-49	1.00
50-59	.97
60+	.95

Age of Home Surcharge/Discount Table	
Age of Home	Surcharge/Discount
New-1	1.00
2-3	1.02
4-5	1.04
6-10	1.06
11-15	1.15
16-20	1.30
21+	1.30

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**RENTAL/COMMERCIAL MOBILE HOME Program**

Age of Home: All Model Years

- A. Coverage: All Risk - including Flood and Earthquake\*  
 Rate: Rates shown are \$100 of coverage or any part thereof:

<u>Deductible</u>		<u>Territory 50</u>	<u>Territory 51</u>
\$250	Mobile Home (3A1)	2.00	2.79
	Other Structures (6A1)	2.00	2.79
	Personal Property (5A1)	2.00	2.79
\$500	Mobile Home (3B1)	1.79	2.50
	Other Structures (6B1)	1.79	2.50
	Personal Property (5B1)	1.79	2.50
\$1,000	Mobile Home (3C1)	1.47	2.06
	Other Structures (6C1)	1.47	2.06
	Personal Property (5C1)	1.47	2.06
\$2,500	Mobile Home (3D1)	1.05	1.47
	Other Structures (6D1)	1.05	1.47
	Personal Property (5D1)	1.05	1.47

\* The rates shown for All Risk coverage on the Mobile Home, Other Structures and Personal Property include an Earthquake Deductible which is 10% of the total amount of insurance per coverage with a minimum of \$1,000.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**TENANT MOBILE HOME Program**  
 Personal Property Coverage  
 Named Perils including Burglary (415)

<u>Personal Property Coverage Amount</u>	<u>Territory 50</u>	<u>Territory 51</u>
\$5,000	150.00	150.00
For each additional \$1,000 or any part thereof, add*:	12.00	12.00

\*\$25,000 maximum Personal Property Coverage.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**SINGLE-SECTIONAL MOBILE HOMEOWNER Program**

All Risk including Flood and Earthquake (041)

Internal Limits for this Package		
Other Structures	Personal Property	Personal Liability
10%	50%	\$50,000

Product	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
041	351.54	N/A	N/A	\$50.00	7,000	1,000	JL	1.00	\$500

Territory Relativity Table	
50	51
1.00	1.48

Location Surcharge/Discount Table	
Protected	Unprotected
1.00	1.23

Age of Insured Surcharge/Discount Table	
Insured Age	Factor
18-22	1.05
23-49	1.00
50-59	.97
60+	.95

Age of Home Surcharge/Discount Table	
Age of Home	Surcharge/Discount
New-1	1.00
2-3	1.02
4-5	1.04
6-10	1.06
11-15	1.15
16-20	1.30
21+	1.30

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**DOUBLEWIDE/MULTI-SECTIONAL MOBILE HOMEOWNER Program**  
All Risk including Flood and Earthquake (091)

Internal Limits for this Package		
Other Structures	Personal Property	Personal Liability
10%	50%	\$50,000

Product	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
091	332.99	N/A	N/A	\$50.00	20,000	1,000	JL	1.00	\$500

Territory Relativity Table	
50	51
1.00	1.48

Location Surcharge/Discount Table	
Protected	Unprotected
1.00	1.23

Age of Insured Surcharge/Discount Table	
Insured Age	Factor
18-22	1.05
23-49	1.00
50-59	.97
60+	.95

Age of Home Surcharge/Discount Table	
Age of Home	Surcharge/Discount
New-1	1.00
2-3	1.02
4-5	1.04
6-10	1.06
11-15	1.15
16-20	1.30
21+	1.30

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**UVRC RELATIVITY TABLE**

For Dwellings valued in excess of the maximum Dwelling Limit indicated, add the Greater Than Factor for each additional \$1,000 to the maximum relativity listed in each table.

<b>Dwelling Limit</b>	<b>UVRC JK</b>	<b>Dwelling Limit</b>	<b>UVRC JK</b>
\$5,000 or less	0.685	\$56,000	1.836
\$6,000	0.731	\$57,000	1.859
\$7,000	0.777	\$58,000	1.882
\$8,000	0.824	\$59,000	1.905
\$9,000	0.866	\$60,000	1.928
\$10,000	0.893	\$61,000	1.951
\$11,000	0.920	\$62,000	1.974
\$12,000	0.946	\$63,000	1.997
\$13,000	0.972	\$64,000	2.020
\$14,000	0.987	\$65,000	2.043
\$15,000	1.000	\$66,000	2.066
\$16,000	1.014	\$67,000	2.089
\$17,000	1.028	\$68,000	2.112
\$18,000	1.045	\$69,000	2.135
\$19,000	1.062	\$70,000	2.158
\$20,000	1.078	\$71,000	2.181
\$21,000	1.100	\$72,000	2.204
\$22,000	1.122	\$73,000	2.227
\$23,000	1.144	\$74,000	2.250
\$24,000	1.166	\$75,000	2.273
\$25,000	1.189	\$76,000	2.296
\$26,000	1.211	\$77,000	2.319
\$27,000	1.233	\$78,000	2.342
\$28,000	1.255	\$79,000	2.365
\$29,000	1.277	\$80,000	2.388
\$30,000	1.301	\$81,000	2.411
\$31,000	1.322	\$82,000	2.434
\$32,000	1.343	\$83,000	2.457
\$33,000	1.364	\$84,000	2.480
\$34,000	1.385	\$85,000	2.503
\$35,000	1.406	\$86,000	2.526
\$36,000	1.426	\$87,000	2.549
\$37,000	1.446	\$88,000	2.572
\$38,000	1.466	\$89,000	2.595
\$39,000	1.486	\$90,000	2.618
\$40,000	1.507	\$91,000	2.641
\$41,000	1.526	\$92,000	2.664
\$42,000	1.545	\$93,000	2.687
\$43,000	1.564	\$94,000	2.710
\$44,000	1.583	\$95,000	2.733
\$45,000	1.603	\$96,000	2.756
\$46,000	1.622	\$97,000	2.779
\$47,000	1.641	\$98,000	2.802
\$48,000	1.660	\$99,000	2.825
\$49,000	1.679	\$100,000	2.840
\$50,000	1.698		
\$51,000	1.721		
\$52,000	1.744		
\$53,000	1.767		
\$54,000	1.790		
\$55,000	1.813		
		For Dwellings valued in excess of the maximum Dwelling limit indicated, add the Greater Than Factor for each additional \$1,000 to the maximum relativity listed in each table	
		Greater than Factor:	.015

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**UVRC RELATIVITY TABLE**

For Dwellings valued in excess of the maximum Dwelling Limit indicated, add the Greater Than Factor for each additional \$1,000 to the maximum relativity listed in each table.

<u>Dwelling Limit</u>	<u>UVRC JL</u>	<u>Dwelling Limit</u>	<u>UVRC JL</u>
\$7,000	0.777	\$57,000	1.859
\$8,000	0.824	\$58,000	1.882
\$9,000	0.866	\$59,000	1.905
\$10,000	0.893	\$60,000	1.928
\$11,000	0.920	\$61,000	1.951
\$12,000	0.946	\$62,000	1.974
\$13,000	0.972	\$63,000	1.997
\$14,000	0.987	\$64,000	2.020
\$15,000	1.000	\$65,000	2.043
\$16,000	1.014	\$66,000	2.066
\$17,000	1.028	\$67,000	2.089
\$18,000	1.045	\$68,000	2.112
\$19,000	1.062	\$69,000	2.135
\$20,000	1.078	\$70,000	2.158
\$21,000	1.100	\$71,000	2.181
\$22,000	1.122	\$72,000	2.204
\$23,000	1.144	\$73,000	2.227
\$24,000	1.166	\$74,000	2.250
\$25,000	1.189	\$75,000	2.273
\$26,000	1.211	\$76,000	2.296
\$27,000	1.233	\$77,000	2.319
\$28,000	1.255	\$78,000	2.342
\$29,000	1.277	\$79,000	2.365
\$30,000	1.301	\$80,000	2.388
\$31,000	1.322	\$81,000	2.411
\$32,000	1.343	\$82,000	2.434
\$33,000	1.364	\$83,000	2.457
\$34,000	1.385	\$84,000	2.480
\$35,000	1.406	\$85,000	2.503
\$36,000	1.426	\$86,000	2.526
\$37,000	1.446	\$87,000	2.549
\$38,000	1.466	\$88,000	2.572
\$39,000	1.486	\$89,000	2.595
\$40,000	1.507	\$90,000	2.618
\$41,000	1.526	\$91,000	2.641
\$42,000	1.545	\$92,000	2.664
\$43,000	1.564	\$93,000	2.687
\$44,000	1.583	\$94,000	2.710
\$45,000	1.603	\$95,000	2.733
\$46,000	1.622	\$96,000	2.756
\$47,000	1.641	\$97,000	2.779
\$48,000	1.660	\$98,000	2.802
\$49,000	1.679	\$99,000	2.825
\$50,000	1.698	\$100,000	2.840
\$51,000	1.721		
\$52,000	1.744		
\$53,000	1.767		
\$54,000	1.790		
\$55,000	1.813		
\$56,000	1.836		
		For Dwellings valued in excess of the maximum Dwelling Limit indicated, add the Greater Than Factor for each additional \$1,000 to the maximum relativity listed in each table.	
		Greater Than Factor:	.015

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**OTHER STRUCTURES AND PERSONAL PROPERTY**

**A. OWNER OCCUPIED MOBILE HOME PROGRAMS**

**All Risk including Flood and Earthquake**

	<b>Territory</b>	
1. For each \$100 of Other Structures or any part thereof, add: (611/612)	<b>50    51</b>	\$1.40   \$1.60

	<b>Territory</b>	
2. For each \$100 of Personal Property or any part thereof, add: (511/512)	<b>50    51</b>	\$1.10   \$1.40

**Limited All Risk excluding Flood and Earthquake**

	<b>Territory</b>	
1. For each \$100 of Other Structures or any part thereof, add: (612)	<b>50    51</b>	\$1.40   \$1.60

	<b>Territory</b>	
2. For each \$100 of Personal Property or any part thereof, add: (512)	<b>50    51</b>	\$1.10   \$1.40

**B. SEASONAL MOBILE HOME PROGRAM**

	<b>Territory</b>	
1. For each \$100 of Other Structures or any part thereof, add: (641)	<b>50    51</b>	\$1.40   \$1.60

	<b>Territory</b>	
2. For each \$100 of Personal Property or any part thereof, add: (521)	<b>50    51</b>	\$1.10   \$1.40

**C. MOBILE HOMEOWNER PROGRAMS**

	<b>Territory</b>	
1. For each additional \$100 of Other Structures* or any part thereof, add: (611)	<b>50    51</b>	\$1.40   \$1.60

	<b>Territory</b>	
2. For each additional \$100 of Personal Property* or any part thereof, add: (511)	<b>50    51</b>	\$1.10   \$1.40

\*For increased limits greater than those included in the Mobile Homeowner Programs.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**LIABILITY SECTION**

1. Personal Liability - Basic Premiums

(a) Limit of Liability - - optional

MEDICAL PAYMENTS TO OTHERS	\$500 EACH PERSON/\$25,000 EACH OCCURRENCE
DAMAGE TO PROPERTY OF OTHERS	\$500 EACH OCCURRENCE
ANIMAL LIABILITY	\$10,000

(b) Premium - To include Personal Liability coverage on Mobile Home, Seasonal, and Tenant Programs, add the following additional premium: (01)

<u>\$25,000*</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$200,000</u>	<u>\$300,000</u>
\$20.00	\$35.00	\$45.00	\$60.00	\$70.00

\* Maximum limit available for the Tenant Program

(c) Premium - To increase Personal Liability coverage on the Mobile Homeowner Programs, add the following additional premium: (01)

<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$200,000</u>	<u>\$300,000</u>
N/A	Included	\$10.00	\$25.00	\$35.00

(d) To increase the Medical Payments coverage, add the following additional applicable premiums: (02)

<u>\$1,000/</u>	<u>\$2,000/</u>
<u>\$25,000</u>	<u>\$25,000</u>
\$5.00	\$7.00

2. Premises Liability - Mobile Homes Rented to Others (12)

To provide coverage for Premises Liability, the following premiums apply:

<u>Limit of Liability</u>	<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>	<u>\$200,000</u>	<u>\$300,000</u>
Premium	\$20.00	\$35.00	\$45.00	\$60.00	\$70.00

The premiums include premises medical payments of \$500 each person, \$10,000 each accident.

3. Secondary Residence (08)

This coverage extends Section II coverage to apply to secondary residences which are owned by the insured for the following additional applicable premiums. The premiums displayed are for each additional residence.

<u>Limit of Liability</u>	<u>Medical Payments to Others</u> <u>\$ Each Person/\$ Each Accident</u>		
	<u>\$500/</u> <u>\$25,000</u>	<u>\$1,000/</u> <u>\$25,000</u>	<u>\$2,000/</u> <u>\$25,000</u>
\$ 25,000	8.00	9.00	10.00
\$ 50,000	9.00	10.00	12.00
\$100,000	10.00	11.00	14.00
\$200,000	12.00	12.00	16.00
\$300,000	14.00	14.00	18.00

Selected limits must equal Personal Liability and Medical Payments limits.

**CREDITS**

1. Animal Liability Exclusion (32)

The policy may be endorsed to remove coverage for bodily injury or property damage caused by any animal owned by, or in care or custody of any insured person. Not available on policies without Personal Liability coverage.

Rate: \$3.00 credit per home, per year.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**OPTIONAL COVERAGES**

- A. Additional Living Expense (25)  
Removes \$30 per day limit and increases to 20% of Dwelling Limit  
Rate: \$15.00 per home, per year
- B. Antenna Coverage (78)  
May be increased to provide additional coverage on Antennas, including but not limited to, Satellite Dishes.  
Rate: \$5.00 per \$100
- C. Builders Risk Coverage (DY)  
Certain Section I coverages are provided while the residence premises site improvements are being made, while home is being constructed, and prior to occupancy.  
Rate: Non-premium bearing.
- D. Deletion of Supplemental Coverages (Q4)  
The policy may be endorsed to remove the Supplemental Coverages Section of the Policy in its entirety. The Supplemental Coverage Section consists of the following: Additional Living Expense; Fire Department Service Charge; Emergency Removal; Trees, Shrubs, Plants and Lawns; Credit Cards, Fund Transfer Card, Forgery and Counterfeit Money; Antennas and Satellite Dishes; Reasonable Repairs; Food Spoilage and Collapse.  
Rate: \$5.00 credit per home, per year
- E. Fire Department Service Charge (53)  
Rate: \$5.00 per year for each additional \$250 of coverage
- F. Golf Cart Physical Damage and Liability Extension (T1)  
Golf cart coverage provides for loss or physical damage to golf carts. It also extends liability coverage to apply to non-commercial use of golf carts. Not available on policies without personal liability coverage.  
Rate: \$35.00 per cart, per year
- G. Hobby Farming Coverage (50)  
This coverage extends other structures, personal property, and liability coverage to private, not-for-profit farming operations conducted on the residence premises by the insured.  
Rate: \$40.00 per year
- H. Identity Fraud Expense Coverage (6P)  
We will pay for expenses incurred by an insured as the direct result of any one identity fraud first discovered or learned of during the policy period.

<u>Expense Limit</u>	<u>Rate</u>
\$5,000	\$25.00
\$10,000	\$40.00

- I. Mechanical Breakdown Enhancement (MR & MO)  
This coverage provides mechanical breakdown protection for systems & appliances in the home. A deductible of \$250 or \$500 applies to each occurrence.

<u>Deductible</u>	<u>Rate</u>	<u>Programs</u>
\$250	\$30.00	All Except Tenant
\$500	\$15.00	All Except Tenant

- J. Optional Deductible (24)  
The deductible may be changed by applying the following charge or credit. The change in deductible does not apply to the 10% earthquake deductible. Not available on Tenant or Rental/Commercial risks.

<u>Deductible</u>	<u>Premium</u>
\$250	\$25.00
\$500	Included
\$750	(\$30.00)
\$1000	(\$40.00)

- K. Personal Property Replacement Cost (20)

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

The limit of liability for this coverage must be the same as the Personal Property limit.

Rate: \$10.00 per home, per year, plus \$.10 per \$100

- L. Replacement Cost for Partial Losses (54)  
Applies to the Mobile Home and Other Structures.

Rate: \$15.00 per home, per year

- M. Scheduled Personal Property

Annual Rate per \$100

Art, ceramics, china, antiques and heirlooms	(43)	\$ .35
Books, tickets, photographs, stamp, card and comic book collections	(22)	\$ .45
Cameras, audio or video recording devices, records, tapes, discs	(13)	\$1.85
Coin collections	(27)	\$1.90
Computers, computer software, discs, equipment and accessories	(AP)	\$2.00
Furs	(05)	\$ .50
Golfers equipment meaning golf clubs, shoes and bags	(14)	\$1.00
Guns, ammunition, equipment and its accessories	(28)	\$2.00
Jewelry, watches, precious and semi-precious stones	(04)	\$1.50
Musical Instruments, their equipment and accessories	(44)	\$ .55
Silverware, goldware, pewter and precious metals	(AL)	\$ .35
Tools, building materials and supplies	(AN)	\$2.00
All Other	(18)	\$3.00

- N. Trip Collision (71)

A trip is limited to 30 days and each section of a Doublewide/Multi-Sectional Mobile Home is considered a unit.

<u>Deductible</u>	<u>Trip - Limited to 30 days</u>	
\$100 Deductible	\$25.00 per unit, per trip.	Premium is fully earned.

- O. Vacancy Permission (59)

The policy may be endorsed to give permission for the home to be vacant during the remainder of the policy year.

Rate: \$30.00 for the remainder of the policy year. Premium is fully earned.

**SURCHARGES**

- A. Supplemental Heating Surcharge (89)

For homes equipped with a supplemental heating device. Not applicable to the Tenant Program.

Rate: \$35.00 per home, per year.

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**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

**FORMS SECTION**

<b>POLICIES AND DECLARATION PAGE</b>	
<b>FORM NUMBER</b>	<b>TITLE</b>
M7000 (02/05)	Homeowners Policy for Manufactured Homes
MT000 (01/04)	Tenant Policy for Manufactured Homes
0110-4269 (05/92)	Free Form Declarations Page
EQ DECLN 03 (03/00)	Application Supplement – Declination of Residential Earthquake Coverage

<b>MANDATORY ENDORSEMENTS</b>							
		<b>MHO</b>	<b>Byline</b>	<b>Seasonal</b>	<b>R/C</b>	<b>Tenant</b>	<b>Coverage Code</b>
M7A03 (05/06)	Amendatory Endorsement – Arkansas	X	X	X	X		
71428 (04/07)	Arkansas Act 197 of 1987	X	X	X	X	X	
71975 (01/04)	Earthquake Coverage*	X	X	X	X		
71985 (01/04)	Flood Coverage*	X	X	X	X		
M7M03 (03/07)	Mold Exclusion - Arkansas	X	X	X	X		
EQN03 (03/00)	Notice to Policyholders (MAP)	X	X	X	X	X	
73137 (01/04)	Rental/Commercial Occupancy				X		
71986 (01/04)	Seasonal Home			X			
MH503 (06/01)	Stated Value Endorsement	X	X	X	X		
MTA03 (05/06)	Tenant Policy Amendatory Endorsement - Arkansas					X	

\*Not applicable for programs excluding Flood and Earthquake

<b>OPTIONAL ENDORSEMENTS</b>							
M7100 (01/04)	Additional Insured Person – Residence Premises	X	X				
71974 (01/04)	Additional Living Expense	X	X				25
71920 (01/04)	Additional Party at Interest	X	X	X	X		
73096 (01/04)	Animal Liability Exclusion	X	X	X			32
M7200 (01/04)	Builders Risk Coverage	X	X				DY
71419 (01/04)	Building Exclusion	X	X	X	X		R-P5
72948 (01/04)	Deletion of Supplementary Coverages		X	X	X		Q4
72942 (01/04)	Golf Cart Physical Damage and Liability Extension	X	X	X			T1
M7F00 (01/04)	Hobby Farming Coverage	X	X				50
M7K00 (01/04)	Identity Fraud Expense Coverage	X	X				6P
M7B00 (09/07)	Mechanical Breakdown Enhancement - \$500 Deductible	X	X	X	X		MR
M7250(09/07)	Mechanical Breakdown Enhancement - \$250 Deductible	X	X	X	X		MO
70399 (03/85)	Notice of Cancellation or Nonrenewal	X	X	X	X	X	
71967 (01/04)	Personal Property Replacement Cost	X	X				20
73386 (01/04)	Replacement Cost for Partial Losses	X	X	X	X		54
73255 (01/04)	Scheduled Personal Property	X	X				See opt'l coverages
M7S00 (01/04)	Secondary Residence	X	X				08
73190 (01/04)	Tenant Policy Animal Liability Exclusion					X	32
71965 (01/04)	Trip Collision Coverage	X	X	X	X		71
71966 (01/04)	Vacancy Permission	X	X				59
73295 (07/98)	Valuable Personal Property List (Mandatory when Scheduled Personal Property is purchased)	X	X				

<b>NEW PAGE</b>		<b>PAGE NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>PUBLICATION DATE</b>
<b>REVISION</b>	<b>X</b>	<b>F-1</b>	<b>01/01/2008</b>	<b>11/19/2007</b>

**ARKANSAS  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MOBILE HOME PROGRAMS**

<b>PERSONAL LIABILITY</b>							
		<b>MHO</b>	<b>Byline</b>	<b>Seasonal</b>	<b>R/C</b>	<b>Tenant</b>	<b>Coverage Code</b>
M7300 (01/04)	Home Day Care Exclusion (Mandatory with Personal Liability Coverage)	X	X	X			01
M7503 (07/02)	Mold Liability Exclusion (Mandatory with Personal Liability Coverage)	X	X	X			01
MT300 (01/04)	Tenant Policy Home Day Care Exclusion (Mandatory with Personal Liability Coverage)					X	01
MT503 (01/03)	Tenant Policy Mold Exclusion-Liability (Mandatory with Personal Liability Coverage)					X	01

<b>PREMISES LIABILITY</b>							
71976 (08/06)	Premises Liability				X		12
73375 (04/07)	Premises Liability Amendatory Endorsement - Arkansas (Mandatory with Premises Liability)				X		
PLR03 (03/07)	Mold Exclusion - Premises Liability - Arkansas (Mandatory with Premises Liability)				X		12

<b>FORMS NOT REQUIRED TO BE FILED</b>							
IN615 (09/06)	Important Notice to Policyholders – Flood and Earthquake Exclusion (Apply only on programs that exclude Flood and Earthquake)		X			X	
MHN30 (04/04)	Important Notice (\$500 Deductible)	X	X	X			
MHN54 (01/04)	Important Notice (Coverage Changes)	X	X	X	X		
MHN60 (04/04)	Important Notice (Home Day Care Exclusion)	X	X	X	X		
MHN70 (09/06)	Important Notice (Deductible Changes)				X		
MHN96 (06/07)	Important Notice - Arkansas (Mold)	X	X	X	X		

<b>NEW PAGE</b>		<b>PAGE NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>PUBLICATION DATE</b>
<b>REVISION</b>	X	F-2	01/01/2008	11/19/2007

SERFF Tracking Number: AMMH-125360900 State: Arkansas  
Filing Company: American Family Home Insurance Company State Tracking Number: #? \$100  
Company Tracking Number: 20071116-19  
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners  
Product Name: 070 AR MH - MB  
Project Name/Number: 070 AR Mechanical Breakdown/20071019-04

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Filed 11/27/2007

**Comments:**

**Attachment:**

Rate Transmittal.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Filed 11/27/2007

**Comments:**

**Attachment:**

cover letter-rate.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 style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></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					

<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</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

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: <input type="text"/> Renewal: <input type="text"/>
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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
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

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
------------	----------------------------------------------------------------

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
-----------	------------------------------------------------------------------------------

		COMPANY USE	STATE USE
<b>5a</b>	Overall percentage rate indication (when applicable)		
<b>5b</b>	Overall percentage rate impact for this filing		
<b>5c</b>	Effect of Rate Filing – Written premium change for this program		
<b>5d</b>	Effect of Rate Filing – Number of policyholders affected		

<b>6.</b>	Overall percentage of last rate revision	
-----------	------------------------------------------	--

<b>7.</b>	Effective Date of last rate revision	
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<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	



AMERICAN FAMILY HOME  
INSURANCE COMPANY

November 21, 2007

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY & CASUALTY DIVISION  
1200 W 3RD ST  
LITTLE ROCK AR 72201-1904

RE: American Family Home Insurance Company  
Domiciliary State : Florida  
Mobile Home Program  
Mechanical Breakdown – Rate/Rule Filing  
Company File number: 200711116-19

Dear Reviewer,

On behalf of American Family Home Insurance Company I am submitting for your review a revision to our existing mobile home filing which was approved on 09/01/2007. The purpose of this filing is to add Equipment Breakdown Enhancement forms, rates and rules. Enclosed you will find:

- Manual pages
- Forms
- Required Transmittals

**Rate:** We have added Mechanical Breakdown coverage as an optional coverage in the Package, Byline, Rental and Seasonal programs.

**Forms:** We have added 2 forms; 7MB00 (09/07) and 7M250 (09/07). I have attached both for your review.

We would like this program to become effective for new business on or after January 1, 2008. If you have any questions about this submission please contact me at 1-800-759-9008 Ext. 5953 or via email at [KMahaffey@amig.com](mailto:KMahaffey@amig.com).

Sincerely,

Krista N. Mahaffey  
Compliance Analyst