

SERFF Tracking Number: ARKS-125374029 State: Arkansas  
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #515263 \$50  
Company of Arkansas, Inc.  
Company Tracking Number:  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied  
Lines)  
Product Name: Property  
Project Name/Number: /

## Filing at a Glance

Company: 13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.  
Product Name: Property SERFF Tr Num: ARKS-125374029 State: Arkansas  
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #515263 \$50  
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines) Co Tr Num: State Status: Fees verified and received  
Filing Type: Rule Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding  
Author: Disposition Date: 11/30/2007  
Date Submitted: 11/30/2007 Disposition Status: Filed  
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008  
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal): 01/01/2008

State Filing Description:

## 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: 11/30/2007  
State Status Changed: 11/30/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Copper Theft Endorsement Rule

## Company and Contact

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### Filing Contact Information

NA NA, NA@NA.com  
NA (123) 555-4567 [Phone]  
NA, AR 00000

### Filing Company Information

13757 - Farm Bureau Mutual Insurance CoCode: 13757 State of Domicile: Arkansas  
Company of Arkansas, Inc.  
No Address Group Code: Company Type:  
City, AR 99999 Group Name: State ID Number:  
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999  
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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/30/2007	11/30/2007

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## Disposition

Disposition Date: 11/30/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	No
Supporting Document	ARKS-125374029		No

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*State:* Arkansas

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*Company Tracking Number:*

*TOI:* 01.0 Property

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*Project Name/Number:* /

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Unsatisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Filed 11/30/2007

**Comments:**

**Unsatisfied -Name:** NAIC Loss Cost Filing Document  
for OTHER than Workers' Comp **Review Status:** Filed 11/30/2007

**Comments:**

**Satisfied -Name:** ARKS-125374029 **Review Status:** 11/30/2007

**Comments:**

**Attachment:**

ARKS-125374029.pdf

Property & Casualty Transmittal Document

Reset Form

BH

**1. Reserved for Insurance Dept. Use Only**

**FILED**  
NOV 30 2007  
PROPERTY AND CASUALTY  
ARKANSAS INSURANCE DEPT.

**2. Insurance Department Use only**

a. Date the filing is received: *CH# 515263*  
*\$ 50*  
*ARKS-12534029*

b. Analyst:

c. Disposition:

d. Date of disposition of the filing: **RECEIVED**

e. Effective date of filing:  
 New Business  
 Renewal Business

f. State Filing #: **PROPERTY AND CASUALTY DIVISION**  
**ARKANSAS INSURANCE DEPARTMENT**

g. SERFF Filing #:

h. Subject Codes

NOV 30 2007

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Farm Bureau Mutual Ins. Co. of Ark., Inc.	Arkansas	13757	710232167		

**5. Company Tracking Number**

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Bill Williams P.O. Box 31 Little Rock, AR 72203	Underwriting Manager	501-228-1463	501-228-1800	bill.williams@afbic.com
7. Signature of authorized filer <i>Bill Williams</i>				
8. Please print name of authorized filer		Bill Williams		

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

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Fire and Allied Lines)
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 checked="" 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: 01-01-2008    Renewal:
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	11-29-2007
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]

We have developed a new endorsement that we propose to begin offering for attachment to certain farm building property coverage under our Property Owner's Policy (F3019 08/02). We would like to make this available beginning January 1, 2008. The endorsement's purpose is to provide limited theft coverage for copper materials that were physical components of the insured building. Proposed rules and rating instructions for use of this endorsement are attached.

We will appreciate your consideration and approval.

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 515263

Amount: \$ 50.00

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

## 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>	
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input checked="" type="checkbox"/> Rate Neutral (0%)		

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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4a. Rate Change by Company (As Proposed)							
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)
Farm Bureau Mutual	New Program	NA	NA	NA	NA		
Ins. Co. of Ark., Inc.							

4b. Rate Change by Company (As Accepted) For State Use Only							
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

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	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	
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	POP-9 Property Owners Instructions	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	FR-15 Property Owners Rates	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

STATEMENT OF WORK SCHEDULE

Project Name: [Illegible]
Start Date: [Illegible]
End Date: [Illegible]
This document outlines the schedule for the project, including key milestones and deliverables.

Table with multiple columns and rows containing project details, dates, and descriptions. The text is mirrored and difficult to read.

Project Manager: [Illegible]
Client: [Illegible]
This section provides additional context and details regarding the project's execution and stakeholder involvement.

Approval: [Illegible]
Date: [Illegible]
This section contains the necessary approvals and dates for the project schedule.

the latest policy declaration. This endorsement is available only for poultry houses in the extra class, and the cost of the endorsement is factored into the extra class base premium.

**N. Loss of Rental Value**

This endorsement is designed to provide coverage for loss of rental value when the insured is unable to rent the dwelling due to unrepaired damages resulting from a covered peril. We will pay loss of rental value up to \$300 a month. Our payments will not exceed \$2000 for any one occurrence regardless of the number of rental units damaged, and our payments for loss of rental value will not exceed a time period of 6 months after the loss date. There is a \$25.00 flat charge for this endorsement.

**O. Copper Theft Endorsement (CTHFT)**

This endorsement provides coverage for theft of copper materials from an insured farm building. Coverage will also apply to damage to the farm building caused by theft or attempted theft.

The copper materials stolen must be a functional, integral component of the farm building. The words "copper materials" include, but are not limited to, electrical wiring, tubing, and piping.

**Eligible Farm Buildings**

Eligible farm buildings (including class codes) are:

dairy barns (022), general-purpose barns (023), miscellaneous or implement storage sheds (024), grainary or miscellaneous storage (025), poultry houses (027), hog houses (027), grain tanks or gain complexes (030), and farm shops (034). If contents of the farm building are insured, the **Farm Property Theft Endorsement** is not required for the building to be eligible for Copper Theft coverage.

**Exclusions**

This coverage will not pay for:

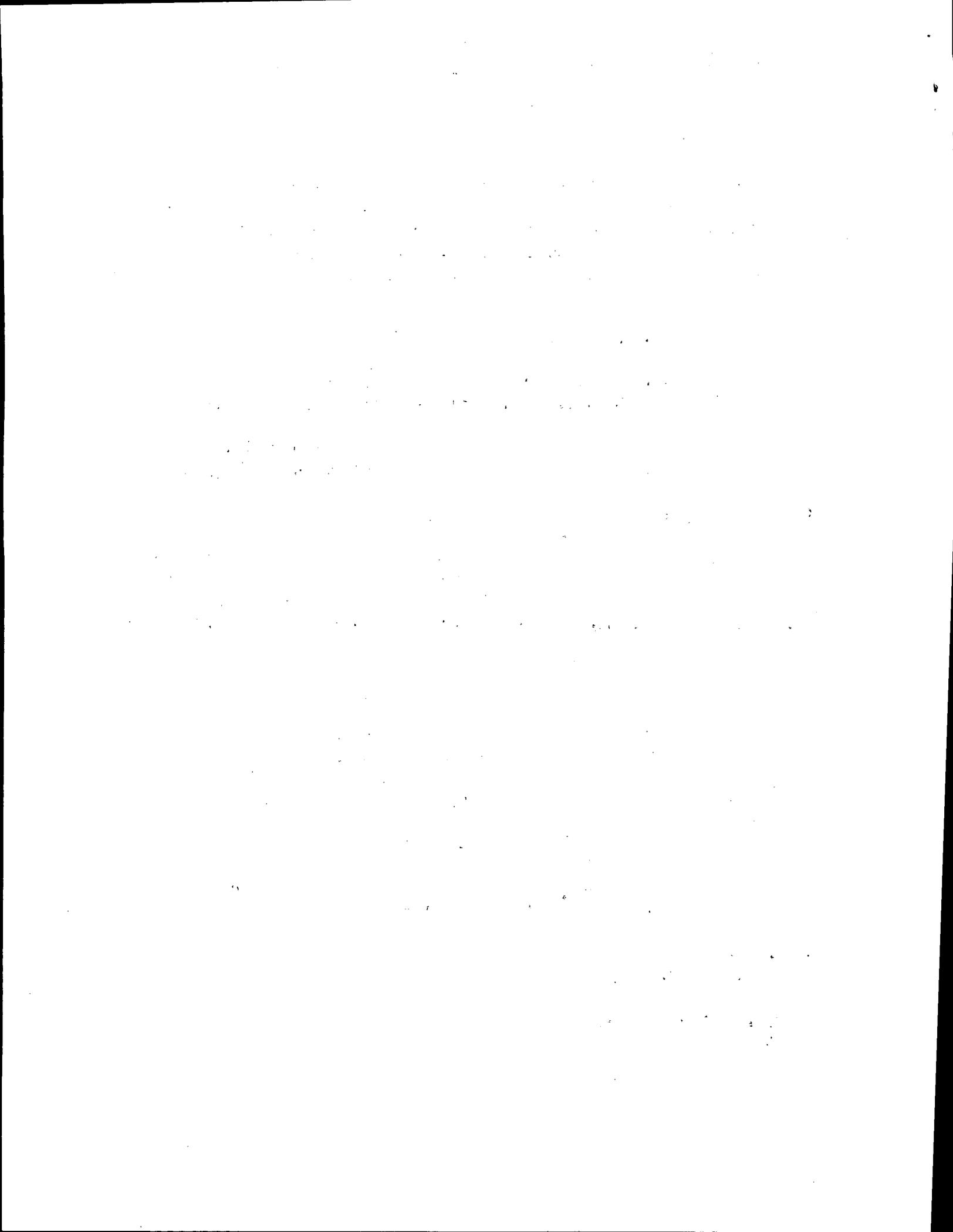
1. loss from a building for any purpose other than farming
2. loss to copper materials caused by any peril other than theft
3. loss committed by the insured, a relative living in the same household, or an employee;
4. loss occurring to any part of the farm building not owned by or used exclusively by the named insured;
5. loss from a building which has been abandoned or no longer used for its intended farming purposes;
6. loss of copper materials which have been stored in the farm building and are not a functional, integral component of the farm building

**Deductible**

A \$250 deductible will apply to each occurrence of loss.

**Coverage Limits and Premiums**

\$2,500 limit	\$30
\$5,000 limit	\$60
\$7,500 limit	\$90



Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Property Owners Policy

ADDITIONAL RATES

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● COPPER THEFT ENDORSEMENT (CTHFT)

<u>Limit</u>	<u>Annual Premium</u>
\$ 2,500	\$ 30
5,000	60
7,500	90

Deductible: \$ 250

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