

SERFF Tracking Number: CLBA-125346028 State: Arkansas
Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$100
Company Tracking Number: CMI-FMP-07-R02
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: Farmowners
Project Name/Number: Property In Transit Coverage/CMI-FMP-07-R02

Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Farmowners

TOI: 03.0 Personal Farmowners

Sub-TOI: 03.0000 Personal Farmowners

Filing Type: Rate

SERFF Tr Num: CLBA-125346028 State: Arkansas

SERFF Status: Closed

Co Tr Num: CMI-FMP-07-R02

Co Status:

Authors: Dennis McVay, Christina Walker, DeeDee Williams

Date Submitted: 11/05/2007

State Tr Num: EFT \$100

State Status: FEES VERIFIED

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

Disposition Date: 11/07/2007

Disposition Status: Filed

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

03/01/2008

General Information

Project Name: Property In Transit Coverage

Project Number: CMI-FMP-07-R02

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 11/07/2007

State Status Changed: 11/07/2007

Corresponding Filing Tracking Number: CMI-FMP-07-F02

Filing Description:

We are filing revised manual page AR-27, which we propose to use in our Farmowners Policy Program. Please note that we are revising our Property In Transit section to be more flexible in amounts offered by allowing coverage limits above \$5,000. We are also filing our corresponding company form at this time.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Please review and advise if any further action is needed.

Company and Contact

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Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com
 2102 White Gate Drive (573) 474-6193 [Phone]
 Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia Mutual Insurance Compny CoCode: 40371 State of Domicile: Missouri
 2102 White Gate Drive Group Code: 807 Company Type: Mutual
 P O Box 618
 Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03
 Group
 (573) 474-6193 ext. [Phone] FEIN Number: 43-0790393

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$100.00	11/05/2007	16482787

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/07/2007	11/07/2007

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Disposition

Disposition Date: 11/07/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal): 03/01/2008

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	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	Revised manual page	Filed	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Revised manual page	AR-27	Replacement	AR 27.pdf

FARMOWNERS POLICY PROGRAM

RENTED OR BORROWED EQUIPMENT

Coverage for direct physical loss to farm machinery and equipment that is rented or borrowed from others can be provided by the policy. Use the rating information in the COVERAGE E, F, AND G - RATING INFORMATION section of this manual. Make an entry on the declarations page or a schedule to show the limit for the rented or borrowed equipment coverage in Form FO-6

PROPERTY IN TRANSIT

Coverage for farm personal property in transit can be provided for all risks of direct physical loss, subject to certain exceptions. Coverage does not include property in transit by or in the custody of a common or contract carrier. Higher deductible credits apply to this coverage.

Limit	Premium Per Policy
\$ 5,000	\$15.00 annual premium
\$10,000	\$30.00 annual premium
\$15,000	\$45.00 annual premium
\$20,000	\$60.00 annual premium
\$25,000	\$75.00 annual premium

Attach Endorsement FO-568 Property in Transit - Coverages F and G

PEAK SEASON INVENTORY - FARM PERSONAL PROPERTY

Coverage for farm personal property covered under Coverage F can be increased for specific monthly periods. Prorate the increased amount of coverage. Describe the covered property and make entries to show the amount of increase and the applicable time period.

Attach Endorsement FO-352 Peak Season Inventory - Farm Personal Property

ADDITIONAL PERILS - LIVESTOCK

Coverage for livestock covered under Coverage F and G can be extended to include loss resulting from death caused by accidental shooting, drowning, attack by dogs or wild animals, and collapse of a building. The limit for this coverage must be the same as the policy limit for the covered property. Describe the type of livestock covered and make an entry to show that coverage does not apply to sheep. Use the rating information shown below. Higher deductible credits apply to this coverage.

Rate per \$1,000 of insurance	
Excluding Sheep	2.70
Including Sheep	N/A

Attach Endorsement FO-356 Added Animal Perils

WINTER PERILS - LIVESTOCK

Coverage for livestock covered under Coverages F or G can be extended to include loss resulting from death caused by freezing or smothering in snowstorms or ice storms and falling through ice. This coverage is subject to a coinsurance provision. Use the rate of \$.94 per \$1,000. Describe the livestock covered.

Attach Endorsement FO-324 Winter Perils Livestock

4-H AND F.F.A. ANIMALS

Coverage for loss resulting from the death of animals raised or kept as 4-H or F.F.A. projects can be provided for all risks of direct physical loss, with certain exceptions. The rate per \$1000 of insurance is \$10.58. Describe the covered animals and make entries to show the original cost and the limit that applies to each animal.

Attach Endorsement FO-346 4-H and F.F.A. Animals

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Filed 11/07/2007

Comments:

Attachment:

Transmittal Document.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="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					

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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" 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 #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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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]
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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

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase

Rate Decrease

Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)					
Company Name	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)

4b.	Rate Change by Company (As Accepted) For State Use Only					
Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing		
5b.	Effect of Rate Filing – Written premium change for this program		
5c.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	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	
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	