

<i>SERFF Tracking Number:</i>	<i>CLBA-125352996</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbia Mutual Insurance Compny</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CMI-CAP-07-F01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Commercial Automobile</i>		
<i>Project Name/Number:</i>	<i>Identification Card/CMI-CAP-07-F01</i>		

Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: Commercial Automobile	SERFF Tr Num: CLBA-125352996	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: CMI-CAP-07-F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Dennis McVay, Christina Walker, DeeDee Williams	Disposition Date: 11/09/2007
	Date Submitted: 11/08/2007	Disposition Status: Approved
Effective Date Requested (New): 12/08/2007		Effective Date (New): 12/08/2007
Effective Date Requested (Renewal): 12/08/2007		Effective Date (Renewal): 12/08/2007

General Information

Project Name: Identification Card	Status of Filing in Domicile: Pending
Project Number: CMI-CAP-07-F01	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 11/09/2007	
State Status Changed: 11/09/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

We are filing revised form IDC-2 (11-07) Automobile Insurance Identification Card, which we propose to use in our Commercial Automobile Policy Program. This form replaces previously filed and approved form IDC-2 (11-02) Automobile Insurance Identification Card. Please note the only basic change in the card is the provision for a "Excluded Drivers Apply" statement. This statement will be shown only if there are excluded drivers.

Please review and advise if any further information is needed.

SERFF Tracking Number: CLBA-125352996 State: Arkansas
 Filing Company: Columbia Mutual Insurance Compny State Tracking Number: EFT \$50
 Company Tracking Number: CMI-CAP-07-F01
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: Commercial Automobile
 Project Name/Number: Identification Card/CMI-CAP-07-F01

Company and Contact

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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$50.00	11/08/2007	16552012

SERFF Tracking Number: CLBA-125352996 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: Commercial Automobile
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/09/2007	11/09/2007

SERFF Tracking Number: CLBA-125352996 *State:* Arkansas
Filing Company: Columbia Mutual Insurance Compny *State Tracking Number:* EFT \$50
Company Tracking Number: CMI-CAP-07-F01
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Identification Card/CMI-CAP-07-F01

Disposition

Disposition Date: 11/09/2007
Effective Date (New): 12/08/2007
Effective Date (Renewal): 12/08/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLBA-125352996 *State:* Arkansas
Filing Company: Columbia Mutual Insurance Compny *State Tracking Number:* EFT \$50
Company Tracking Number: CMI-CAP-07-F01
TOI: 20.0 Commercial Auto *Sub-TOI:* 20.0001 Business Auto
Product Name: Commercial Automobile
Project Name/Number: Identification Card/CMI-CAP-07-F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Automobile Insurance Identification Card	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Automobile Insurance Identification Card	IDC-2	11-07	Other	Replaced	Replaced Form #:0.00 IDC-2 (11-02) Previous Filing #: CMI-CAP-05-F01		IDC-2 (11-07) AR-CAP.pdf

INC 2 (1-10)

Arkansas
Automobile Insurance
Identification Card
COLUMBIA MUTUAL INSURANCE CO



Policy Number: CAPAR19853 Effective: 01/01/2008 to 01/01/2009
AUTO ID SAMPLE
123 MAIN ST
GRAPEVINE AR 72057

Year/Make/Model Vehicle ID Number
2000 CHEVY PICKUP LJK998FLKEKJK2223
Agent: UNITED INSURANCE AGENCY I Phone: 870-741-2305

THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE
FOR PRODUCTION UPON DEMAND.

Arkansas
Automobile Insurance
Identification Card
COLUMBIA MUTUAL INSURANCE CO



Policy Number: CAPAR19853 Effective: 01/01/2008 to 01/01/2009
AUTO ID SAMPLE
123 MAIN ST
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Year/Make/Model Vehicle ID Number
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THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE
FOR PRODUCTION UPON DEMAND.

**IF YOU HAVE AN ACCIDENT, NOTIFY THE POLICE
IMMEDIATELY**

1. Write down the name, address, telephone number, and driver's license number of persons involved and of witnesses. Also write down the license plate number and state of each vehicle involved.
2. Do not admit fault.
3. Do not discuss the accident with anyone except your agent, us or the police.
4. Notify your independent insurance agent or call us at 1-800-829-2524.

**EXAMINE YOUR POLICY EXCLUSIONS CAREFULLY, THIS FORM
DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.**

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Product Name: Commercial Automobile
Project Name/Number: Identification Card/CMI-CAP-07-F01

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/09/2007

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-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">New Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Renewal Business</td> <td style="border-bottom: 1px solid black;"></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 #

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.)

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1