

SERFF Tracking Number: FARL-125352328 State: Arkansas
 First Filing Company: Farmland Mutual Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: A-2007TMLN-785LNF
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Liability Sub-TOI: 05.0004 Manufacturers Output
 Product Name: Commercial Output Policy Program
 Project Name/Number: Nursery/Greenhouse endorsements/A-2007TMLN-785LNF

Filing at a Glance

Companies: Farmland Mutual Insurance Company, Nationwide Agribusiness Insurance Company
 Product Name: Commercial Output Policy Program SERFF Tr Num: FARL-125352328 State: Arkansas
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
 Sub-TOI: 05.0004 Manufacturers Output Co Tr Num: A-2007TMLN-785LNF State Status: Fees verified and received
 Filing Type: Form Co Status: Submitted Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
 Author: Terry Hopkins Disposition Date: 11/09/2007
 Date Submitted: 11/08/2007 Disposition Status: Approved
 Effective Date Requested (New): On Approval Effective Date (New): 11/09/2007
 Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 11/09/2007

General Information

Project Name: Nursery/Greenhouse endorsements Status of Filing in Domicile: Not Filed
 Project Number: A-2007TMLN-785LNF Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 11/09/2007
 State Status Changed: 11/09/2007 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:

With this forms filing we are submitting Forms for approval for use with COP edition 3.0 as follows:

1. COPB104 0707-NURSERY/GREENHOUSE PROPERTY COVERAGE ENDORSEMENT-New Form; Form developed to offer specific Nursery Greenhouse Coverages for use with the Commercial Output Program.
2. COPB106 0707- NURSERY GREENHOUSE OFF PREMISES POWER FAILURE ENDORSEMENT—

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New form; Form developed to offer Off Premises Power Failure coverage which limits perils to the specified perils described on the form.

3. COPB108 0707- NURSERY/GREENHOUSE INCOME OFF PREMISES POWER FAILURE

ENDORSEMENT-New Form; Provides Income for Off Premises Power Failure limited to specified perils.

Company and Contact

Filing Contact Information

Terry Hopkins, Filings Analyst thopkins@nationwide.com
 1100 Locust Street (515) 508-3568 [Phone]
 Des Moines, IA 50391-3030 (515) 508-3694[FAX]

Filing Company Information

Farmland Mutual Insurance Company	CoCode: 13838	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Mutual
Dept 3030		
Des Moines, IA 50391-3030	Group Name:	State ID Number:
(515) 508-3618 ext. [Phone]	FEIN Number: 42-0618271	

Nationwide Agribusiness Insurance Company	CoCode: 28223	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Stock
Dept 3030		
Des Moines, IA 50391-3030	Group Name:	State ID Number:
(515) 508-3618 ext. [Phone]	FEIN Number: 42-1015537	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per filing
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmland Mutual Insurance Company	\$50.00	11/08/2007	16543811
Nationwide Agribusiness Insurance Company	\$0.00	11/08/2007	

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 11/09/2007
Effective Date (New): 11/09/2007
Effective Date (Renewal): 11/09/2007
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Nursery/Greenhouse Property Coverage Endorsement	Approved	Yes
Form	Nursery/Greenhouse OFF Premises Power Failure Endorsement	Approved	Yes
Form	Nursery/Greenhouse	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Nursery/Greenhouse Property Coverage Endorsement	COPB104	0707	Endorsement/Amendment/Conditions	New	0.00	COPB104 0707.pdf
Approved	Nursery/Greenhouse OFF Premises Power Failure Endorsement	COPB106	0707	Endorsement/Amendment/Conditions	New	0.00	COPB106 0707.pdf
Approved	Nursery/Greenhouse use	COPB108	0707	Endorsement/Amendment/Conditions	New	0.00	COPB108 0707.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NURSERY/GREENHOUSE PROPERTY COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

**COMMERCIAL OUTPUT PROGRAM PROPERTY COVERAGE PART CO1000 10 02
SCHEDULED LOCATIONS ENDORSEMENT CO1227**

A. As it relates to this endorsement, sections 8. and 10. of the Property Not Covered section is deleted and replaced with the following:

8. **Crops While Outside of Buildings**—"We" do not cover grain, hay, straw, or other crops, except blooms, bulbs, cuttings, containerized flowers; fruits; plants; seedlings; shrubs; sod; trees or vegetables held for sale, while in or within 1000 feet of a covered building.
10. **Land, Water, and Growing Crops**—"We" do not cover:
 - a. land, including but not limited to land on which the covered property is located;
 - b. underground or surface water; or
 - c. growing crops except containerized flowers, plants; seedlings; shrubs; or trees.

The most "we" will pay, in any one occurrence, to business personal property consisting of blooms, bulbs, cuttings, containerized flowers; fruits; plants; seedlings; shrubs; sod; trees or vegetables held for sale, damaged as a result of wind or hail while outside of buildings in the open is \$200,000.

No coverage is provided under this endorsement to the extent that there is other insurance, including but not limited to Federal Crop Insurance that covers the loss.

B. As it relates to this endorsement, Supplemental Coverage 10. Rewards is deleted and replaced with the following:

10. **Rewards**—"We pay up to \$25,000 as a reward for information that leads to a conviction for arson, "theft", or vandalism. The conviction must involve a covered loss caused by arson, "theft", or vandalism.

The amount "we" pay is not increased by the number of persons involved in providing the information.

No deductible applies.

C. As it relates to this endorsement, Supplemental Coverage 3. Fire Department Service Charges is deleted and replaced with the following:

3. **Fire Department Service Charges**—"We" pay up to \$50,000 to cover "your" liability, assumed by contract or agreement prior to the loss, for fire department service charges.

This coverage is limited to charges incurred when the fire department is called to save or protect covered property from a covered peril.

No deductible applies.

D. As it relates to this endorsement, The following ADDITIONAL COVERAGES in the CO1227 Scheduled Locations Endorsement are deleted and replaced with the following:

1. **Newly Built or Acquired Buildings**—“We” cover direct physical loss to “your” buildings or structures:

- a. being built at “covered locations” or while being built at other than “covered locations”; or
- b. that “you” acquire during the policy period.

This additional coverage applies for 120 days from the date “you” acquire or begin to construct the building or structure or until “you” report the property to “us”, whichever occurs first. This coverage does not go beyond the end of the policy period.

“You” must pay any additional premium due from the date construction is started or from the date “you” acquire the property.

The most “we” will pay in any one “occurrence” for each newly built or acquired building or structure is \$1,000,000.

2. **Business Personal Property—Acquired Locations**—“We” cover direct physical loss to “your” business personal property at locations that “you” acquire during the policy period.

This coverage applies for 120 days from the date “you” acquire the location or until “you” report the acquired location to “us”, whichever occurs first. This coverage does not go beyond the end of the policy period.

“You” must pay any additional premium due from the date “you” acquire the location.

“We” pay up to \$1,000,000 for loss to business personal property at acquired locations in any one occurrence.

E. As it relates to this endorsement, SUPPLEMENTAL COVERAGE 7. Personal Effects is deleted and replaced with the following:

7. **Personal Effects**—“We” cover direct physical loss caused by a covered peril to personal effects owned by “you”, “your” officers, “your” partners, or “your” employees.

The most “we” pay for loss to personal effects in any one occurrence or at any one “covered location” is \$25,000.

F. As it relates to this endorsement, the following is added to the Property Not Covered section:

“We” do not cover underground plumbing systems outside the perimeter of building walls against damage caused by freezing.

“We” do not pay for loss or damage to the following property while outside of buildings:

- (1) Bulbs, flowers, fruits, plants, seeds, seedlings, shrubs, sod, trees or vegetables while their roots are below the surface of the ground.

G. As it relates to this endorsement, the following are added to the Perils Excluded section 1. :

“We” do not pay for loss or damage caused by disease, whether direct or indirect, proximate or remote, in whole or in part caused by, contributed to, or aggravated by a peril insured against in this policy.

“We” do not pay for discoloration, aging, starrng, clouding, cracking, crazing, hairline rupturing or deterioration of fiberglass, polycarbonate or acrylic panels in greenhouses caused by hail.

“We do not pay for loss of or damage to blooms, cuttings, flowers, fruits, plants, seeds, seedlings, shrubs, sod, trees, or vegetables caused by any product of combustion resulting from the mechanical failure of or defective operation of a heating unit.

- H. As it relates to this endorsement, the following is added to Supplemental Coverage 8. Pollutant Cleanup and Removal:

“We” will not pay to remove broken glass from land, soil, soil beds, soil in pots, flats, or other individual containers, or other growing media.

- I. As it relates to this endorsement, the following is added to COVERAGE EXTENSION 2. Debris Removal:

Debris Removal coverage does not apply to the cost of removal of broken glass from soil, soil beds, soil in pots, flats, beds, or other individual containers, or other growing media.

- J. As it relates to this endorsement, the following is added to the ADDITIONAL PROPERTY NOT COVERED OR SUBJECT TO LIMITATIONS section:

13. “We” will not pay for loss or damage to Building Property or Business Personal Property including blooms, cuttings, flowers, fruits, plants, seeds, seedlings, shrubs, sod, trees or vegetables caused by the weight of ice, snow, or sleet unless such greenhouse(s) have been heated to a minimum temperature of 42 degrees Fahrenheit for the 48 hour period immediately preceding such loss or damage.

- K. As it relates to this endorsement, the following is added to the VALUATION section:

GREENHOUSES:

Losses to Polyethylene coverings on greenhouse(s) will be settled in accordance to the following table:

<u>Thickness</u> (in mils)	<u>Number of months cover has been in service</u>				
	<u>under 12</u>	<u>12-18</u>	<u>18-24</u>	<u>24-36</u>	<u>36 +</u>
4-6	RC	RC	ACV	NC	NC
more than 6	RC	RC	RC	ACV	NC

NC= Not Covered RC= Replacement Cost ACV=Actual Cash Value

Losses to Polycarbonate coverings on greenhouse(s) will be settled in accordance to the following table:

Number of years cover has been in service

<u>Up to and including 7</u>	<u>Over 7</u>
RC	ACV

Losses to greenhouse(s) or other structures covered with all other plastic films, shade cloth or saran will be settled on an actual cash value basis only.

Losses to greenhouse(s) other than coverings will be valued at RCV unless indicated otherwise.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NURSERY/GREENHOUSE OFF PREMISE POWER FAILURE
ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL OUTPUT PROGRAM-PROPERTY COVERAGE PART--CO-1000

As it relates to this endorsement, Section 7. of the Coverage Extensions is deleted and replaced with the following:

7. Off Premises Utility Service Interruption

"We "will pay up to the limit shown on "your" Property Coverage for direct physical loss, if indicated in the Off Premises Utility Service Interruption Schedule, to "your" buildings, or business personal property consisting of blooms, bulbs, cuttings, containerized flowers; fruits; plants; seeds; seedlings; shrubs; sod; trees or vegetables held for sale caused by the interruption of a utility service to the "covered location" described on the Off Premises Utility Service Interruption Schedule.

The interruption must result from direct physical loss or damage caused by fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow ice or sleet; or accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance containing water or steam to the utilities indicated by an x on the Off Premises Utility Service Interruption Schedule. The utilities indicated on the schedule must not be located on a "covered location".

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**NURSERY/GREENHOUSE INCOME OFF PREMISES POWER FAILURE
ENDORSEMENT**

PROPERTY COVERED

“We” will pay up to the limit shown on “your” income coverage of the Off Premises Utility Service Interruption Schedule for loss of greenhouse income due to the necessary suspension of “your” crop(s) consisting of blooms, bulbs, cuttings, containerized flowers; fruits; plants; seeds; seedlings; shrubs; sod; trees or vegetables held for sale or real property as a result of the interruption of a utility service to the “covered location” described on the Off Premises Utility Service Interruption Schedule.

The interruption must result from direct physical loss or damage caused by fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice or sleet; or accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance containing water or steam to the utilities indicated by an x on the Off Premises Utility Service Interruption Schedule. The utilities indicated on the schedule must not be located on a “covered location”.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 11/09/2007

Comments:
Attachment:
PC Transmittal.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 border="1"> <tr> <td>New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>		New Business		Renewal Business	
	New Business					
	Renewal Business					
f. State Filing #:						
g. SERFF Filing #:						
h. Subject Codes						

3. Group Name	Group NAIC #
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #
Nationwide Agribusiness Insurance Company	IA	28223	42-1015537
Farmland Mutual Insurance Company	IA	13838	42-0618271

5. Company Tracking Number	A-2007TMLN-785LNF
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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
Terry Hopkins	State Filing Analyst	(515) 508-3568	(515) 508-3694	thopkins@farmlandins.com
1100 Locust St Dept 3030 Des Moines IA 50391-3030				
7. Signature of authorized filer				
8. Please print name of authorized filer		Terry Hopkins		

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

9. Type of Insurance (TOI)	5.0
10. Sub-Type of Insurance (Sub-TOI)	Commercial Output Policy Program
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
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
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	11/08/2007
19. Status of filing in domicile	X Not Filed <input type="checkbox"/> Pending Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	A-2007TMLN-785LNF
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

With this forms filing we are submitting Forms for approval for use with COP edition 3.0 as follows:

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- COPB106 0707- NURSERY GREENHOUSE OFF PREMISES POWER FAILURE ENDORSEMENT—** New form; Form developed to offer Off Premises Power Failure coverage which limits perils to the specified perils described on the form.
- COPB108 0707- NURSERY/GREENHOUSE INCOME OFF PREMISES POWER FAILURE ENDORSEMENT**-New Form; Provides Income for Off Premises Power Failure limited to specified perils.

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 #: Sent by EFT
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.)**