

SERFF Tracking Number: FARM-125347730 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #? \$50
 Company Tracking Number: J2AR071105RSBD1
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners
 Project Name/Number: DM Additional Insured/J-AR-2007-BP-F

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange
 Product Name: Businessowners SERFF Tr Num: FARM-125347730 State: Arkansas
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #? \$50
 Sub-TOI: 05.0002 Businessowners Co Tr Num: J2AR071105RSBD1 State Status: Fees verified
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
 Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Edward Petersen Disposition Date: 11/21/2007
 Date Submitted: 11/19/2007 Disposition Status: Approved
 Effective Date Requested (New): 05/01/2008 Effective Date (New): 05/01/2008
 Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal): 07/01/2008

General Information

Project Name: DM Additional Insured Status of Filing in Domicile: Pending
 Project Number: J-AR-2007-BP-F Domicile Status Comments: Filing being made in California.
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 11/21/2007
 State Status Changed: 11/21/2007 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 Farmers Insurance Group of Companies respectfully submits the following form designed to enhance coverage for our Retail Services Businessowners program.

J6321-1st Edition (93-6321) 1-07– Farmers District Manager Endorsement – Additional Insured - for use with our Retail Services Line of Business - Businessowners Policy. This proprietary form clarifies coverage by specifying that Farmers

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Reserve and Career Agents qualify as additional insureds, under the property section, and as an insured, under the liability sections, of Farmers District Mangers Office policy when the Farmers District Managers Office is the agents' primary place of business.

Our effective dates for these forms are May 1, 2008 for new business and July 1, 2008 for renewals.

If you have any questions regarding this forms filing, please contact Ted Petersen at (805) 306-6542, fax number (805) 306-7487 or email Ted.Petersen@FarmersInsurance.com.

Please reference the filing numbers listed on the first page.

Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager Charlene_Hall@farmersinsurance.com
 3041 Cochran Street (805) 306-6648 [Phone]
 Simi Valley, CA 93065 () -[FAX]

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-6016640	

Truck Insurance Exchange	CoCode: 21709	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:

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Los Angeles, CA 90010
(323) 932-3056 ext. [Phone]

Group Name:
FEIN Number: 95-2575892

State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No
Fee Explanation: \$50.00 is the required filing fee for each company -- FIE, Mc, TIE -- for the total amount of \$150.00
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010663493	\$50.00	11/14/2007
3020017453	\$50.00	11/14/2007
3040008164	\$50.00	11/14/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/21/2007	11/21/2007

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Disposition

Disposition Date: 11/21/2007

Effective Date (New): 05/01/2008

Effective Date (Renewal): 07/01/2008

Status: Approved

Comment: I have been notified that \$150 is the incorrect filing fee.

The fee charge is only \$50 per form filing no matter how many companies you have.

If you have not already sent the payment check please do a revised check for only \$50

In the future only send \$50 per form filing.

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	Farmers District Manager Endorsement Additional Insured	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Farmers District Manager Endorsement Additional Insured	J6321	1st Edition 1-07	Endorsement/Amendment/Conditions		12.00	J6321101.pdf



FARMERS®

J6321
1st Edition

**FARMERS DISTRICT MANAGER ENDORSEMENT
ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE FORM

BUSINESSOWNERS LIABILITY COVERAGE FORM

The Named Insured shown in the Declarations is amended to include persons employed as either Farmers Reserve or Career Agents (Jointly and Individually) whose primary place of business is the District Office of the Named Insured, but only in regards to their owned or leased Business Personal Property situated within the Coverage Territory and used in Named Insured's on-going operations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II - Liability**:

3. Any person employed as a Farmers Reserve or Career Agent whose primary place of business is the District Office of the Named Insured, but only with respect to liability arising out of the on-going operations of the Named Insured or premises owned by or rented to the Named Insured.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

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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 11/21/2007

Comments:
Attachment:
PCTD1FormRS.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR071105RSBD1
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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
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer	<i>Charlene Hall</i>			
8. Please print name of authorized filer	Charlene Hall			

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

9. Type of Insurance (TOI)	Commercial Multi-Peril – Line 5.000
10. Sub-Type of Insurance (Sub-TOI)	Commercial Multi-Peril – Line 5.002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Retail & Service
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 (give description)
14. Effective Date(s) Requested	New: May 1, 2008 Renewal: July 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	November 8, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR071105RSBD1
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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.)**

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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 #	J2AR071105RSBD1
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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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	Farmers District Manager Endorsement Additional Insured	J6321 1 st Edition 1-07	<input checked="" 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		