

SERFF Tracking Number: ARKS-125374053 State: Arkansas
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #514151 \$50
Company of Arkansas, Inc.
Company Tracking Number:
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine
Product Name: Inland Marine
Project Name/Number: /

Filing at a Glance

Company: 13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Product Name: Inland Marine	SERFF Tr Num: ARKS-125374053	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: #514151 \$50
Sub-TOI: 09.0006 Other Personal Inland Marine	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author:	Disposition Date: 12/11/2007
	Date Submitted: 11/30/2007	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

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: 12/11/2007	
State Status Changed: 12/11/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Company and Contact

Filing Contact Information

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

SERFF Tracking Number: ARKS-125374053

State: Arkansas

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Company of Arkansas, Inc.

State Tracking Number: #514151 \$50

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NA, AR 00000

Filing Company Information

13757 - Farm Bureau Mutual Insurance
Company of Arkansas, Inc.

CoCode: 13757

State of Domicile: Arkansas

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
Approved	Alexa Grissom	12/11/2007	12/11/2007

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Disposition

Disposition Date: 12/11/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125374053

State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125374053		No

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State: Arkansas

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Rate Information

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SERFF Tracking Number: ARKS-125374053

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance

State Tracking Number: #514151 \$50

Company of Arkansas, Inc.

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TOI: 09.0 Inland Marine

Sub-TOI: 09.0006 Other Personal Inland Marine

Product Name: Inland Marine

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125374053

12/12/2007

Comments:

Attachment:

ARKS-125374053.pdf

BH

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

Approved until withdrawn or revoked

DEC 11 2007

Arkansas Insurance Department
By: 

2. Insurance Department Use Only

a. Date the filing is received: *11/5/07*

b. Analyst: *CA#514151*

c. Disposition:

d. Date of disposition of the filing: *\$ 50*

e. Effective date of filing:

New Business _____
Renewal Business _____

f. State Filing #:

g. SERFF Filing #: *ARCS-125674053*

h. Subject Codes

3. Group Name _____ **Group NAIC #** _____

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Farm Bureau Mutual Insurance Co. of Arkansas, Inc.		13757	710232167	AR

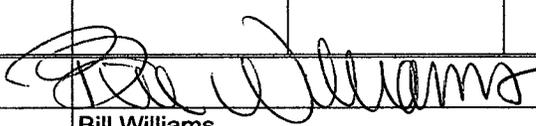
RECEIVED
NOV 30 2007

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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, 10720 Kanis Rd., Little Rock, AR 72211	Underwriting Mgr.	501-228-1463	501-228-1800	bill.williams@afbic.com

7. Signature of authorized filer 

8. Please print name of authorized filer *Bill Williams*

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

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0006 Other Personal Inland Marine
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 (give description)
14. Effective Date(s) Requested	New: 01/01/08 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	11/26/2007
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]

Boatowner Change Request I (BT7575) and Boatowner Change Request II (BT7576) are newly created forms to allow customers to make changes to their boat policy.

The boat policy (BT7570) was recently filed and approved by the Insurance Department on November 19, 2007. These change requests will be filled out by the agent, signed by both the agent and the insured, then forwarded to the Underwriting Department for approval. Once approved, they will be forwarded to the Policy Services Department for data entry and processing.

We hope to be able to use these forms on or before January 1, 2008 when the Boatowner policy is officially available for issue.

[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 #: 514151

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

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 #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Boatowner Change Request I	BT7575 - 01/01/2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Boatowner Change Request II	BT7576 - 01/01/2008	<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		
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

BOATOWNER CHANGE REQUEST
FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.
P.O. BOX 31, LITTLE ROCK, AR 72203-0031 (501) 224-4400

TO OUR CUSTOMER

Thank you for choosing to insure your watercraft with us. We appreciate your business. Please read the following information carefully. Please indicate to your agent if you did not receive a copy of "A Joint Privacy Notice" disclosing the Company's practices and procedures regarding the collection and sharing of nonpublic personal information.

PREMIUM INFORMATION

Our acceptance of your payment in the form of a check, credit card, debit card, or draft is conditioned upon such check, credit card, debit card, or draft being honored by your financial institution when presented by us for payment. If your financial institution does not honor the check, credit card, debit card, or draft when presented, this will be considered a failure to pay the required insurance premium. Your insurance coverage will be null and void if the premium payment is or was dishonored by your financial institution.

UNDERWRITING INFORMATION PROCEDURES

As part of our underwriting procedures, we may make a routine inquiry into your past insurance history (C.L.U.E. Report). We may also make an inquiry concerning drivers and any physical impairments, automobile accidents, traffic violations, and use of vehicles (TVR report). In connection with this application for insurance, we may also obtain a credit report and/or credit based insurance score (Score). Your Score is developed by a Consumer Reporting Agency and is based on the information contained in your credit report. This information may be considered in the underwriting and rating of your application for insurance. Your Score takes into account, among other things, payment history, amount of outstanding debt, length of credit history, the number of new applications for credit, past bankruptcies, foreclosures, and collections. The Score does not consider religion, gender, nationality, marital status, age, occupation, income, or location of residence. Further information about your credit report will be available from the reporting agency. We will provide you with the name and address of the Credit Reporting Agency at your request.

COUNTY FARM BUREAU MEMBERSHIP PROVISIONS

In order to apply for this insurance, you must first be a member of a county Farm Bureau agricultural organization. Failure to maintain membership with a county Farm Bureau will require the cancellation or non-renewal of your insurance coverage. County Farm Bureau membership dues are: (1) not premiums; (2) not consideration of coverage under this policy; and (3) not payable to Farm Bureau Mutual Insurance Company of Arkansas, Inc.

ARSON REPORTING IMMUNITY ACT

The Arson Reporting Immunity Act (123 of 1981 and 415 of 1983) requires us to advise you that if a fire loss occurs, we are required by state law to furnish relevant information relating to the loss to any state or federal law enforcement or other agency who has responsibility for investigation of fires if: (1) an authorized agency requests such information, or (2) after the investigation, we have reason to believe that the fire was not accidental. However, if this is done you will be notified in writing no later than ninety(90) days after such action has been taken.

FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance or renewal of an insurance policy, is guilty of a crime and may be subject to fines and confinement in prison.

FOR YOUR INFORMATION

If you have any questions about this change form or your insurance coverages, please contact your insurance agent. You may contact our state office at P.O. Box 31, Little Rock, AR 72203-0031. Our phone number is (501) 224-4400. Our website is www.afbic.com. Our toll-free number for our 24-hour claims call center is 1-866-275-7322. You may also contact: Arkansas Insurance Commission, Consumer Services Division, 1200 West 3rd St. (Corner of 3rd and Cross St.) Little Rock, Arkansas 72201-1904. Their toll-free number is 1-800-852-5494.

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.
(hereinafter Mutual Company)

Warranties, Agreements, Membership and Proxy Below are Incorporated and Made a Part of This Change Form

I warrant that this change form reflects a full and true description and statement of the condition, situation, value, encumbrances, occupancy and title to the property proposed to be insured. I agree to notify the Mutual Company of any changes therein. I warrant the answers to each of the questions on this change form to be true. I understand fraudulent statements, concealed or misrepresented facts made to obtain this coverage may cause this policy to be considered "void", and no coverage will be provided.

It is expressly agreed that the Mutual Company shall not be liable for any loss or damage that may occur to any of the property insured on this policy while any premium is past due and unpaid.

I hereby appoint the Board of Directors of Arkansas Farm Bureau Federation my true and lawful attorney to vote for me as my proxy at any meeting of the members of the Mutual Company when I cannot attend in person. I agree that this proxy is effective for an initial term of one year or the duration of the policy, whichever is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever period is shorter, upon each subsequent renewal or reinstatement of my policy. (Applicant may strike this proxy provision if he/she so desires. This proxy provision may be revoked at any time by attending in person any membership meeting of the Mutual Company or by written request to The Secretary of the Mutual Company not less than twenty days before the date of any membership meeting of the Mutual Company.)

_____(initial) I choose to strike the proxy provision

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

BOATOWNER CHANGE REQUEST II

ORIGINAL
Page _____ of _____

POLICY INFORMATION	POLICY NUMBER:		EFFECTIVE DATE OF CHANGE		TIME AM PM		EXPIRATION DATE (12:01 A.M.)		CTY. F.B. MEM. NO.		CHNG. CTY. F.B. MEM. NO. TO:		
	<input type="checkbox"/> CHANGE <input type="checkbox"/> REINSTATEMENT <input type="checkbox"/> CANCELLATION												
	WRITING AGENT:		CHANGE WRITING AGENT TO:		SERVICING COUNTY:		CHANGE SERVICING COUNTY TO:		EXEC ACCT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PAYOR CODE <input type="checkbox"/> INSURED <input type="checkbox"/> BROKERAGE <input type="checkbox"/> OTHER		PAY MODE <input type="checkbox"/> REGULAR <input type="checkbox"/> INSTALLMENT
POLICY COVERAGES: (Circle ONLY when making a change)		Section II - Watercraft Liability (limit per accident) (circle one)				Section III - Medical Payments (limit per person) (circle one)				Section IV - Uninsured Boater (limit per accident) (circle one)			
		\$50,000 \$100,000		No Coverage \$1,000 \$2,500		No Coverage \$1,000 \$2,500		No Coverage \$50,000 \$100,000					
		\$300,000 \$500,000		\$5,000 \$7,500 \$10,000				\$300,000 \$500,000					
POLICY DISCOUNTS: <input type="checkbox"/> Multi-Boat Discount <input type="checkbox"/> Multi-Policy Discount <input type="checkbox"/> Boater Education										Multi-Owner Factor Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ITEM INFORMATION	TRANS. CODE / EFF. DATE:		A C D		/ /		A C D		/ /		A C D		/ /	
	ITEM COVERAGES:		ITEM NO:				ITEM NO:				ITEM NO:			
	Item Class Code:													
	Storage County:													
	Section I - Physical Damage: (Combined Rate Value of Boat, Motor(s) & Trailer)		\$ _____				\$ _____				\$ _____			
	Physical Damage Deductible: (circle one)		No Coverage \$100 \$250 \$500		\$1,000 \$2,500 \$5,000		No Coverage \$100 \$250 \$500		\$1,000 \$2,500 \$5,000		No Coverage \$100 \$250 \$500		\$1,000 \$2,500 \$5,000	
	Watercraft:		Year _____ Length _____ Make/ Model _____ Serial No: _____				Year _____ Length _____ Make/ Model _____ Serial No: _____				Year _____ Length _____ Make/ Model _____ Serial No: _____			
	Motor 1:		Year _____ HP _____ Make/ Model _____ Serial No: _____				Year _____ HP _____ Make/ Model _____ Serial No: _____				Year _____ HP _____ Make/ Model _____ Serial No: _____			
	Motor 2:		Year _____ HP _____ Make/ Model _____ Serial No: _____				Year _____ HP _____ Make/ Model _____ Serial No: _____				Year _____ HP _____ Make/ Model _____ Serial No: _____			
	Trailer:		Year _____ Make/ Model _____ Serial No: _____				Year _____ Make/ Model _____ Serial No: _____				Year _____ Make/ Model _____ Serial No: _____			
Prop. Type:		I/O Inboard Outboard Jet		I/O Inboard Outboard Jet		I/O Inboard Outboard Jet		I/O Inboard Outboard Jet		I/O Inboard Outboard Jet		I/O Inboard Outboard Jet		

ENDORSEMENTS	Houseboat Contents End: (circle one)		No Coverage \$1,000 \$2,500		\$5,000 \$10,000		No Coverage \$1,000 \$2,500		\$5,000 \$10,000		No Coverage \$1,000 \$2,500		\$5,000 \$10,000	
	Fishing Gear Endorsement: (circle one)		No Coverage \$1,000 \$2,500		\$5,000 \$10,000		No Coverage \$1,000 \$2,500		\$5,000 \$10,000		No Coverage \$1,000 \$2,500		\$5,000 \$10,000	
	Increased Boat Equip. End: (\$500 basic coverage provided with Physical Damage Coverage) (circle one)		No Increase \$1,000 \$2,500		\$5,000 \$10,000		No Increase \$1,000 \$2,500		\$5,000 \$10,000		No Increase \$1,000 \$2,500		\$5,000 \$10,000	
	Increased Emergency Serv. End: (\$100 basic coverage provided with Physical Damage Coverage) (circle one)		No Increase \$250 \$500		\$1,000 \$2,000		No Increase \$250 \$500		\$1,000 \$2,000		No Increase \$250 \$500		\$1,000 \$2,000	

OIPS	(Name, Address, OIP #, Loan #)											

\$\$	Item Premium Amount: \$ _____		\$ _____		\$ _____		
	RAD AMOUNT COLLECTED: \$ _____				TOTAL POLICY PREMIUM: \$ _____		

SIGNATURES	<p>If this change form is accepted by Farm Bureau Mutual Insurance Company of Arkansas, Inc., I understand and agree to the County Farm Bureau Membership Provisions and the warranties, agreements, membership and proxy as they are stated on this form. (Applicant may strike proxy provisions if desired.) I certify that all statements on this change form are true and correct. I give my permission for the Company to obtain a credit report and traffic violation report for myself and any applicant listed on this form or covered by this policy in the future.</p> <p>I UNDERSTAND THE BOATOWNER POLICY DOES NOT PROVIDE EARTHQUAKE COVERAGE.</p>						<p>I have personally inspected and recommend this person and property. I hereby request this/ these change(s) be made to the policy.</p>					
	SIGNATURE OF POLICYHOLDER _____			DATE _____			SIGNATURE OF AGENT _____			DATE _____		

BOATOWNER CHANGE REQUEST
FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.
P.O. BOX 31, LITTLE ROCK, AR 72203-0031 (501) 224-4400

TO OUR CUSTOMER

Thank you for choosing to insure your watercraft with us. We appreciate your business. Please read the following information carefully. Please indicate to your agent if you did not receive a copy of "A Joint Privacy Notice" disclosing the Company's practices and procedures regarding the collection and sharing of nonpublic personal information.

PREMIUM INFORMATION

Our acceptance of your payment in the form of a check, credit card, debit card, or draft is conditioned upon such check, credit card, debit card, or draft being honored by your financial institution when presented by us for payment. If your financial institution does not honor the check, credit card, debit card, or draft when presented, this will be considered a failure to pay the required insurance premium. Your insurance coverage will be null and void if the premium payment is or was dishonored by your financial institution.

UNDERWRITING INFORMATION PROCEDURES

As part of our underwriting procedures, we may make a routine inquiry into your past insurance history (C.L.U.E. Report). We may also make an inquiry concerning drivers and any physical impairments, automobile accidents, traffic violations, and use of vehicles (TVR report). In connection with this application for insurance, we may also obtain a credit report and/or credit based insurance score (Score). Your Score is developed by a Consumer Reporting Agency and is based on the information contained in your credit report. This information may be considered in the underwriting and rating of your application for insurance. Your Score takes into account, among other things, payment history, amount of outstanding debt, length of credit history, the number of new applications for credit, past bankruptcies, foreclosures, and collections. The Score does not consider religion, gender, nationality, marital status, age, occupation, income, or location of residence. Further information about your credit report will be available from the reporting agency. We will provide you with the name and address of the Credit Reporting Agency at your request.

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FOR YOUR INFORMATION

If you have any questions about this application or other insurance coverages, please contact your insurance agent. You may contact our state office at P.O. Box 31, Little Rock, AR 72203-0031. Our phone number is (501) 224-4400. Our website is www.afbic.com. Our toll-free number for our 24-hour claims call center is 1-866-275-7322. You may also contact: Arkansas Insurance Commission, Consumer Services Division, 1200 West 3rd St. (Corner of 3rd and Cross St.) Little Rock, Arkansas 72201-1904. Their toll-free number is 1-800-852-5494.

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(hereinafter Mutual Company)

Warranties, Agreements, Membership and Proxy Below are Incorporated and Made a Part of This Application for Insurance

I warrant this application to be a full and true description and statement of the condition, situation, value, encumbrances, occupancy and title to the property proposed to be insured. I agree to notify the Mutual Company of any changes therein. I warrant the answers to each of the questions on this application to be true. I understand fraudulent statements, concealed or misrepresented facts made to obtain this coverage may cause this policy to be considered "void", and no coverage will be provided.

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I hereby appoint the Board of Directors of Arkansas Farm Bureau Federation my true and lawful attorney to vote for me as my proxy at any meeting of the members of the Mutual Company when I cannot attend in person. I agree that this proxy is effective for an initial term of one year or the duration of the policy, whichever is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever period is shorter, upon each subsequent renewal or reinstatement of my policy. (Applicant may strike this proxy provision if he/she so desires. This proxy provision may be revoked at any time by attending in person any membership meeting of the Mutual Company or by written request to The Secretary of the Mutual Company not less than twenty days before the date of any membership meeting of the Mutual Company.)

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