

SERFF Tracking Number: CMIC-125391378 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 15725/07/0032
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Automobile Program
Project Name/Number: Computer Generated Application/N/A

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Personal Automobile Program SERFF Tr Num: CMIC-125391378 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 15725/07/0032 State Status: Fees verified and received (PPA)
Filing Type: Form Co Status: Submitted & Pending Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Author: Sheila Andrew Disposition Date: 12/20/2007
Date Submitted: 12/18/2007 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 12/20/2007
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Computer Generated Application Status of Filing in Domicile: Pending
Project Number: N/A Domicile Status Comments: N/A
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 12/20/2007
State Status Changed: 12/20/2007 Deemer Date:
Corresponding Filing Tracking Number: N/A
Filing Description:

Cameron Mutual Insurance Company (CMIC) wishes to file the attached revised Personal Automobile Application (system generated) for use with our Personal Automobile Program. This application is to be effective upon filing and will replace the version of the computer generated application currently in use. This application is in final print format.

We have added the Adverse Action Statement to bottom of page 3 of our Personal Automobile Application in order to fully automate our notification process to applicants for insurance as outlined in the Fair Credit Reporting Act (FCRA) 15 U.S.C. § 1681m(a). This notice will only print on the application when the resulting premium being charged is higher

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than the base rate we offer.

Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance sandrew@cameron-insurance.com
 Specialist
 214 McElwain Drive (800) 326-6511 [Phone]
 Cameron, MO 64442-1321 (816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company CoCode: 15725 State of Domicile: Missouri
 214 McElwain Drive Group Code: 532 Company Type: Property &
 Cameron, MO 64429-1321 Group Name: Casualty
 (800) 326-6511 ext. [Phone] FEIN Number: 44-0447850
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	12/18/2007	17158655

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	12/20/2007	12/20/2007

SERFF Tracking Number: *CMIC-125391378* *State:* *Arkansas*
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Disposition

Disposition Date: 12/20/2007
Effective Date (New): 12/20/2007
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CMIC-125391378* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *15725/07/0032*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Personal Automobile Program*
Project Name/Number: *Computer Generated Application/N/A*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Personal Automobile application (computer generated)	Approved	Yes

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 Product Name: Personal Automobile Program
 Project Name/Number: Computer Generated Application/N/A

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Automobile application (computer generated)	N/A	N/A	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 N/A Previous Filing #:		CMIC Personal Automobile Program application - AR.pdf

Cameron Mutual Insurance Company

Standard Auto Policy Application

214 McElwain Drive
Cameron, MO. 64429-1321

Cameron Mutual Home Office
Dianna Lunsford
816-632-6511

Policy Number	Policy Number	Submitted	Down Pay EFT	Remittance	Date/Time Bound
	New?	Bound/Unbound	Trans	Amount	
	No		No	\$0.00	
	Policy is	Term	Effective Date	Expiration Date	Quote Total Premium
	New	06	12/11/2007	6/11/2008	\$441.00
Applicant's Name and Mailing Address	Multi Policy	CCMIC			Other Policy Number
	No	No			

POCAHONTAS AR 72455

Agent Message:
this is test 1

Additional Insured
None

Non-Driving Residents and Dependents
None

Excluded Drivers
None

Vehicle Description/Use

Veh	Year	Make	Model	Body Type	Vin			
001	1995	CHEV	LUMINA	4 Door				
	Reg State	Cnty Code	County Name	Terr	Sym	Class Code	Rating Factor	Performance
	AR	038	Lawrence	011	004	885138	+01.183	Standard
	Cycle HP	Cost New	Stated Amt	Air Bags/Pass Rest	Multi Car	Auto Reg	Damaged	
	0	0	0	B	No	Yes	No	
	Joint Ownership	Solely Owned	At School	# Day Week	Mi. 1 way Wk/School	Usage	CarPool	Annual Miles
	No	Yes	No	0	0	Pleasure	No	5333
	Alternate Garage Location							
	n/a							

Coverage/Limits of Liability/Premiums

Unit 001 1995 CHEV LUMINA	Limit/Deductible	Premiums
Bodily Injury	\$100,000.00/\$300,000.00	\$164.00
Property Damage	\$100,000.00	\$111.00
Medical Payments	\$5,000.00	\$17.00
Uninsured Motorist	\$100,000.00/\$300,000.00	\$16.00
UMPD	No Coverage	\$0.00
Underinsured Motorist	\$0.00/\$0.00	\$0.00
Other than Collision	\$500.00	\$23.00
Collision	\$500.00	\$110.00
Towing and Labor	\$0.00	\$0.00
Extended Transportation	\$0.00	\$0.00
Covered Property	No Coverage	\$0.00
Audio/Visual	\$0.00	\$0.00
Tape Coverage		\$0.00
Loan/Lease Other than Collision		\$0.00
Loan/Lease Collision		\$0.00
Premium Total by Vehicle		\$441.00
Total Premium		\$441.00

None

Lienholders
None

Remarks

Household Remarks none
Driver Remarks none
Vehicle Remarks none

Resident and Driver Information

Num	Name	Gender	Marital Status	Relation to Applicant	DOB	SSN	Lic Num	Lic St.
001		Male	Single	Self				
		Veh Driven Most	Principal Operator	Rated Operator	Defensive Drv Date	DWI/Drugs		
		001	Yes	Yes	n/a	No		
		Student > 100	Good Student	Child Custody	Living w/Parents			
		No	No	No	No			

BINDER / SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
	NOON		
	COVERAGE IS NOT BOUND		
<p>NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p>			
<p>IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.</p>			
<p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL, AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p>			
<p>PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT.</p>			<p>HOW LONG HAVE YOU KNOWN THE APPLICANT?</p>
<p>I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.</p>			
APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE

ACORD 90 AR (2000/10)

Adverse Action Statement:

The premium you are being charged is higher than the base rate we offer. A key factor in determining your premium is the Risk Index score which is composed of your credit history and your claims history. Your Risk Index score is obtained from a report ordered from ChoicePoint Inc. ChoicePoint makes no decisions regarding the premium you are charged and is unable to provide specific reasons why your premium was affected. You have the right, under 15 U.S.C. § 1681j, to obtain a free copy of your report from ChoicePoint if requested within 60 days of receipt of this notice. When ordering your report, you will need the following reference numbers: Comprehensive Loss Underwriting Exchange (CLUE) reference number: 07745143727469 and National Credit File (NCF) reference number: number: 07745143727626. ChoicePoint's address, phone number and web address are:

ChoicePoint Consumer Credit
 P.O. Box 105108
 Atlanta, GA 30348-5108
 1-800-456-6004
 www.consumerdisclosure.com

If information contained in your report is inaccurate or incomplete, you have the right, under 15 U.S.C. § 1681i, to dispute such information with ChoicePoint. If corrections are made to your report as a result of any disputed entries, please contact your agent. Your agent will alert us, and an adjustment to your premium may be made.

ACORD™ ARKANSAS AUTO SUPPLEMENT

AGENCY:		APPLICANT / NAMED INSURED:	NAIC CODE:
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE:

UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

I acknowledge that I have been offered Uninsured and Underinsured Motorists coverage limits equal to the minimum limits required by law. Minimum limits are \$25,000 per person, \$50,000 per accident for Bodily Injury, \$25,000 per accident for Property Damage. I have also been offered limits equal to the liability limits of my policy. If I have rejected higher limits, my signature is provided here:

Signature of Applicant

The Arkansas Insurance Laws (Section 23-89-403 and 23-89-404), amended, permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorist Coverage. Uninsured Motorists Coverage provided insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, resulting therefrom, and for property damage to the insured vehicle for losses in excess of two hundred dollars (\$200).

Under the Arkansas Insurance Laws (Section 23-89-209), amended, you, the insured named in the policy, are permitted to reject Underinsured Motorists Coverage. Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the injured party would receive compensation in excess of his/her damages.

In accordance with the Arkansas Insurance Laws (Section 23-89-403, 23-89-404 and 23-89-209), amended, the undersigned insured (and each of them):

- Agrees that both Uninsured and Underinsured Motorists Coverages afforded in the policy are hereby deleted.
- Agreed that the property damage only portion on the Uninsured Motorists Coverage afforded in the policy is hereby deleted.
- Agrees that only Underinsured Motorists Coverage afforded in the policy is hereby deleted.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Insured

Signature of Insured

ARKANSAS PERSONAL INJURY PROTECTION SELECTION

I understand and acknowledge that Personal Injury Protection Insurance has been offered to me. The coverages and limits I have selected are indicated in the Application. If I have rejected any of these coverages, I have so indicated below.

I reject the following coverages indicated by my initials:

_____ Medical Payments Insurance
(initials)

_____ Work Loss Coverage
(initials)

_____ Accidental Death Benefits
(initials)

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Insured

Signature of Insured

<i>SERFF Tracking Number:</i>	<i>CMIC-125391378</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>15725/07/0032</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile Program</i>		
<i>Project Name/Number:</i>	<i>Computer Generated Application/N/A</i>		

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

12/20/2007

Comments:

Attachment:

NAIC Property and Casualty 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: 50%; border: none;">New Business</td> <td style="width: 50%; 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 #			
	Cameron Insurance Companies	0532			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

5. Company Tracking Number	53215725/07/0032
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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
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7.	Signature of authorized filer				
					
8.	Please print name of authorized filer				
	Sheila P. Andrew				

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

9.	Type of Insurance (TOI)	Personal Auto - 19.0000
10.	Sub-Type of Insurance (Sub-TOI)	N/A
11.	State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Personal Automobile Program
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: Upon Filing Renewal: Upon Filing
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	December 18, 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 #	53215725/07/0032
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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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We have added the Adverse Action Statement to bottom of page 3 of our Personal Automobile Application in order to fully automate our notification process to applicants for insurance as outlined in the Fair Credit Reporting Act (FCRA) 15 U.S.C. § 1681m(a). This notice will only print on the application when the resulting premium being charged is higher than the base rate we offer.

Enclosures: Property and Casualty Transmittal Document PC TD-1 (2 pages)
 Form Filing Schedule PC FFS-1 (1 page)
 Computer Generated Personal Automobile application (6 pages)

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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EFT: SERFF
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 #	53215725/07/0032			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Personal Auto Program system generated application	N/A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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