

SERFF Tracking Number: FARM-125374602 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
Company Tracking Number: J2AR071210BPBD1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange
Product Name: Employee Dishonesty - SERFF Tr Num: FARM-125374602 State: Arkansas
Property Manager Habitational (D308814)
TOI: 05.0 Commercial Multi-Peril - Liability & SERFF Status: Closed State Tr Num: #3040008218 \$50
Non-Liability
Sub-TOI: 05.0002 Businessowners Co Tr Num: J2AR071210BPBD1 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Disposition Date: 12/14/2007
Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Edward Petersen
Date Submitted: 12/10/2007 Disposition Status: Approved
Effective Date Requested (New): 03/01/2008 Effective Date (New): 03/01/2008
Effective Date Requested (Renewal): 05/01/2008 Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: Employee Dishonesty - Property Manager Habitational Status of Filing in Domicile: Pending
Project Number: J-AR-2007-HB-F Domicile Status Comments: Filing being made in California.
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 12/14/2007
State Status Changed: 12/14/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

SERFF Tracking Number: FARM-125374602 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
 Company Tracking Number: J2AR071210BPBD1
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
 Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Farmers Insurance Group of Companies respectfully submits the following form for approval.

J6350 1st Edition (93-6350) 7-07 - Employee Dishonesty – Property Manager – (For use with our Commercial Condominium Program). This new proprietary form will amend the Condominium Property Coverage Form in order to include property management directors and management company employees as “employees” under Condominium Liability coverage when performing real estate management duties for the named insured.

Our effective date for this form is March 1, 2008 for new business and May 1, 2008 for renewals.

If you have any questions regarding this forms filing, please contact Annalee Jones at (805) 306-6319, fax number (805) 306-6667 or email Annalee.Jones@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

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	

SERFF Tracking Number: FARM-125374602 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
Company Tracking Number: J2AR071210BPBD1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Truck Insurance Exchange
4680 Wilshire Blvd.
Los Angeles, CA 90010
(323) 932-3056 ext. [Phone]

CoCode: 21709
Group Code: 212
Group Name:
FEIN Number: 95-2575892

State of Domicile: California
Company Type:
State ID Number:

SERFF Tracking Number: FARM-125374602 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
Company Tracking Number: J2AR071210BPBD1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3040008218	\$50.00	12/07/2007

SERFF Tracking Number: FARM-125374602 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
Company Tracking Number: J2AR071210BPBD1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/14/2007	12/14/2007

SERFF Tracking Number: FARM-125374602 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
Company Tracking Number: J2AR071210BPBD1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Disposition

Disposition Date: 12/14/2007
Effective Date (New): 03/01/2008
Effective Date (Renewal): 03/01/2008
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

SERFF Tracking Number: FARM-125374602 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
 Company Tracking Number: J2AR071210BPBD1
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
 Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Employee Dishonesty - Property Manager	Approved	Yes

SERFF Tracking Number: FARM-125374602 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
 Company Tracking Number: J2AR071210BPBD1
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
 Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Employee Dishonesty - Property Manager	93-6350	7-07 1st Edition	Endorsement/Amendment/Conditions		12.00	J6350101.pdf



FARMERS[®]

J6350
1st Edition

EMPLOYEE DISHONESTY - PROPERTY MANAGER

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by this endorsement.

This endorsement modifies insurance provided under the following:

CONDOMINIUM PROPERTY COVERAGE FORM

A. Paragraph G.5.j. under **Optional Coverages - Employee Dishonesty** is deleted and replaced by the following:

j. With respect to coverage provided under this **Optional Coverage**, "employee" means any natural person who receives compensation for working in your regular service in the ordinary course of your business.

- (1) "Employee" also includes your directors and officers, whether compensated or not.
- (2) "Employee" additionally includes any natural person acting solely as an employee of a real estate property management firm while that person is performing real estate management duties for the named insured.
- (3) "Employee" does not include any broker, consignee, contractor or other agent or representative of the same general character (other than a property management company). Additionally, "employee" does not include any director or trustee of the real estate property management firm except while performing acts within the scope of the usual duties of its' employee.

Employee Dishonesty coverage does not apply when any Association director, officer or managers is performing duties outside the scope of his or her normal duties as an Association director, officer or manager for 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.

SERFF Tracking Number: FARM-125374602 *State:* Arkansas
First Filing Company: Farmers Insurance Exchange, ... *State Tracking Number:* #3040008218 \$50
Company Tracking Number: J2AR071210BPBD1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FARM-125374602 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008218 \$50
Company Tracking Number: J2AR071210BPBD1
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Employee Dishonesty - Property Manager Habitational (D308814)
Project Name/Number: Employee Dishonesty - Property Manager Habitational/J-AR-2007-HB-F

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	12/14/2007
Comments:				
Attachment:				
PCTD1Form.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	Group NAIC #		
	Farmers Insurance Group	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	J2AR071210BPBD1
-----------	--------------------------------	-----------------

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 Habitational
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: March 1, 2008 Renewal: May 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	December 10, 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 #	J2AR071210BPBD1
------------	--	------------------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

J6350 1st Edition (93-6350) 7-07 - Employee Dishonesty – Property Manager – (For use with our Commercial Condominium Program). This new proprietary form will amend the Condominium Property Coverage Form in order to include property management directors and management company employees as “employees” under Condominium Liability coverage when performing real estate management duties for the named insured.

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 #: 3040008218
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 #	J2AR071210BPBD1
-----------	--	------------------------

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	Employee Dishonesty – Property Manager	93-6350, 1 st Edition, 7-07	<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		