

<i>SERFF Tracking Number:</i>	<i>RURL-125382421</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fireman's Fund Insurance Company</i>	<i>State Tracking Number:</i>	<i>#8569838 \$50</i>
<i>Company Tracking Number:</i>	<i>FF08CH-2</i>		
<i>TOI:</i>	<i>02.1 Crop</i>	<i>Sub-TOI:</i>	<i>02.1001 Crop-Hail Non-Federally Reinsured Only</i>
<i>Product Name:</i>	<i>2008 AR Form Filing</i>		
<i>Project Name/Number:</i>	<i>2008 AR Form Filing/FF08CH-2</i>		

Filing at a Glance

Company: Fireman's Fund Insurance Company

Product Name: 2008 AR Form Filing	SERFF Tr Num: RURL-125382421	State: Arkansas
TOI: 02.1 Crop	SERFF Status: Closed	State Tr Num: #8569838 \$50
Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only	Co Tr Num: FF08CH-2	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Sandy Holte, Gary Schmidt	Disposition Date: 12/13/2007
	Date Submitted: 12/10/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 01/01/2008

State Filing Description:

General Information

Project Name: 2008 AR Form Filing	Status of Filing in Domicile: Not Filed
Project Number: FF08CH-2	Domicile Status Comments: Domicile state is CA
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/13/2007	
State Status Changed: 12/13/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Rural Community Insurance Agency, Inc. is the Managing General Agency for the above captioned company and has been granted filing authority for the crop insurance lines of business.	

Effective January 15, 2008 we wish to file a revision to our current independent HA-2052 Harvested Stored Grain

SERFF Tracking Number: RURL-125382421 State: Arkansas
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mandatory endorsement. Specifically, we added a statement in the "Perils Insured Against" provision for Windstorm or Hail which clarifies that coverage applies to grain stored in a "permanent grain storage structure".

Company and Contact

Filing Contact Information

Sandy Holte, Operations Analyst - Claims Sandra.Holte@rcis.com
 Underwriting
 3501 Thurston Ave (763) 323-2158 [Phone]
 Anoka, MN 55011 (763) 712-2531[FAX]

Filing Company Information

Fireman's Fund Insurance Company CoCode: 21873 State of Domicile: California
 777 San Marin Drive A26 Group Code: 761 Company Type: Property and Casualty
 Novato, CA 94998 Group Name: Allianz Group State ID Number:
 (415) 899-3077 ext. [Phone] FEIN Number: 94-1610280

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 form filing fee

Check # 8569838 had already been submitted and rec'd per Llyweyia Rawlins on Nov. 19, for this filing . Gary Schmidt had initially submitted this filing manually on Nov. 5 not knowing it had to be via SERFF only.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fireman's Fund Insurance Company	\$0.00	12/10/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/13/2007	12/13/2007

SERFF Tracking Number: RURL-125382421 *State:* Arkansas
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Disposition

Disposition Date: 12/13/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RURL-125382421 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	Authorization Letter	Approved	Yes
Form	Harvested Stored Grain endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Harvested Stored Grain endorsement	HA-2052 (01-08)	01-08	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 HA-2052 (12-97) Previous Filing #:		HA2052 _01-08_.pdf HA2052 (12-97) WITHDRAW N.pdf

CROP-HAIL INSURANCE
MANDATORY ENDORSEMENT

HARVESTED STORED GRAIN ENDORSEMENT

We cover your insurable interest in the crop(s) and acreage as listed in the Schedule of Insurance of your underlying Crop-Hail Policy, and while under the care and custody of either you or your tenant, against loss from the following named perils, subject however to special exclusions, conditions, limits of insurance, deductible and coinsurance as hereafter set forth. Note: The coverage extended through this endorsement is excess only offering coverage above and beyond that which is due you from other insurance, not to exceed the applicable amount of insurance as set forth in the Schedule of Insurance.

PERILS INSURED AGAINST:

1. FIRE AND LIGHTNING
2. WINDSTORM OR HAIL, when loss to the insured grain occurs as a result of damage caused by the direct force of wind or hail to a permanent grain storage structure housing the insured grain.
3. EXPLOSION, but excluding loss by explosion of steam boilers, alcohol stills, steam pipes or steam engines.
4. VEHICLES OR AIRCRAFT, meaning only direct loss resulting from actual physical contact of a land vehicle or aircraft with the covered property or the building containing the covered property and direct loss by objects falling from the aircraft, but excluding loss caused by any vehicle owned or operated by you or your tenant.
5. UPSET OR OVERTURN, meaning loss to insured grain as a result of upset or overturn of a vehicle, other than a common carrier, transporting the grain within 100 miles of the location where the insured crop is stored.
6. SMOKE, meaning only direct loss from smoke due to a sudden, unusual and faulty operation of any heating or drying unit, but excluding loss caused by smog, agricultural smudging or industrial operations.
7. VANDALISM OR MALICIOUS MISCHIEF, meaning only the willful and malicious damage to or destruction of the insured grain which is reported to local, county, state or federal law enforcement.
8. THEFT, meaning any act of theft, larceny or robbery of grain, all only while under the care and custody of either you or your tenant and which is reported to local, county, state or federal law enforcement. **NOT COVERED** are mysterious disappearance, inventory shortage, embezzlement or employee dishonesty, wrongful conversion, action of rodents, birds, animal or vermin, shrinkage or unaccountable shortage, or any circumstances not involving evidence of felonious entry or trespass at the location where the insured crops are stored. Upon knowledge of loss under this peril the insured shall give notice as soon as is practicable to the Company or its authorized agent and to the policy authorities.

SPECIAL EXCLUSIONS: Coverage does not apply to loss,

9. Caused directly or indirectly by nuclear reaction, meaning nuclear reaction, radiation or radio-active contamination: or
10. Resulting directly or indirectly from war or undeclared war.
11. Stored in or being processed in public elevators or warehouses, seed houses, drying plants or manufacturing plants.
12. Mixed or ground with another grain, product or material and/or commingled with like grain harvested from acreage not listed in the Schedule of Insurance.

SPECIAL CONDITIONS: The following additional conditions apply to this endorsement:

13. Protections of Grain After Loss - The insureds, their agents, employees or assigns, shall undertake reasonable care and measures to salvage grain after loss, including safeguarding of undamaged grain to minimize

further grain loss. In consideration thereof, the company will pay actual labor and other necessary cost incurred in an amount not to exceed the sums per bushel set forth below for each specific type of grain.

Provided However, the total amount payable for salvaging of grain shall not exceed five percent of the limit of insurance applicable to the type of crop for which loss is claimed.

Type of Grain	Amount Payable/Bushel Salvage Rate
(a) Corn	.15/bushel
(b) Soybeans	.25/bushel
(c) All other Grains	.10/ bushel

14. OTHER INSURANCE PROVISION: The insurance provided by the endorsement is excess over any other valid and collectible insurance. We will cover only such amount of your loss, after application of co-insurance, as may exceed the amount due you from other insurance, not to exceed the applicable amount of insurance.
15. LIMIT OF INSURANCE: The limit of liability for this endorsement is as set forth in the Schedule of Insurance less any prior claim payments made under the crop-hail policy or endorsements thereto, whichever is less. In no event shall the company be liable for more than the amount of insurance for a specific crop as set forth in the Schedule of Insurance. Additionally, if the cash value of the crop is less than the available amount of insurance when such loss occurs, then the cash value figure will be used in the settlement of the loss.
16. BASIS OF SETTLEMENT: All losses will be adjusted using the actual cash value of the insured grain at the time of loss. The actual cash value is determined as the highest closing local market cash price of the insured grain within ten (10) days following the day of loss. In no event, however, shall the company be liable for more than the amount of insurance for a specific crop as set forth in the Schedule of Insurance, irrespective of the actual cash value of the crop. Therefore, if a loss occurs on the insured grain, then the loss settlement will be based upon the actual cash value of the crop or the limit of liability as set forth in the Schedule of Insurance less any prior claim payment under the subject crop-hail policy or endorsements thereto, whichever is less. Additionally, the company shall be entitled to a credit for any grain salvaged.
17. DEDUCTIBLE CLAUSE: Each claim for loss shall be adjusted individually and from the amount of each adjusted loss fifty (\$50.00) dollars shall be deducted.
18. POLICY PERIOD: Coverage becomes effective at the same time that coverage on the underlying crop-hail policy becomes effective and expires once your policy has been suspended, canceled or replaced by another crop-hail policy or your crops have been sold or delivered to a public elevator or warehouse or are no longer in the care or custody of you or your tenant.
19. All other terms and conditions of the policy not in conflict herewith shall remain unchanged.

HARVESTED STORED GRAIN ENDORSEMENT

We cover your insurable interest in the crop(s) and acreage as listed in the Schedule of Insurance of your underlying Crop-Hail Policy, and while under the care and custody of either you or your tenant, against loss from the following named perils, subject however to special exclusions, conditions, limits of insurance, deductible and coinsurance as hereafter set forth. Note: The coverage extended through this endorsement is excess only offering coverage above and beyond that which is due you from other insurance, not to exceed the applicable amount of insurance as set forth in the Schedule of Insurance.

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Rate Information

Rate data does NOT apply to filing.

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TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured
Only
Product Name: 2008 AR Form Filing
Project Name/Number: 2008 AR Form Filing/FF08CH-2

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/13/2007

Comments:

Attachment:

Transmittal documents.pdf

Satisfied -Name: Authorization Letter **Review Status:** Approved 12/13/2007

Comments:

Attachment:

AR.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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]

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 #:
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.)

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	



Kerian Bunch
Vice President
Associate General Counsel

November 7, 2005

Commissioner of Insurance - Arkansas

To Whom It May Concern:

Fireman's Fund Insurance Company hereby authorizes Rural Community Insurance Agency, Inc., Anoka, Minnesota, to submit filings on its behalf for rates, rules and forms relating to Multi-Peril Crop, Crop Hail Insurance and any other crop related products.

This authorization shall apply to all states in which Fireman's Fund Insurance Company is licensed and shall remain in effect until you are notified, in writing, of its revocation.

FIREMAN'S FUND INSURANCE COMPANY

Kerian Bunch