

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange
Product Name: Businessowners SERFF Tr Num: FARM-125137335 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-025433
Sub-TOI: 05.0002 Businessowners Co Tr Num: J2AR070711BPTC2 State Status:
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: 07-13-2007
Date Submitted: 07-11-2007 Disposition Status: Approved
Effective Date Requested (New): 09-01-2007 Effective Date (New): 09-01-2007
Effective Date Requested (Renewal): 11-01-2007 Effective Date (Renewal): 11-01-2007

General Information

Project Name: ACV and Blanket 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: 07-13-2007
State Status Changed: 07-12-2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
The Farmers Insurance Group of Companies respectfully submits the following form for our Restaurants, Retail and Service Industry, Artisan Contractor Industry, Habitational, Commercial Real Estate, Auto Service and Repair, and Manufacturing Industry Businessowners Program.

Endorsement E6278, 1st Edition 12-06 This endorsement will provide an option to aggregate multiple properties at multiple locations under one combined limit. Losses covered under this endorsement will be included up to and equal to the sum of all building limits and or business personal property limits shown in the declarations. This endorsement does not increase the total limit of Building or Business Personal Property coverage.

The effective dates are September 1, 2007 for new business and November 1, 2007 for renewals.

If you have any questions regarding this filing, please contact Ted Petersen at (805) 306-6542, fax number (805) 306-

6667 or email Ted.Petersen@FarmersInsurance.com.

Your early approval/acknowledgement 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:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575892	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 is the required filing fee amount for each 3 companies -- Fle, MC, TIE -- for a total of \$150.00
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010615173	\$50.00	06-04-2007
3040007726	\$50.00	06-04-2007
3020016800	\$50.00	06-04-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-13-2007	07-13-2007

Disposition

Disposition Date: 07-13-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal): 11-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-13-2007 02:50 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Blanket Limits for Buildings and Business Personal Property	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Blanket Limits for Buildings and Business Personal Property	E6278	1st ed 12/06	Endorsement/Amendment/Conditions	New	12.00	E6278101.pdf



FARMERS®

E6278
1st Edition

**BLANKET LIMITS FOR BUILDINGS AND BUSINESS
PERSONAL PROPERTY**

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS PROPERTY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM
CONDOMINIUM PROPERTY COVERAGE FORM

When shown in the Declaration, the Limits of Insurance for Buildings and Business Personal Property at any scheduled location will be provided on a blanket basis.

A. The applicable Property Coverage Form is amended by the following:

Paragraph **C.1.** under **C. Limits Of Insurance** is deleted and replaced by the following:

1. In the event of covered loss or damage to:

- a)** Building(s) at a scheduled location, the applicable limit of insurance will equal the sum of all the Building limits shown in the Declarations.
- b)** Business Personal Property at a scheduled location, the applicable limit of insurance will equal the sum of all the Business Personal Property limits shown on the Declarations.

This endorsement does not increase the total limit of Building or Business Personal Property coverage nor does it change any other provisions of the policy.

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

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-13-2007
Comments:			
Attachment:			
AR-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	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	J2AR070711BPTC2
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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 – 5.1, 5.2			
10. Sub-Type of Insurance (Sub-TOI)	Commercial Multi-peril – 5.1, 5.2			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Businessowners			
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:	September 1, 2007	Renewal:	11/1/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	ISO			
17. Reference Organization # & Title	0			
18. Company's Date of Filing	July 11, 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 #	J2AR070711BPTC2
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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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The Farmers Insurance Group of Companies respectfully submits the following form for our Restaurants, Retail and Service Industry, Artisan Contractor Industry, Habitational, Commercial Real Estate, Auto Service and Repair, and Manufacturing Industry Businessowners Program.

- **Endorsement E6278, 1st Edition 12-06 - Blanket Limits for Buildings and Business Personal Property –**
This endorsement will provide an option to aggregate multiple properties at multiple locations under one combined limit. Losses covered under this endorsement will be included up to and equal to the sum of all building limits and or business personal property limits shown in the declarations. This endorsement does not increase the total limit of Building or Business Personal Property coverage.

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 #: 3010615173, 3040007726, 3020016800

Amount: \$50 each (Farmers, Truck and Mid-Century)

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 #	J2AR070711BPTC2
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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	Blanket Limits for Buildings and Business Personal Property	E6278 1 st Edition 12-06	<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		