

SERFF Tracking Number: FARM-125268770 State: Arkansas
Filing Company: Farmers Insurance Company, Inc. State Tracking Number: AR-PC-07-025886
Company Tracking Number: FAR0740-205570
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: F-AR-2007-PA-F
Project Name/Number: Declining Deductible Endorsement J6471, 1st ed/A-06-904

Filing at a Glance

Company: Farmers Insurance Company, Inc.

Product Name: F-AR-2007-PA-F

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Filing Type: Form

SERFF Tr Num: FARM-125268770 State: Arkansas

SERFF Status: Closed

Co Tr Num: FAR0740-205570

Co Status:

Authors: Vivian Alarcon, Jeanette
Campion, Gayane Rupchian, Mina
Villegas, Chris SalvaCruz, Edmond
Balaian

Date Submitted: 08/24/2007

State Tr Num: AR-PC-07-025886

State Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Disposition Date: 08/27/2007

Disposition Status: Approved

Effective Date Requested (New): 02/01/2008

Effective Date Requested (Renewal): 02/01/2008

Effective Date (New): 02/01/2008

Effective Date (Renewal):

General Information

Project Name: Declining Deductible Endorsement J6471, 1st ed

Project Number: A-06-904

Reference Organization:

Reference Title:

Filing Status Changed: 08/27/2007

State Status Changed: 08/24/2007

Corresponding Filing Tracking Number:

Filing Description:

We respectfully submit for your review and approval a new optional endorsement, Declining Deductible Endorsement J6471 1st Edition. This endorsement, when selected, will reduce either the collision or both the collision and comprehensive deductibles our customers have to pay when their vehicle is repaired. This decline is subject to the number of years our customers are free of chargeable accidents. With a maximum benefit of either a \$500 reduction to their deductible or if their respective deductible is less than \$500 then their entire deductible. In no event will their deductible be reduced below \$0.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Product Name: F-AR-2007-PA-F
Project Name/Number: Declining Deductible Endorsement J6471, 1st ed/A-06-904

We propose that this filing be applicable to all policies effective on or after February 1, 2008.

Company and Contact

Filing Contact Information

Feliksa Barran, Manager - Business Feliksa_Barran@farmersinsurance.com
Implementation
4700 Wilshire Blvd. (323) 932-3056 [Phone]
Los Angeles, CA 90010 ()-[FAX]

Filing Company Information

Farmers Insurance Company, Inc. CoCode: 21628 State of Domicile: Kansas
10850 Lowell Avenue Group Code: 212 Company Type:
Overland Park, KS 66210-1667 Group Name: State ID Number:
(323) 932-3056 ext. [Phone] FEIN Number: 48-0609012

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 is the required forms filing fee per company -- in this case, Farmers Insurance Company, Inc. Check will be mailed via DHL on Friday, 08-24-2007.
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/27/2007	08/27/2007

SERFF Tracking Number: FARM-125268770 State: Arkansas
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Project Name/Number: Declining Deductible Endorsement J6471, 1st ed/A-06-904

Disposition

Disposition Date: 08/27/2007

Effective Date (New): 02/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FARM-125268770 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	Cover memo	Approved	Yes
Form	Declining Deductible 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	Declining Deductible endorsement	J6471, 1st ed	04-07	Endorsement/Amendment/Conditions		40.50	J6471, 1st ed.pdf

DECLINING DEDUCTIBLE ENDORSEMENT

J6471
1st Edition

This endorsement sets forth two separate and distinct coverage options. The option you selected for the insured car(s) will be on the Declarations page.

@ **DECLINING DEDUCTIBLE - LEVEL ONE**

For an additional premium, it is agreed that the deductible for **PART IV DAMAGE TO YOUR CAR Coverage G Collision** is reduced by \$100 when you buy this endorsement. For each subsequent 12 month period that you are free of chargeable accidents, your deductible will decline by \$100 at the time of renewal. The maximum reduction is \$500. In the event that your original deductible is less than \$500, the lowest deductible is \$0.

If you have a chargeable accident, you will lose your deductible reductions and the initial credit at policy renewal. You must then accumulate new non-chargeable accident free years.

@ **DECLINING DEDUCTIBLE - LEVEL TWO**

For an additional premium, it is agreed that the applicable deductibles for **PART IV DAMAGE TO YOUR CAR Coverage G Collision and Coverage F Comprehensive** are reduced by \$100 each when you buy this endorsement. For each subsequent 12 month period that you are free of chargeable accidents, your deductibles will decline by \$100 each at the time of renewal. The maximum per deductible reduction is \$500. In the event your original deductibles are less than \$500 each, the lowest deductible is \$0.

If you have a chargeable accident, you will lose your deductible reductions and the initial credit at policy renewal. You must then accumulate new non-chargeable accident free years.

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.

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Product Name: F-AR-2007-PA-F
Project Name/Number: Declining Deductible Endorsement J6471, 1st ed/A-06-904

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 08/27/2007

Comments:

Attachment:

P&C transmittal.pdf

Satisfied -Name: Cover memo **Review Status:** Approved 08/27/2007

Comments:

Attachment:

Cover memo.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <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> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

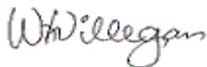
3. Group Name	Group NAIC #
Farmers Insurance Group of Companies	0212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Farmers Insurance Company, Inc.	CA	21628	48-0609012	

5. Company Tracking Number	FAR0740-205570
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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
	Jonathon Miller 4700 Wilshire Blvd, A1-3 Los Angeles, CA 90010	Contracts Manager	323-930-4214	323-930-4725	

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

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

9. Type of Insurance (TOI)	Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	Private Passenger Auto
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	19.0000
12. Company Program Title (Marketing title)	J6471, 1st ed
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: 2/1/2008 Renewal: 2/1/2008
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	August 21, 2007
19. Status of filing in domicile	<input checked="" 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 #	FAR0740-205570
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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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Please see filing memorandum

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 #: Not available yet 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.)



FARMERS

4700 Wilshire Blvd
Los Angeles, CA 90010
Bus number: (323) 930-4214
Fax number: (323) 930-4725
www.farmersinsurance.com

August 21, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

SUBJECT: Declining Deductible Endorsement J6471, 1st edition

Company Name	Reference #	NAIC #	Group #
Farmers Insurance Company, Inc.	FAR0740-205570	21628	0212

Dear Commissioner:

We respectfully submit for your review and approval a new optional endorsement, **Declining Deductible Endorsement J6471 1st Edition**. This endorsement, when selected, will reduce either the collision or both the collision and comprehensive deductibles our customers have to pay when their vehicle is repaired. This decline is subject to the number of years our customers are free of chargeable accidents. With a maximum benefit of either a \$500 reduction to their deductible or if their respective deductible is less than \$500 then their entire deductible. In no event will their deductible be reduced below \$0.

We propose that this filing be applicable to all policies effective on or after **February 1, 2008**.

Should you have any questions, please feel free to contact Jonathon Miller at (323) 930-4214.

Thank you for your cooperation in this matter.

Very truly yours,
FARMERS INSURANCE COMPANY, INC

By: Jonathon L. Miller, JD, GCA
Contract Manager
Personal Lines/Underwriting/Contracts