

SERFF Tracking Number: SFMA-125275976 State: Arkansas
 Filing Company: State Farm Fire and Casualty Company State Tracking Number: AR-PC-07-025933
 Company Tracking Number: CL-22478
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: CL-22478
 Project Name/Number: CL-22478/CL-22478

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: CL-22478	SERFF Tr Num: SFMA-125275976	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: AR-PC-07-025933
Sub-TOI: 05.0002 Businessowners	Co Tr Num: CL-22478	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Richard Haberer, Sheri Anderson	Disposition Date: 08/30/2007
	Date Submitted: 08/28/2007	Disposition Status: Approved
Effective Date Requested (New): 11/15/2007		Effective Date (New): 11/15/2007
Effective Date Requested (Renewal): 01/15/2008		Effective Date (Renewal): 01/15/2008

General Information

Project Name: CL-22478	Status of Filing in Domicile: Not Filed
Project Number: CL-22478	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: 08/30/2007	
State Status Changed: 08/29/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

We respectfully request your approval of optional FE-6565.1, Per Dwelling Building Deductible Endorsement. By attaching this endorsement, the policy deductible is applied separately to each dwelling building. A premium credit applies.

Company and Contact

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Filing Contact Information

Nate Gross, nathan.gross.aiqq@statefarm.com
 One State Farm Plaza (309) 766-3003 [Phone]
 Bloomington, IL 61710 (309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company CoCode: 25143 State of Domicile: Illinois
 1 State Farm Plaza Group Code: 176 Company Type:
 Bloomington, IL 61710 Group Name: State ID Number:
 (309) 735-0649 ext. [Phone] FEIN Number: 37-0533080

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per company X 1 company = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	08/28/2007	15327902

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/30/2007	08/30/2007

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Disposition

Disposition Date: 08/30/2007

Effective Date (New): 11/15/2007

Effective Date (Renewal): 01/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SFMA-125275976 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Per Dwelling Building Deductible Endorsement	FE-6565.1		Endorsement New nt/Amendm ent/Condi ons		0.00	FE-6565.1.pdf

PER DWELLING BUILDING DEDUCTIBLE ENDORSEMENT

DEDUCTIBLES, under SECTION I DEDUCTIBLES, is replaced by the following:

DEDUCTIBLES

We will not pay for loss in any one occurrence until the amount of loss exceeds the deductible. We will then pay only the amount of loss in excess of the deductibles up to the applicable limit of insurance.

The deductible shown in the Declarations will be deducted separately from loss to each "dwelling building". "Dwelling building" means a covered building used for dwelling purposes and the covered personal property located within that building.

The deductible shown in the Declarations will also be applied to the collective loss of all other covered buildings, structures and business personal property not located within a "dwelling building".

The following Section I losses have special deductible amounts which will apply in place of any other deductible:

1. \$250 from the amount of all loss in any one occurrence under the Employee Dishonesty optional coverage when Option ED is designated in the Declarations;
2. \$250 from the amount of all loss in any one occurrence under the Money and Securities optional coverage when Option MO is designated in the Declarations;
3. \$1,000 from the amount of all loss in any one occurrence under the Back-up of Sewer or Drain Extension of Coverage included only in the CONDOMINIUM/ASSOCIATION POLICY - SPECIAL FORM 3.

No deductible will be applied to the Arson Reward, Fire Department Service Charge, Extra Expense and Fire Extinguisher Recharge Extensions of Coverage.

No deductible will be applied to **COVERAGE C - LOSS OF INCOME** which is included only in an APARTMENT POLICY.

All other policy provisions apply.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/30/2007

Comments:

Attachments:

AR 22478 PC TD-1 - P-C Transmittal Document.pdf
AR 22478 PC FFS-1 - Form Filing Schedule.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:
	New Business
	Renewal Business
	f. State Filing #:
g. SERFF Filing #:	
h. Subject Codes	

3.	Group Name	Group NAIC #			
	State Farm Insurance Companies	0176			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

5.	Company Tracking Number	CL-22478
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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
	Nate Gross State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director and Assistant Secretary-Treasurer	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas W. Monson		

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

9.	Type of Insurance (TOI)	05.0
10.	Sub-Type of Insurance (Sub-TOI)	05.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Commercial Lines
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	November 15, 2007 for new business and January 15, 2008 for renewals.
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	August 30, 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 #	CL-22478
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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 respectfully request your approval of optional FE-6565.1, Per Dwelling Building Deductible Endorsement. By attaching this endorsement, the policy deductible is applied separately to each dwelling building. A premium credit applies.

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 #: Submitted via EFT
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.)**

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 #	CL-22478			
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	Per Dwelling Building Deductible Endorsement	FE-6565.1	<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		