

SERFF Tracking Number: RURL-125279671 State: Arkansas
Filing Company: Fireman's Fund Insurance Company State Tracking Number: AR-PC-07-025974
Company Tracking Number: FF08CH-1
TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only
Product Name: AR Crop hail
Project Name/Number: AR Crop Hail Application /AR 2008 Crop Hail Application

Filing at a Glance

Company: Fireman's Fund Insurance Company

Product Name: AR Crop hail

TOI: 02.1 Crop

Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only

Filing Type: Form

SERFF Tr Num: RURL-125279671 State: Arkansas

SERFF Status: Closed

Co Tr Num: FF08CH-1

Co Status:

Authors: Sandy Holte, Gary Schmidt

Date Submitted: 08/31/2007

State Tr Num: AR-PC-07-025974

State Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 09/04/2007

Disposition Status: Approved

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

Effective Date Requested (Renewal):

Effective Date (New): 01/01/2008

Effective Date (Renewal):

General Information

Project Name: AR Crop Hail Application

Project Number: AR 2008 Crop Hail Application

Reference Organization:

Reference Title:

Filing Status Changed: 09/04/2007

State Status Changed: 08/31/2007

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.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Domicile state is CA

Reference Number:

Advisory Org. Circular:

Deemer Date:

Effective January 1, 2008 we wish to file a revised edition of our Crop-Hail Insurance Application form. To comply with our corporate legal guidelines, we have added the following statement: "This agency is a licensed insurance agency representing and compensated by the insurer or its managing general agent based on the amount of insurance sold."

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No other changes were made to the form.

The following is attached for your review:

HA-1051AR (01-08) Crop-Hail Application
 (Replaces HA-1051AR (02-03))

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: for application filing fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fireman's Fund Insurance Company	\$50.00	08/31/2007	15385975

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Only
Product Name: AR Crop hail
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/04/2007	09/04/2007

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Only
Product Name: AR Crop hail
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Disposition

Disposition Date: 09/04/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RURL-125279671 State: Arkansas
 Filing Company: Fireman's Fund Insurance Company State Tracking Number: AR-PC-07-025974
 Company Tracking Number: FF08CH-1
 TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured
 Only
 Product Name: AR Crop hail
 Project Name/Number: AR Crop Hail Application /AR 2008 Crop Hail Application

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Withdrawn Application	Approved	Yes
Supporting Document	Cover letter	Approved	Yes
Supporting Document	Authorization letter	Approved	Yes
Form	Crop Hail Application	Approved	Yes

SERFF Tracking Number: RURL-125279671 State: Arkansas
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 TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured Only
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Crop Hail Application	HA-1051AR (01-08)	01-08	Application/Withdrawn Binder/Enrollment	Replaced Form #:0.00 HA-1051AR (02-03) Previous Filing #:		HA-1051AR (01-08).pdf



Representing _____ Insurance Company

(INSERT COMPANY NAME)

Note: Any person who knowingly presents a false or fraudulent claim for the payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison.

POLICY NO.

APPLICANT'S NAME			AGENCY'S NAME			CODE NUMBER □□ - □□□□ - □□		
STREET ADDRESS						STREET ADDRESS		
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
TELEPHONE NUMBER		TAX ID TYPE		TAX ID NUMBER		TELEPHONE NUMBER		
		<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> OTHER						
CHECK APPLICABLE BOX								
<input type="checkbox"/> NEW POLICY			<input type="checkbox"/> RENEWAL OF POLICY NO.			<input type="checkbox"/> POLICY CHANGE FOR POLICY NO.		

The premium for each growing season will be calculated on the basis of rates in effect for such season for the limit of insurance in effect.

Schedule of Insurance

The limit of insurance shown for each crop is not to be considered an agreement as to the value of the crop at any time nor the amount payable.

ITEM NO.	COUNTY NUMBER	QUARTER FARM NAME FSN	LOCATION					KIND OF CROP	MY % INT. IN CROP	APPLICABLE POLICY FORM	NO. ACRES INSURED	LIMIT OF INSURANCE PER ACRE NOT EXCEEDING	LIMIT OF INSURANCE NOT EXCEEDING	RATE	WHOLE DOLLAR PREMIUM
			SEC. NO.	TWP	N	RANGE SURVEY	E								
COUNTY NAME		COUNTY NO.		STATE NAME		STATE NUMBER		TOTALS:							
				ARKANSAS		3									
Form(s) and Endorsement(s) made part of this Policy at time of issue: Insert Form Number(s)												NET PREMIUM:			

UNDERWRITING DATA (Explain all "Yes" answers.)

1. Have any of the crops listed above been damaged by hail prior to signing this application? Yes No

2. Has any additional insurance been purchased on the above crops? _____ NAME OF COMPANY _____ AMT. OF INSURANCE PER ACRE Yes No

3. I am tenant landlord and live _____ miles _____ & _____ miles _____ from _____ CITY
 The tenant landlord _____ N/S _____ lives _____ E/W miles _____ from _____ CITY

4. Plant/Set/Stand Date (if required) : _____

5. Are these crops grown under irrigation? Yes No

Binder: Policy Provisions shall take effect at 12:01 a.m. following the date you and the agent signed the application. However, if any acre of crop described in this application is damaged by any peril *before* the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give us written notice and shall be entitled to return premium on such acre.

This binder may be cancelled by us by written notice to you in accordance with the policy provisions.

Applicant agrees to make payment to the Company, on or before the due date, all premiums owing for the insurance coverage as shown on the Schedule of Insurance issued by the Company. Applicant also agrees to pay reasonable attorney's fees and collection costs incurred by the Company if action is taken for collection of premium and any interest owing on the premium balance accruing from the due date.

This agency is a licensed insurance agency representing and compensated by the insurer or its managing general agent based on the amount of insurance sold.

Signed by Applicant _____ o'clock _____ M, _____ YEAR _____ I declare the facts stated herein to be true.

LICENSED AGENT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE

SERFF Tracking Number: RURL-125279671 *State:* Arkansas
Filing Company: Fireman's Fund Insurance Company *State Tracking Number:* AR-PC-07-025974
Company Tracking Number: FF08CH-1
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Only
Product Name: AR Crop hail
Project Name/Number: AR Crop Hail Application /AR 2008 Crop Hail Application

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: RURL-125279671 State: Arkansas
Filing Company: Fireman's Fund Insurance Company State Tracking Number: AR-PC-07-025974
Company Tracking Number: FF08CH-1
TOI: 02.1 Crop Sub-TOI: 02.1001 Crop-Hail Non-Federally Reinsured
Only
Product Name: AR Crop hail
Project Name/Number: AR Crop Hail Application /AR 2008 Crop Hail Application

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/04/2007

Comments:

Attachment:

Transmittal documents.pdf

Satisfied -Name: Withdrawn Application **Review Status:** Approved 09/04/2007

Comments:

Attached is the withdrawn version of our HA-1051AR (02-03) for a side by side comparison

Attachment:

HA-1051AR(02-03) WITHDRWN.pdf

Satisfied -Name: Cover letter **Review Status:** Approved 09/04/2007

Comments:

Attachment:

Cover Letter.pdf

Satisfied -Name: Authorization letter **Review Status:** Approved 09/04/2007

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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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: _____ Renewal: _____
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 #	
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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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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 #:
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	
-----------	---	--

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	



Rural Community Insurance Services

Crop-Hail Application to:

Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

POLICY NO.

(INSERT COMPANY NAME)

APPLICANT'S NAME AND ADDRESS <hr/> <hr/> CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NO. () _____ <input type="checkbox"/> SSN <input type="checkbox"/> EIN (CHECK ONE AND WRITE THE NUMBER.)		AGENCY'S NAME, ADDRESS, CODE NO. [] [] - [] [] [] [] [] [] <hr/> <hr/> CITY _____ STATE _____ ZIP CODE _____ AGENCY'S TELEPHONE NO. () _____ <input type="checkbox"/> POLICY CHANGE FOR POLICY NO.	
CHECK APPLICABLE SQUARE <input type="checkbox"/>	NEW <input type="checkbox"/>	RENEWAL OF POLICY NO. <input type="checkbox"/>	

The premium for each growing season will be calculated on the basis of rates in effect for such season for the limit of insurance in effect.

Schedule of Insurance

The limit of insurance shown for each crop is not to be considered an agreement as to the value of the crop at any time nor to the amount payable.

ITEM NO.	COUNTY NUMBER	QUARTER FARM NAME FSN	LOCATION					KIND OF CROP	MY % INT. IN CROP	APPLICABLE POLICY FORM	NO. ACRES INSURED	LIMIT OF INSURANCE PER ACRE NOT EXCEEDING	LIMIT OF INSURANCE NOT EXCEEDING	RATE	WHOLE DOLLAR PREMIUM
			SEC.	TWP.	N S	RNG.	E W								
1.										X	=	X	=		
2.										X	=	X	=		
3.										X	=	X	=		
4.										X	=	X	=		
5.										X	=	X	=		
6.										X	=	X	=		
7.										X	=	X	=		

COUNTY NAME	COUNTY NO.	STATE NAME	STATE NO.	TOTALS:	X X X X
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Form(s) and Endorsement(s) made part of this Policy at time of issue: Insert Form Number(s)

NET PREMIUM:

Underwriting Data: (Explain all "Yes" answers.)

1. Have any of the crops listed above been damaged by hail prior to signing this application? Yes No

2. Has additional insurance been purchased on the above crops? Yes No
NAME OF COMPANY _____ AMT. OF INSURANCE PER ACRE _____

3. I am tenant landlord & live _____ miles _____ & _____ miles _____ from _____
N/S _____ E/W _____ CITY _____
 The tenant landlord _____ lives _____ miles from _____
NAME _____ CITY _____

4. Plant/Set/Stand date (if required) _____ 5. Are these crops grown under irrigation? Yes No

Binder: Policy Provisions shall take effect at 12:01 a.m. following the date you and the agent signed the application. However, if any acre of crop described in this application is damaged by any peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give us written notice and shall be entitled to return premium on such acre.

This binder may be cancelled by us by written notice to you in accordance with the policy provisions.

Applicant agrees to make payment to the Company, on or before the due date, all premiums owing for the insurance coverage as shown on the Schedule of Insurance issued by the Company. Applicant also agrees to pay reasonable attorney's fees and collection costs incurred by the Company if action is taken for collection of premium and any interest owing on the premium balance from the due date.

Signed by Applicant _____ o'clock _____ M. _____ Year _____ By _____ <small>(LICENSED AGENT'S SIGNATURE)</small>	I declare the facts stated herein to be true. By _____ <small>(APPLICANT'S SIGNATURE)</small>
--	---



rcis.com

RURAL COMMUNITY INSURANCE SERVICES®

3501 Thurston Avenue Anoka, MN 55303-1060
1-800-451-3836

August 31, 2007

RE: 2008 CROP- HAIL INSURANCE APPLICATION REVISION FORM FILING
Fireman's Fund Insurance Company NAIC # 21873
File No. FF08CH-1

Dear Sir/Madam:

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 1, 2008 we wish to file a revised edition of our Crop-Hail Insurance Application form. To comply with our corporate legal guidelines, we have added the following statement: "This agency is a licensed insurance agency representing and compensated by the insurer or its managing general agent based on the amount of insurance sold." No other changes were made to the form.

The following is attached for your review:

HA-1051AR (01-08) Crop-Hail Application
(Replaces HA-1051AR (02-03))

Sincerely,

A handwritten signature in cursive script that reads "Sandra Holte".

Sandra Holte
Quality Assurance Analyst
(800) 328-9143



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