

SERFF Tracking Number: TRGR-125306425 State: Arkansas
Filing Company: Southern Insurance Company State Tracking Number: AR-PC-07-026243
Company Tracking Number: 07-151AR
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: Farmowner
Project Name/Number: Animal Collision/07-151

Filing at a Glance

Company: Southern Insurance Company
Product Name: Farmowner
TOI: 03.0 Personal Farmowners
Sub-TOI: 03.0000 Personal Farmowners
Filing Type: Form

SERFF Tr Num: TRGR-125306425 State: Arkansas
SERFF Status: Closed State Tr Num: AR-PC-07-026243
Co Tr Num: 07-151AR State Status:
Co Status: Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding
Author: Jerry Mobley Disposition Date: 09/28/2007
Date Submitted: 09/27/2007 Disposition Status: Approved
Effective Date (New): 12/01/2007 Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):
12/01/2007

General Information

Project Name: Animal Collision Status of Filing in Domicile: Pending
Project Number: 07-151 Domicile Status Comments: Included
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 09/28/2007
State Status Changed: 09/27/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Filing a revised endorsement, Animal Collision Coverage, FO R003 10 07 edition.

Company and Contact

Filing Contact Information

William Bradford, Senior Products Filing Specialist bill.bradford@republicgroup.com
5525 LBJ Freeway (972) 788-6617 [Phone]
Dallas, VT 75240 (972) 788-6609[FAX]

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Project Name/Number: Animal Collision/07-151

Filing Company Information

Southern Insurance Company
5525 LBJ Freeway
Dallas, TX 75240
(972) 788-6001 ext. [Phone]

CoCode: 19216 State of Domicile: Texas
Group Code: 3489 Company Type:
Group Name: The Republic Group State ID Number:
FEIN Number: 75-6021170

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Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000302108	\$50.00	09/25/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/28/2007	09/28/2007

SERFF Tracking Number: TRGR-125306425

State: Arkansas

Filing Company: Southern Insurance Company

State Tracking Number: AR-PC-07-026243

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TOI: 03.0 Personal Farmowners

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Product Name: Farmowner

Project Name/Number: Animal Collision/07-151

Disposition

Disposition Date: 09/28/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	File Memo	Approved	Yes
Form	Animal Collsion Coverage	Approved	Yes

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 Project Name/Number: Animal Collision/07-151

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Animal Collision Coverage	FO R003	10 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 FO R003 06 06 Previous Filing #:		FO R003-1007Animal Collision.pdf FO R003-1007Animal Collision compare.pdf

Farmowners

This endorsement changes the policy. Please read carefully

Animal Collision Coverage

This endorsement modifies insurance provided under the following:

Farm Coverage Form

(The information required below may be shown on the “declarations”)

Schedule

Limit per head \$ _____ Total Number of Head _____

The coverage that applies to “livestock” is extended by the following:

1. “We” pay for death to “livestock” caused or made necessary by the collision or overturn of a vehicle on which the “livestock” is being transported. Collision means the accidental contact of the vehicle transporting the “livestock” with:
 - a. another vehicle, but not a vehicle owned or operated by “you”; or
 - b. another object.

“We” also pay for death to covered “livestock” caused or made necessary by being struck by a vehicle not owned or operated by “you”.

2. The most “we” pay under this endorsement is \$5,000 per collision. However, the most “we” pay under this endorsement for death to any one head of “livestock” is the limit per head shown in the schedule above.
3. This endorsement does not apply to specifically scheduled “livestock” for which a “limit” is shown on the “declarations” or to any class of “livestock” for which a “limit” is shown on the “declarations”.
4. No deductible applies to coverage provided by this endorsement.

All other provisions of the policy apply.

Farmowners

This endorsement changes the policy. Please read carefully

Animal Collision Coverage

This endorsement modifies insurance provided under the following:

Farm Coverage Form

(The information required below may be shown on the "declarations")

Schedule

Limit per head \$ _____ Total Number of Head _____

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 - a. another vehicle, but not a vehicle owned or operated by "you"; or
 - b. another object.

"We" also pay for death to covered "livestock" caused or made necessary by being struck by a vehicle not owned or operated by "you".

2. The most "we" pay under this endorsement is \$5,000 per collision. However, the most "we" pay under this endorsement for death to any one head of "livestock" is the limit per head shown in the schedule above.
3. This endorsement does not apply to specifically scheduled "livestock" for which a "limit" is shown on the "declarations" or to any class of "livestock" for which a "limit" is shown on the "declarations".
4. [No deductible applies to coverage provided by this endorsement.](#)

All other provisions of the policy apply.

Deleted: 06 06

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Product Name: Farmowner

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

09/28/2007

Comments:

Attachment:

pc_FO revised animal coll cov12 07 .pdf

Satisfied -Name: File Memo

Review Status:

Approved

09/28/2007

Comments:

Attachment:

Filememo-120107animal coll revised.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 #
Republic Group of Companies	3489

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Southern Insurance Company	Texas	19216	75-6021170	

5. Company Tracking Number	07-151ar
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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
	Jerry Mobley 5525 LBJ Freeway Dallas, TX 75240-6241	State Filings Analyst	972-788-6619	972-788-6909	Jerry.Mobley@republicGroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jerry Mobley		

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

9. Type of Insurance (TOI)	3.0000 Farmowners
10. Sub-Type of Insurance (Sub-TOI)	5.0006 Commercial Farm and Ranch
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/a
12. Company Program Title (Marketing title)	Farmowners
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: Dec. 1, 2007 Renewal: Dec. 1, 2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	American Association of Insurance Services
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	September 26, 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 # 07-151ar

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are filing a revised company form that is provided in our Farmowner program. Our proposed effective date to begin using this revised form is with policies effective **December 1, 2007**. The original form was filed in 2006.

The form is revised to add a provision that no deductible applies to this coverage. This is to clarify our intent so as to eliminate any misunderstanding. This revised form has been filed in our domicile state of Texas.

If you have any questions, please contact me. The applicable filing fee is being mailed today. Thank you for your assistance.

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 #: 0000302108

Amount: \$50.00

form filing fee for company forms = (1 x \$filing fee) for one company

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 #	07-151ar
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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	Animal Collision Coverage	FO R003 10 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FO R003 06 06	
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

Southern Insurance Company
Farm Owners Multiperil
Filing Memorandum – Form

We are filing a revised company form that is provided in our Farmowner program. Our proposed effective date to begin using this revised form is with policies effective **December 1, 2007**. A comparison between this revised form and the previous is provided.

The form is revised to add a provision that no deductible applies to this coverage. This is to clarify our intent so as to eliminate any misunderstanding. This revised form has been filed in our domicile state of Texas.

If you have any questions, please let me know.