

SERFF Tracking Number: CMIC-125837327 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: N/A
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Homeowners
Project Name/Number: Forms Correction/

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Homeowners	SERFF Tr Num: CMIC-125837327	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: N/A	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author: Sheila Andrew	Disposition Date: 10/01/2008
	Date Submitted: 09/29/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: Forms Correction	Status of Filing in Domicile: Pending
Project Number:	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: 10/01/2008	
State Status Changed: 10/01/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	

Filing Description:

We wish to make a correction to the HO-210 Preferred Plus Endorsement form, filed as part of filing number CMIC-125726354 effective 09-01-2008.

Section 3. Water Back Up and Sump Overflow, a. Coverage, first line of the first paragraph. The amount of coverage provided under this coverage should be \$1,000 (in lieu of \$5,000). It was changed in error. It was never our intent to provide a higher limit for this coverage than we were currently providing.

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We are requesting an effective date of 11-01-2008 for this correction. Any policies processed with an effective date between 09-01-2008 and the new effective date will of course receive the incorrect higher limit as provided on the 09 08 edition of the endorsement.

We do have an optional endorsement available which provides a higher limit of coverage for Water Back Up and Sump Overflow if the insured chooses to purchase it.

Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance sandrew@cameron-insurance.com
 Specialist
 214 McElwain Drive (800) 326-6511 [Phone]
 Cameron, MO 64442-1321 (816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company CoCode: 15725 State of Domicile: Missouri
 214 McElwain Drive Group Code: 532 Company Type: Property & Casualty
 Cameron, MO 64429-1321 Group Name: State ID Number:
 (800) 326-6511 ext. [Phone] FEIN Number: 44-0447850

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	09/29/2008	22807386

SERFF Tracking Number: CMIC-125837327 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/01/2008	10/01/2008

SERFF Tracking Number: *CMIC-125837327* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *N/A*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Homeowners*
Project Name/Number: *Forms Correction/*

Disposition

Disposition Date: 10/01/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CMIC-125837327* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *N/A*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Homeowners*
Project Name/Number: *Forms Correction/*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Preferred Plus Endorsement	Approved	Yes

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 Product Name: Homeowners
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Preferred Plus Endorsement	HO-210	11 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: HO-210 (09 08) Previous Filing #: CMIC-125726354		HO-210 (11 08).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREFERRED PLUS ENDORSEMENT

HOMEOWNERS 91 PROGRAM - Forms HO 00 03 and HO-200

The attachment of this endorsement increases or broadens several of the coverages under your Preferred Homeowners Policy.

SECTION I - PROPERTY COVERAGES

1. Coverage C - Personal Property

- a. Special Limits of Liability Item 5. - The \$1,000 for loss by theft of jewelry, watches, furs, precious and semi-precious stones is increased to \$2,500.
- b. Special Limits of Liability Item 12. is added.
 12. \$3,000 on Golf Carts.

2. Additional Coverages

- a. Item 3. Trees, Shrubs and Other Plants - The \$500 limit available for any one tree, shrub or plant is increased to \$1,000. The aggregate limit, 5% of the Limit of Liability that applies to the dwelling, is increased to 10%.
- b. Item 8. Collapse - Paragraph a. is deleted and replaced by the following:
 - a. Perils Insured Against in Coverage A and B.The following paragraph is also added:

This additional coverage does not apply to Coverage C - Personal Property.
- c. Refrigerated Property Coverage - The \$500 Limit of Liability for this coverage is increased to \$750.

3. Water Back Up and Sump Overflow

a. Coverage

We insure, up to \$1,000, for direct physical loss, not caused by the negligence of an "insured", to property covered under Section I caused by water, or water-borne material, which:

- a. Backs up through sewers or drains; or
- b. Overflows or is discharged from a:
 1. Sump, sump pump; or
 2. Related equipment;

even if such overflow or discharge results from mechanical breakdown. This coverage does not apply to direct physical loss of the sump pump, or related equipment, which is caused by mechanical breakdown.

This coverage does not increase the limits of liability for Coverages A, B, C or D stated in the Declarations.

b. Section I - Perils Insured Against

With respect to the coverage described in 3.a. above, Paragraph:

2.e.2) under Coverage A - Dwelling and Coverage B - Other Structures in Form HO 00 03; and

2.e.2) in Endorsement HO 17 32;

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is deleted and replaced by the following:

Latent defect, inherent vice, or any quality in property that causes it to damage or destroy itself;

c. Special Deductible

The following replaces any other deductible provision in the policy with respect to loss covered under this endorsement.

We will pay only that part of the total of all loss payable under Section I that exceeds \$250. No other deductible applies to this coverage. This deductible does not apply with respect to Coverage D - Loss of Use.

d. Section I - Exclusions

The Water Damage exclusion is deleted and replaced by the following:

Water Damage, meaning:

- 1) Flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, whether or not driven by wind;
- 2) Water, or water-borne material, which:
 - a) Backs up through sewers or drains; or
 - b) Overflows or is discharged from a sump, sump pump or related equipment; as a direct or indirect result of flood; or
- 3) Water, or water-borne material, below the surface of the ground, including water which:
 - a) Exerts pressure on; or
 - b) Seeps or leaks through;
a building, sidewalk, driveway, foundation, swimming pool or other structure;

This Exclusion applies regardless of whether any of the above, in d.1) through d.3), is caused by an act of nature or is otherwise caused.

This Exclusion applies to, but is not limited to, escape, overflow or discharge, for any reason, of water or waterborne material from a dam, levee, seawall or any other boundary or containment system.

Direct loss by fire or explosion resulting from water damage is covered.

4. Accidental Death Coverage

We will pay \$1,000 in the event of your accidental death. Your death must result from an injury sustained while upon the "insured location" and must result, directly and independently of all other causes, from an accidental bodily injury. The death must also occur within 90 days of the accident causing the injury. We will not pay if death results from:

- a. Injury sustained in the course of "business" pursuits;
- b. Suicide while sane; or
- c. Any intentional act by someone else to do bodily harm.

Upon submission of proper proof, we will pay the death benefit to:

- a. Your surviving spouse if a resident of your household; or
- b. Your estate.

SECTION I - PERILS INSURED AGAINST

1. The Perils Insured Against which apply to Coverage C - Personal Property are deleted.
2. The Perils Insured Against which apply to Coverage A - Dwelling and Coverage B - Other Structures also apply to Coverage C - Personal Property.
3. The final paragraph under Perils Insured Against which apply to Coverage A - Dwelling and Coverage B - Other Structures is deleted and replaced by the following:

Under items 1. and 2., any ensuing loss to property described in Coverages A, B and C not excluded or excepted in this policy is covered.

4. Item 4. is added.

4. Under Coverage C caused by:

- a. Breakage of:

- 1) Eyeglasses, glassware, statuary, marble;
- 2) Bric-a-brac, porcelains and similar fragile articles other than jewelry, watches, bronzes, cameras and photographic lenses.

There is coverage for breakage of the property by or resulting from:

- 1) Fire, lighting, windstorm, hail;
- 2) Smoke, other than smoke from agricultural smudging or industrial operations;
- 3) Explosion, riot, civil commotion;
- 4) Aircraft, vehicles, vandalism and malicious mischief, earthquake or volcanic eruption;
- 5) Collapse of a building or any part of a building;
- 6) Water not otherwise excluded;
- 7) Theft or attempted theft; or
- 8) Sudden and accidental tearing apart, cracking, burning or bulging of:
 - a) A steam or hot water heating system;
 - b) An air conditioning or automatic fire protective sprinkler system; or
 - c) An appliance for heating water;
- b. Dampness of atmosphere or extremes of temperature unless the direct cause of loss is rain, snow, sleet or hail;
- c. Refinishing, renovating or repairing property other than watches, jewelry and furs;
- d. Collision, other than collision with a land vehicle, sinking, swamping or stranding of watercraft, including their trailers, furnishings, equipment and outboard engines or motors;
- e. Destruction, confiscation or seizure by order of any government or public authority; or
- f. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body. However, any ensuing loss to property described in Coverage C not excluded or excepted in this policy is covered.

All other provisions of this policy apply.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/01/2008

Comments:

Attachment:

PCT Arkansas Homeowners _correction.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 #			
		0532			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

5. Company Tracking Number	N/A (SERFF Tr Num: CMIC-125837327)
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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
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7.	Signature of authorized filer		<i>Sheila P Andrew</i>		
8.	Please print name of authorized filer		Sheila P. Andrew		

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

9.	Type of Insurance (TOI)	04.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	04.0000 Homeowners Sub-TOI Combinations
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Homeowners
13.	Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14.	Effective Date(s) Requested	New: October 1, 2008 Renewal: October 1, 2008
15.	Reference Filing?	[] Yes [X] No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	September 29, 2008
19.	Status of filing in domicile	[] Not Filed [X] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	N/A (SERFF Tr Num: CMIC-125837327)
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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 wish to make a correction to the HO-210 Preferred Plus Endorsement form, filed as part of filing number CMIC-125726354 effective 09-01-2008.

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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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SERFF EFT
Amount: \$50

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 #	N/A (SERFF Tr Num: CMIC-125837327)
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Preferred Plus Endorsement	HO-210 (11 08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HO-210 (09 08)	
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		
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15			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		