

<i>SERFF Tracking Number:</i>	<i>CMIC-125859070</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CMIC-125859070</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Farm Fire & EC Program</i>		
<i>Project Name/Number:</i>	<i>Product Review/N/A</i>		

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Farm Fire & EC Program	SERFF Tr Num: CMIC-125859070	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: CMIC-125859070	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: Sheila Andrew	Disposition Date: 10/15/2008
	Date Submitted: 10/15/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal): 01/01/2009

State Filing Description:

General Information

Project Name: Product Review	Status of Filing in Domicile: Pending
Project Number: N/A	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: 10/15/2008	
State Status Changed: 10/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Cameron Mutual Insurance Company (CMIC) wishes to file the attached new and revised endorsement forms as outlined under the Form Schedule tab for use with our Farm Fire & EC program. Rules/rates for these forms will follow under separate cover. The attached forms are final print copies.	

At this time we would also like to withdraw from use with our Farm Fire & EC program as of the same effective dates

SERFF Tracking Number: CMIC-125859070 State: Arkansas
 Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CMIC-125859070
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Farm Fire & EC Program
 Project Name/Number: Product Review/N/A

optional form FP 10 40 06 90 Causes of Loss - Earthquake. We discontinued offering earthquake coverage last November.

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	10/15/2008	23192569

SERFF Tracking Number: CMIC-125859070 State: Arkansas
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TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Farm Fire & EC Program
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/15/2008	10/15/2008

SERFF Tracking Number: *CMIC-125859070* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CMIC-125859070*
TOI: *01.0 Property* *Sub-TOI:* *01.0002 Personal Property (Fire and Allied Lines)*

Product Name: *Farm Fire & EC Program*
Project Name/Number: *Product Review/N/A*

Disposition

Disposition Date: 10/15/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *CMIC-125859070* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CMIC-125859070*
TOI: *01.0 Property* *Sub-TOI:* *01.0002 Personal Property (Fire and Allied Lines)*

Product Name: *Farm Fire & EC Program*
Project Name/Number: *Product Review/N/A*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Unoccupancy And Vacancy Permit	Approved	Yes
Form	Arkansas Changes	Approved	Yes
Form	Causes of Loss - Earthquake	Withdrawn	Yes

SERFF Tracking Number: CMIC-125859070 State: Arkansas
 Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: CMIC-125859070
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
 Product Name: Farm Fire & EC Program
 Project Name/Number: Product Review/N/A

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Unoccupancy And Vacancy Permit	FP 04 75	09 94	Endorseme New nt/Amendm ent/Condi ons		0.00	FP 04 75 09 94.pdf
Approved	Arkansas Changes	IL 01 63	06 98	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 IL 01 63 04 90 Previous Filing #:		IL 01 63 06 98.pdf
Withdrawn	Causes of Loss - Earthquake	FP 10 40	06 90	Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNOCCUPANCY AND VACANCY PERMIT

This endorsement modifies insurance provided under the following:

FARM PROPERTY COVERAGE FORM

SCHEDULE*

1. Waiver of Unoccupancy and Vacancy Loss Condition

"Insured Location" No.	No. and Description of Building or Structure	Permit Period (Inclusive)	
		From	To

2. Waiver of Vacancy Restriction

"Insured Location" No.	No. and Description of Building or Structure	Permit Period (Inclusive)	
		From	To

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

- A. The Unoccupancy and Vacancy Loss Condition (which reduces the applicable limit of insurance by 50% if a building or structure is "unoccupied" or "vacant" beyond a period of 120 consecutive days) is waived with respect to loss or damage to each building or structure (including furnishings or other property customary to its intended use or occupancy) indicated in Item 1. of the Schedule, if the loss or damage occurs during the Permit Period shown for that building or structure.
- B. The "vacancy" restriction (which excludes coverage if a building or structure is "vacant" for more than 30 consecutive days) is waived with respect to loss or damage to each building or structure (including furnishings or other property customary to its intended use or occupancy) indicated in Item 2. of the Schedule, if the loss or damage occurs during the Permit Period shown for that building or structure.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS CHANGES

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
FARM COVERAGE PART

A. When this endorsement is attached to the STANDARD PROPERTY POLICY CP 00 99 the term Coverage Part in this endorsement is replaced by the term Policy.

B. The following is added to the Common Policy Conditions:

MULTI-YEAR POLICIES

We may issue this policy for a term in excess of twelve months with the premium adjusted on an annual basis in accordance with our rates and rules.

C. 1. Except as provided in C.2 below, the APPRAISAL Condition, if any, is replaced by the following:

a. If we and you disagree on the value of the property or the amount of loss ("loss"), either party may make a written request for an appraisal of the loss ("loss"). However, an appraisal will be made only if both we and you agree, voluntarily, to have the loss ("loss") appraised. If so agreed, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and amount of loss ("loss"). If they fail to agree, they will submit their differences to the umpire.

b. An appraisal decision will not be binding on either party.

c. If there is an appraisal, we will still retain our right to deny the claim.

d. Each party will:

1) pay its chosen appraiser; and

2) bear the other expenses of the appraisal and umpire equally.

C. 2. The APPRAISAL Condition in Business Income Coverage Form (And Extra Expense) CP 00 30 and Business Income Coverage Form (Without Extra Expense) CP 00 32 is replaced by the following:

a. If we and you disagree on the amount of Net Income and operating expense or the amount of loss, either party may make a written request for an appraisal of the loss. However, an appraisal will be made only if both we and you agree, voluntarily, to have the loss appraised. If so agreed, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the amount of Net Income and operating expense or amount of loss. If they fail to agree, they will submit their differences to the umpire.

b. An appraisal decision will not be binding on either party.

c. If there is an appraisal, we will still retain our right to deny the claim.

d. Each party will:

1) pay its chosen appraiser; and

2) bear the other expenses of the appraisal and umpire equally.

D. 1. This paragraph, D., does not apply to the following:

Farm Liability Coverage Form
Legal Liability Coverage Form

2. The 2-year limitation in the LEGAL ACTION AGAINST US Condition is changed to 5 years.

E. VALUATION - SETTLEMENT

When forming a part of this policy, the last paragraphs of General Condition **18.a(3)** of the Crime General Provisions, and Additional Condition **i.(1) (c)** of the Safe Depository Direct Loss Coverage Form are replaced by the following:

If we cannot agree with you upon the actual cash value or the cost of repair or replacement, the value or cost may be determined by arbitration.

Either party may make a written request for an arbitration. However, arbitration will take place only if both we and you agree, voluntarily, to have the value or cost of the property arbitrated. Moreover, an arbitration decision will not be binding on either party. However, even if there is arbitration, we will still retain our right to deny the claim.

SERFF Tracking Number: CMIC-125859070 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CMIC-125859070
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: Farm Fire & EC Program
Project Name/Number: Product Review/N/A

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/15/2008

Comments:

Attachment:

Farm Fire & EC SERFF Filing # CMIC-125859070.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:				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name Cameron Insurance Companies	Group NAIC # 0532
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Cameron Mutual Insurance Company	MO	15725	44 0447850	

5. Company Tracking Number	SERFF Filing # CMIC-125859070
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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				
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)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Farm Fire & EC)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Farm Fire & EC Program
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: January 1, 2009 Renewal: January 1, 2009
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	October 15, 2008
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 #	SERFF Filing # CMIC-125859070
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Cameron Mutual Insurance Company (CMIC) wishes to file the attached new and revised endorsement forms as outlined under the Form Filing Schedule for use with our Farm Fire & EC program. Rules/rates for these forms will follow under separate cover. The attached forms are final print copies.

At this time we would also like to withdraw from use with our Farm Fire & EC program as of the same effective dates optional form FP 10 40 06 90 Causes of Loss - Earthquake. We discontinued offering earthquake coverage last November.

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]
<p>SERFF EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***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 #	SERFF Filing # CMIC-125859070			
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	Unoccupancy And Vacancy Permit	FP 04 75 09 94	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Arkansas Changes	IL 01 63 06 98	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 01 63 04 90	N/A
03	Causes of Loss - Earthquake	FP 10 40 06 90	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	N/A	N/A
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