

SERFF Tracking Number: CMIC-125859189 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CMIC-125859189
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: Farmowners Program
Project Name/Number: Product Review/N/A

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Farmowners Program

TOI: 03.0 Personal Farmowners

Sub-TOI: 03.0000 Personal Farmowners

Filing Type: Form

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009

SERFF Tr Num: CMIC-125859189

SERFF Status: Closed

Co Tr Num: CMIC-125859189

Co Status:

Author: Sheila Andrew

Date Submitted: 10/15/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 10/15/2008

Disposition Status: Approved

Effective Date (New): 01/01/2009

Effective Date (Renewal):

01/01/2009

State Filing Description:

General Information

Project Name: Product Review

Project Number: N/A

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 10/15/2008

State Status Changed: 10/15/2008

Corresponding Filing Tracking Number: #CMIC-125859070 & #CMIC-125858795

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 Farmowners 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 Farmowners program as of the same effective dates

SERFF Tracking Number: CMIC-125859189 State: Arkansas
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optional forms FL 04 29 06 90 Additional Farm Premises Rented To Others, FL 04 42 06 90 Limited Home Day Care Coverage, and FP 10 40 06 90 Causes of Loss - Earthquake. We discontinued offering earthquake coverage last November.

FYI on the Corresponding Filing Tracking Number: We also submitted a Farm Fire & EC filing #CMIC-125859070 and Farm Liability filing #CMIC-125858795 earlier today. These filings correspond with and include some of the same forms we are submitting with this filing.

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	23197933

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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-125859189* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CMIC-125859189*
TOI: *03.0 Personal Farmowners* *Sub-TOI:* *03.0000 Personal Farmowners*
Product Name: *Farmowners 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-125859189 State: Arkansas
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 Product Name: Farmowners Program
 Project Name/Number: Product Review/NA

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion - Products Related To A Specific Premises Or Operation	Approved	Yes
Form	Unoccupancy And Vacancy Permit	Approved	Yes
Form	Preferred Farmowners Endorsement	Approved	Yes
Form	Preferred Farmowners Plus Endorsement	Approved	Yes
Form	Arkansas Changes	Approved	Yes
Form	Arkansas Changes - Transfer Of Rights Of Recovery Against Others To Us	Approved	Yes
Form	Additional Farm Premises Rented To Others	Withdrawn	Yes
Form	Limited Home Day Care Coverage	Withdrawn	Yes
Form	Causes of Loss - Earthquake	Withdrawn	Yes

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 Product Name: Farmowners 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	Exclusion - Products Related To A Specific Premises Or Operation	FL 10 06	01 98	Endorsement/Amendment/Conditions New		0.00	FL 10 06 01 98.pdf
Approved	Unoccupancy And Vacancy Permit	FP 04 75	09 94	Endorsement/Amendment/Conditions New		0.00	FP 04 75 09 94.pdf
Approved	Preferred Farmowners Endorsement	FP-200	01 09	Endorsement/Amendment/Conditions New		0.00	FP-200 01 09.pdf
Approved	Preferred Farmowners Plus Endorsement	FP-210	01 09	Endorsement/Amendment/Conditions New		0.00	FP-210 01 09.pdf
Approved	Arkansas Changes	IL 01 63	06 98	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 IL 01 63 04 90 Previous Filing #:		IL 01 63 06 98.pdf
Approved	Arkansas Changes - Transfer Of Rights Of Recovery Against Others To Us	IL 01 99	06 98	Endorsement/Amendment/Conditions New		0.00	IL 01 99 06 98.pdf
Withdrawn	Additional Farm Premises Rented To Others	FL 04 29	06 90	Endorsement/Amendment/Conditions Withdrawn	Replaced Form #:0.00 Previous Filing #:		
Withdrawn	Limited Home Day Care	FL 04 42	06 90	Endorsement/Amendment Withdrawn	Replaced Form #:0.00		

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Coverage	ent/Condi ons	Previous Filing #:
Withdrawn Causes of Loss - FP 10 40 06 90 Earthquake	Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - PRODUCTS RELATED TO A SPECIFIC PREMISES OR OPERATION

This endorsement modifies insurance provided under the following:

FARM LIABILITY COVERAGE FORM

SCHEDULE *

Description Of Premises:

Or

Description Of Operations:

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

With respect to "bodily injury" or "property damage" arising out of "your products" manufactured, sold, handled, distributed or disposed of:

1. On, from or in connection with the use of any premises described in the Schedule; or
2. In connection with the conduct of any operation described in the Schedule, when conducted by you or on your behalf;

the following exclusion is added to the **Exclusions under Coverage H - Bodily Injury And Property Damage Liability**:

This insurance does not apply to "bodily injury" or "property damage" arising out of "your products" if the "bodily injury" or "property damage" occurs after you have relinquished possession of those products.

This exclusion does not apply to "bodily injury" or "property damage" arising out of the transportation of property, unless the injury or damage arises out of a condition, in or on a vehicle, created by the "loading or unloading" of it.

However, the foregoing provisions do **not** permit coverage for any situation excluded under Coverage H Exclusion **2.s.**, **2.u.** or **2.v.**

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.

PREFERRED FARMOWNERS ENDORSEMENT

This endorsement modifies insurance provided under the following:

FARM PROPERTY COVERAGE FORM

The Effect of this Endorsement on Your Coverage:

Attachment of this endorsement increases or broadens many of the coverages under your Farm Property Coverage Form for each "dwelling" owned by you, for which a Limit of Insurance is shown in the Declarations and for which Preferred Farmowners is shown in the Declarations.

I. EXCESS DWELLING COVERAGE - Coverage A - Dwelling

(Applies only when loss to the "dwelling" exceeds the Coverage A Limit of Liability shown in the Declarations)

We agree to provide an additional amount of insurance in accordance with the following provisions:

A. If you have:

1. Allowed us to adjust the Coverage A limit of liability and the premium in accordance with:
 - a. The property evaluations we make; and
 - b. any increases in inflation; and
2. notified us, within 30 days of completion, of any improvements, alterations or additions to the "dwelling" which increase the replacement cost of the "dwelling" by 5% or more;

the provisions of this endorsement will apply after a loss, provided you elect to repair or replace the damaged or destroyed "dwelling".

B. If there is a loss to the "dwelling" that exceeds the Coverage A limit of liability shown in the Declarations, for the purpose of settling that loss only:

1. We will provide an additional amount of insurance, up to 25% of the Coverage A limit of liability; and
2. The Section A. Coverage - Coverage A Dwellings 7. Coverage A Conditions a. Property paragraphs 1), 2), 3) and 4) are deleted and replaced by paragraphs 1), 2), and 3) as follows:
 - 1) We will settle the loss for the covered "dwelling" under Coverage A at replacement cost without deduction for depreciation. We will pay no more than the smallest of the following amounts for like construction and use on the same premises:
 - a) The replacement cost of that part of the "dwelling" damaged or destroyed;
 - b) the necessary amount actually spent to repair or replace the damaged or destroyed "dwelling"; or
 - c) the limit of liability under this policy that applies to the "dwelling", plus any additional amount provided by this endorsement.

We will pay no more than the actual cash value of the damage until actual repair or replacement is complete.

- 2) When determining replacement cost, the values of the following will be disregarded:

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- a) Excavations;
 - b) foundations; and
 - c) piers and other supports below the undersurface of the lowest basement floor; or, where there is no basement, those below the surface of the ground inside the foundation walls; also underground flues, pipes, wiring and drains.
- 3) You may disregard the replacement cost loss settlement provisions and make claim under this policy for loss or damage to the "dwelling" on an actual cash value basis. You may then make claim within 180 days after loss for any additional liability on a replacement cost basis.

This endorsement does not apply to land, including land on which the building or structures are located.

II. HOUSEHOLD PERSONAL PROPERTY REPLACEMENT COST - Coverage C

Covered losses to the following property are settled at replacement cost at the time of loss:

- 1. Coverage C - Household Personal Property;
- 2. If covered in this policy, awnings, carpeting, household appliances, outdoor antennas and outdoor equipment, whether or not attached to buildings.

Household Personal Property Replacement Cost coverage will also apply to the following articles or classes of property if they are separately described and specifically insured in this policy:

- 1. jewelry;
- 2. furs and garments trimmed with fur or consisting principally of fur;
- 3. cameras, projection machines, films and related articles of equipment;
- 4. musical equipment and related articles of equipment;
- 5. silverware, silver-plated ware, goldware, gold-plated ware and pewterware, but excluding pens, pencils, flasks, smoking implements or jewelry; and
- 6. golfer's equipment meaning golf clubs, golf clothing and golf equipment.

Household Personal Property Replacement Cost coverage will not apply to other classes of property separately described and specifically insured.

A. PROPERTY NOT ELIGIBLE

Property listed below is not eligible for replacement cost settlement. Any loss will be settled at actual cash value at the time of loss but not more than the amount required to repair or replace.

- 1. Antiques, fine arts, paintings and similar articles or rarity or antiquity which cannot be replaced.
- 2. Memorabilia, souvenirs, collector's items and similar articles whose age or history contribute to their value.
- 3. Articles not maintained in good or workable condition.
- 4. Articles that are outdated or obsolete and are stored or not being used.

B. REPLACEMENT COST

The following loss settlement procedure applies to all property insured under this endorsement:

- 1. We will pay no more than the least of the following amounts:
 - a. Replacement cost at the time of loss without deduction for depreciation;

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- b. The amount actually and necessarily spent to repair or replace the Covered Property;
 - c. 400% of the actual cash value of the Covered Property as of time of loss;
 - d. The limit of liability that applies to Coverage C, if applicable;
 - e. Any applicable special limits of liability stated in this policy; or
 - f. For loss to any item separately described and specifically insured in this policy, the limit of liability that applies to the item.
2. When the replacement cost for the entire loss under this endorsement is more than \$500, we will pay no more than the actual cash value for the loss or damage until the actual repair or replacement is complete.
 3. You may make a claim for loss on an actual cash value basis and then make claim within 180 days after the loss for any additional liability in accordance with this endorsement.

III. SECTION D. - ADDITIONAL COVERAGES

- A. The following items are increased from the ADDITIONAL COVERAGES section of the Farm Property Coverage Form.

Item 2.a. **Removal of Fallen Trees** - The \$500 limit of liability for this coverage is increased by \$500 to \$1,000.

Item 2.b. **Credit Card, and Fund Transfer Cards; Forgery; Counterfeit Currency** - The \$500 limit of liability for this coverage is increased by \$500 to \$1,000.

- B. The following items are added to the ADDITIONAL COVERAGES section of the Farm Property Coverage Form.

Item 2.c. Arson Reward

We will pay \$1,000 arson reward for information that leads to a conviction with respect to a covered fire loss on the "dwelling".

Item 2.d. Lock Replacement

We will pay up to \$100 of the cost for the necessary re-keying or the replacement of your door locks when your door keys are stolen in a covered theft loss. For this coverage to apply, you must immediately notify the police upon the discovery of the theft. No deductible applies to this coverage.

All other provisions of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREFERRED FARMOWNERS PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

FARM PROPERTY COVERAGE FORM PREFERRED FARMOWNERS ENDORSEMENT

The attachment of this endorsement increases or broadens several of the coverages under your Preferred Farmowners Policy, for which Preferred Farmowners Plus is shown in the Declarations.

PROPERTY COVERAGES

1. Coverage C - Household Personal Property

- a. Special Limits of Insurance Under Coverage C Item **g.1.** - 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 Insurance Under Coverage C Item **h.** is added.
 - h. \$3,000 on golf carts.

2. Coverage Extensions to Coverages A, B and C

- a. Item **b.** Trees, Shrubs, Plants and Lawn - The \$500 limit available for any one damaged or destroyed tree, plant, shrub or lawn is increased to \$1,000. The aggregate limit, 5% of the Coverage A Limit of Insurance shown in the Declarations for the "dwelling" is increased to 10%.
- b. Item **c.2)** Refrigerated Products - Not "Farm Personal Property" - The \$500 Limit of Liability for this coverage is increased to \$750.

3. Sump Overflow and Water Backup From Sewers or Drains (Coverages A, B, C, and D only)

A. We will pay for direct physical loss or damage to Covered Property covered under **Coverage A, B, C** and for loss of use as covered under **Coverage D**, in the Farm Property Coverage Form, caused by or resulting from water which:

- 1. Backs up through or overflows from a sewer or drain; or
- 2. Overflows from a sump, even if the overflow results from mechanical breakdown of a sump pump or its appurtenant equipment.

However, with respect to **A.2.**, we will not pay the cost of repairing or replacing a sump pump or its appurtenant equipment in the event of mechanical breakdown.

B. The coverage described in **Paragraph A.** does not apply to loss or damage resulting from an "insured's" failure to:

- 1. Keep a sump pump or its appurtenant equipment in proper working condition; or
- 2. Perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions.

C. The most we will pay for the coverage provided under this endorsement is a total of \$1,000.

D. With respect to the coverage provided under this endorsement, **Exclusion 8.** under **C. Exclusions**, is replaced by the following exclusion:

8. Water

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- a. Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not;
- b. Mudslide or mudflow; or
- c. Water under the ground surface pressing on, or flowing or seeping through:
 - 1) Foundations, walls, floors or paved surfaces;
 - 2) Basements, whether paved or not; or
 - 3) Doors, windows or other openings.

But:

- 1) If Water, as described in **8.a.** through **c.** above, results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage; or
- 2) If loss or damage to:
 - i) Farm machinery, vehicles and equipment covered for the Special Causes of Loss; or
 - ii) "Livestock";
 is caused by water as described in **8.a.** above, this Water exclusion does not apply to such loss or damage.

- E. With respect to the coverage provided under this endorsement, Section **F. Deductibles** is replaced by the following:

We will not pay for loss or damage in any one occurrence until the amount of loss or damage exceeds the Deductible amount of \$500. We will then pay the amount of loss or damage in excess of the Deductible, subject to the limit of insurance stated in Section **C.** above. No other deductible in this policy applies to the coverage provided by this endorsement.

- F. With respect to the coverage provided under this endorsement, the following does not apply:

Exclusionary provision **B.3.a.24)f)** of Section **B. Covered Causes of Loss.**

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.

COVERAGE C - HOUSEHOLD PERSONAL PROPERTY

- 1. Item 4. Covered Causes of Loss is deleted and replaced by the following:

- 4. Covered Causes of Loss for Coverage C - Household Personal Property means the causes as described and limited under **B.3.** Covered Causes of Loss SPECIAL. However, certain property is covered only for particular causes of loss, as listed under item **b.** of the Coverage Extensions to Coverages A, B and C.

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2. We do not insure, however, for loss under Coverage C - Household Personal Property 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.

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ARKANSAS CHANGES - TRANSFER OF RIGHTS OF
RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM LIABILITY COVERAGE FORM

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Condition:

We will be entitled to recovery only after the insured ("insured") has been fully compensated for the loss or damage sustained.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/15/2008

Comments:

Attachment:

Farmowners Filing # CMIC-125859189.pdf

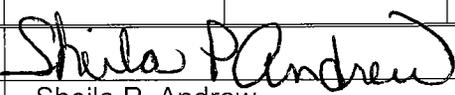
Property & Casualty Transmittal Document

<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="text-align: center;">New Business</td> <td style="width: 50px;"></td> </tr> <tr> <td style="text-align: center;">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 #			
	Cameron Insurance Companies	0532			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

5. Company Tracking Number	SERFF Filing # CMIC-125859189
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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)	03.0 Personal Farmowners
10.	Sub-Type of Insurance (Sub-TOI)	03.0000 Personal Farmowners
11.	State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Farmowners Program
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: January 1, 2009 Renewal: January 1, 2009
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	October 15, 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 #	SERFF Filing # CMIC-125859189
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 Forms Filing Schedule for use with our Farmowners 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 Farmowners program as of the same effective dates optional forms FL 04 29 06 90 Additional Farm Premises Rented To Others, FL 04 42 06 90 Limited Home Day Care Coverage, and FP 10 40 06 90 Causes of Loss - Earthquake. We discontinued offering earthquake coverage last November.

FYI on the Corresponding Filing Tracking Number: We also submitted a Farm Fire & EC filing #CMIC-125859070 and Farm Liability filing #CMIC-125858795 earlier today. These filings correspond with and include some of the same forms we are submitting with this filing.

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-125859189			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Arkansas Changes - Transfer of Rights of Recovery Against Others to Us	IL 01 99 06 98	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
04	Exclusion - Products Related To A Specific Premises Or Operation	FL 10 06 01 98	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
05	Preferred Farmowners Endorsement	FP-200 01 09	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
06	Preferred Farmowners Plus Endorsement	FP-210 01 09	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
07	Additional Farm Premises Rented To Others	FL 04 29 06 90	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	N/A	N/A
08	Limited Home Day Care Coverage.	FL 04 42 06 90	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	N/A	N/A
09	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
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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