

SERFF Tracking Number: FORE-125866856 State: Arkansas
Filing Company: Foremost Insurance Company Grand Rapids, Michigan State Tracking Number: EFT \$50
Company Tracking Number: S-25
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: Homeowners Program
Project Name/Number: /

Filing at a Glance

Company: Foremost Insurance Company Grand Rapids, Michigan
Product Name: Homeowners Program SERFF Tr Num: FORE-125866856 State: Arkansas
TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 04.0005 Other Homeowners Co Tr Num: S-25 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi
Author: Ruth Sieting Disposition Date: 10/24/2008
Date Submitted: 10/22/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2009 Effective Date (New): 04/01/2009
Effective Date Requested (Renewal): 04/01/2009 Effective Date (Renewal): 04/01/2009
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/24/2008 Deemer Date:
State Status Changed: 10/24/2008
Corresponding Filing Tracking Number:
Filing Description:
Filing two new forms

Company and Contact

Filing Contact Information

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Kaan Cidanli, Administrator kaan.cidanli@foremost.com
PO Box 2450 (616) 956-3645 [Phone]
Grand Rapids, MI 49501-2450

Filing Company Information

Foremost Insurance Company Grand Rapids, Michigan CoCode: 11185 State of Domicile: Michigan
P.O. Box 2450 Group Code: Company Type: Property and Casualty
Grand Rapids, MI 49501-2450 Group Name: State ID Number:
(616) 956-3000 ext. [Phone] FEIN Number: 38-1407533

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 for form filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Foremost Insurance Company Grand Rapids, Michigan	\$50.00	10/22/2008	23401405

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	10/24/2008	10/24/2008

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Disposition

Disposition Date: 10/24/2008
Effective Date (New): 04/01/2009
Effective Date (Renewal): 04/01/2009
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	Letter	Approved	Yes
Form	Certificate Holder	Approved	Yes
Form	Additional Insured For Premises Liability	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Certificate Holder	4094	03/06	Endorsement/Amendment/Conditions	New	43.14	4094_0306.pdf
Approved	Additional Insured For Premises Liability	5406	10/07	Endorsement/Amendment/Conditions	New	32.56	5406_1007.pdf

CERTIFICATE HOLDER
4094 03/06

Insurance Company:

Policy Number:

Effective Date:

Expiration Date:

Named Insured:

Property Location:

Certificate Holder:

The dwelling described on this certificate is insured by the policy shown. If this policy is terminated, notice will also be mailed to the Certificate Holder named above.

This certificate does not amend or supercede any provision of the policy.

4094 03/06

ADDITIONAL INSURED FOR PREMISES LIABILITY
5406 10/07

Name and Address of Person or Organization

-

Your policy includes the person or organization named in the endorsement with respect to SECTION II if provided by the policy, but only with respect to the ownership, maintenance or use of your **premises** shown on the Declarations Page.

Personal liability does not apply to **bodily injury** to any employee arising out of or in the employee's employment by the additional interest.

Interest:

Insuring Agreement

The following is added to the Insuring Agreement:

You, your and yours also means the person or organization named on this Additional Insured for premises liability.

5406 10/07

All other provisions of your policy apply.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/24/2008

Comments:
This information was filled out under the Form Schedule tab.

Satisfied -Name: Letter **Review Status:** Approved 10/24/2008

Comments:
Attachment:
arkansas-ltr-fms.pdf

**Foremost® Insurance Company
Grand Rapids, Michigan**

ADMINISTRATIVE OFFICES
5600 Beech Tree Lane
Caledonia, Michigan 49316-0050

MAILING ADDRESS
ATTN: STATE FILINGS DEPT.
P.O. Box 2450
Grand Rapids, Michigan 49501-2450

October 22, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Foremost Insurance Company Grand Rapids, Michigan
NAIC #212-11185
Homeowners Program
Revision to the Form Section
Company Tracking Number S-25

Dear Commissioner Pickens:

We submit this filing for your formal stamp of approval or acknowledgement.

Form 4094 03/06 – Certificate Holder

This is a new form.

This form specifies that a party with an interest in the policy (like a park owner) will be notified if the policy is terminated. This form does not provide coverage to that party.

Form 5406 10/07 – Additional Insured For Premises Liability

This is a new form.

This form provides liability coverage to an additional insured (like a property management company or a park owner) with an interest in the policy.

Please insert – Form 4094 03/06 – Certificate Holder
Form 5406 10/07 – Additional Insured For Premises Liability

The following rule of implementation will apply:

This filing will be effective for all new and renewal policies written to be effective on and after April 1, 2009. No policy effective prior to the above date is to be cancelled and rewritten to take advantage of or to avoid the application of this filing except at the request of the insured.

Your attention to our filing is appreciated.

Very truly yours,

Kaan K. Cidanli
State Filings Administrator
State Filings
Phone No. (616) 956-3645
Fax No. (616) 956-2093
e-mail: kaan.cidanli@foremost.com

KKC/res

Enclosures: Forms