

SERFF Tracking Number: SFMA-125839840 State: Arkansas
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: CL-24283
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: CL-24283
Project Name/Number: CL-24283/CL-24283

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: CL-24283

SERFF Tr Num: SFMA-125839840 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability &
Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners

Co Tr Num: CL-24283

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Laura Culbertson, Richard
Haberer

Disposition Date: 10/06/2008

Date Submitted: 10/06/2008

Disposition Status: Approved

Effective Date Requested (New): 01/15/2009

Effective Date (New): 01/15/2009

Effective Date Requested (Renewal): 03/15/2009

Effective Date (Renewal):
03/15/2009

State Filing Description:

General Information

Project Name: CL-24283

Status of Filing in Domicile: Not Filed

Project Number: CL-24283

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: 10/06/2008

State Status Changed: 10/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of form FE-6385, Business Unit-Owners Endorsement, for use with our FP-6100 Contractors Policy. FE-6385 is a mandatory endorsement that is attached when we insure a business condominium unit. It is currently approved for use with our FP-6103 Business Policy.

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Sincerely,

Thomas W. Monson, CPCU
Forms Director and Assistant Secretary-Treasurer
(309) 766-2270
tom.monson.apky@statefarm.com

Bob VandeBerg
Forms Manager
(309) 766-1222
bob.vandenberg.a9dl@statefarm.com

Company and Contact

Filing Contact Information

Bob Vandenberg, bob.vandenberg.a9dl@statefarm.com
One State Farm Plaza (309) 766-1222 [Phone]
Bloomington, IL 61710 (309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company CoCode: 25143 State of Domicile: Illinois
1 State Farm Plaza Group Code: 176 Company Type:
Bloomington, IL 61710 Group Name: State ID Number:
(309) 735-0649 ext. [Phone] FEIN Number: 37-0533080

Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	10/06/2008	22949886

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/06/2008	10/06/2008

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Disposition

Disposition Date: 10/06/2008

Effective Date (New): 01/15/2009

Effective Date (Renewal): 03/15/2009

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
Form	Business Unitowners Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Unitowners Endorsement	FE-6385		Endorsement/New Amendment/ Conditions			FE-6385.pdf

BUSINESS UNIT-OWNERS ENDORSEMENT

COVERAGE A - BUILDINGS is replaced by the following:

COVERAGE A - BUILDINGS

When a limit of insurance is shown in the Declarations for Coverage A, we will pay for accidental direct physical loss to items of real property which, according to the governing rules of the condominium/association, pertain directly to your unit and are your insurance responsibility. This includes building additions and alterations, fixtures, installations or additions comprising a part of the described unit and not subject to removal by you. This also includes your share of any association deductible but only when the deductible is not assessed against all unit-owners.

Under **COVERAGE B - BUSINESS PERSONAL PROPERTY**, the following is deleted:

3. tenant's improvements and betterments, meaning fixtures, alterations, installations or additions:
 - a. made a part of the building or structure you occupy but do not own; and
 - b. you acquired or made at your expense but cannot legally remove.

Under **PROPERTY NOT COVERED**, the following item is added:

13. personal property owned collectively by the unit-owners of the condominium/association.

Under **INFLATION COVERAGE**, the following paragraph is added:

This inflation coverage provision does not apply to the limit of insurance for Coverage A when both:

1. the limit of insurance for Coverage B is less than \$10,000; and

2. the limit of insurance for Coverage A is no more than \$1,000.

Under **SECTION I PROPERTY COVERAGES**, the following coverage is added:

COVERAGE D - LOSS ASSESSMENT

We will pay up to the limit of insurance shown in the Declarations for Coverage D - Loss Assessment for your share of any assessment charged to all unit-owners by the condominium/association when the assessment is made as a result of:

1. accidental direct physical loss caused by an insured loss to association property in which each unit-owner has an undivided interest; or
2. damages because of an **occurrence** to which Coverage L - Business Liability of this policy applies.

Under **BUSINESS LIABILITY EXCLUSIONS**, exclusion 2. is replaced by the following:

2. to **bodily injury** or **property damage** for which the insured is obligated to pay damages or any assessment charged to all unit-owners according to the governing rules of the condominium/association by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for:
 - a. damages in a contract or agreement that is an **insured contract**;
 - b. damages that the insured would have in the absence of a contract or agreement; or
 - c. your share of any assessment that is charged to all unit-owners by the condominium/association as a result of the coverage provided under Coverage D - Loss Assessment.

All other provisions of the policy apply.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/06/2008

Comments:

Attachment:

AR 24283 PC TD-1 - P-C Transmittal Document.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	State Farm Insurance Companies				Group NAIC #	0176
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
State Farm Fire and Casualty Company	Illinois	25143	37-0533080			

5. Company Tracking Number	CL-24283
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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
	Bob VandeBerg State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-1222	(309) 766-0225	bob.vandenberg.a9dl@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director and Assistant Secretary- Treasurer	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas W. Monson		

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

9. Type of Insurance (TOI)	05.0
10. Sub-Type of Insurance (Sub-TOI)	05.0002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial Lines - Contractors
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	January 15, 2009 for new business and March 15, 2009 for renewals.
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 6, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CL-24283
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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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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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Check #: Sent Via EFT
Amount: \$50.00

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.)**