

SERFF Tracking Number: ACEH-125908535 State: Arkansas
Filing Company: Indemnity Insurance Company of North America State Tracking Number: EFT \$50
Company Tracking Number: 08-FR-2008055
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0006 Commercial Farm and Ranch
Liability
Product Name: Combine Plus
Project Name/Number: Non adopt ISO forms FP 00 30 02 09, FP 00 40 02 09, FP 10 60 02 09 and FP 04 02 02 09 /08-FR-2008055

Filing at a Glance

Company: Indemnity Insurance Company of North America

Product Name: Combine Plus SERFF Tr Num: ACEH-125908535 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 05.0006 Commercial Farm and Ranch Co Tr Num: 08-FR-2008055 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
Authors: Steve Heverly, Jeff Meyer Disposition Date: 11/21/2008
Mgr, Theresa Boyce, Bob Wolfrom, Nancy Flanagan, Sue Miro, Kathy Erickson
Date Submitted: 11/20/2008 Disposition Status: Non-Adoption
Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): 02/01/2009 Effective Date (Renewal): 02/01/2009

State Filing Description:

General Information

Project Name: Non adopt ISO forms FP 00 30 02 09, FP 00 40 02 09, FP 10 60 02 09 and FP 04 02 02 09 Status of Filing in Domicile: Not Filed
Project Number: 08-FR-2008055 Domicile Status Comments:
Reference Organization: ISO Reference Number: FR-2008-OFMWE
Reference Title: REVISION OF WATER EXCLUSION IN MULTISTATE Advisory Org. Circular: LI-FR-2008-162
FARM PROPERTY AND FARM INLAND MARINE COVERAGE
FORMS AND ENDORSEMENT APPROVED
Filing Status Changed: 11/21/2008
State Status Changed: 11/21/2008 Deemer Date:
Corresponding Filing Tracking Number:

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Filing Description:

Filing to non adopt the following ISO forms:

FP 00 30 02 09 – Mobile Agricultural Machinery And Equipment Coverage Form

FP 00 40 02 09 – Livestock Coverage Form

FP 10 60 02 09 – Causes Of Loss Form – Farm Property

FP 04 02 02 09 - Sump overflow

Company and Contact

Filing Contact Information

Sue Miro, Product Manager sue.miro@rainhail.com
 9200 Northpark Drive (515) 559-1268 [Phone]
 Johnston, IA 50131-3006 (515) 559-1001[FAX]

Filing Company Information

Indemnity Insurance Company of North America CoCode: 43575 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 06-1016108

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Indemnity Insurance Company of North	\$50.00	11/20/2008	24070648

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Llyweyia Rawlins	11/21/2008	11/21/2008

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Disposition

Disposition Date: 11/21/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 02/01/2009

Status: Non-Adoption

Comment: Filing to non adopt the following ISO forms:

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Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Non-adoption 11/21/2008

Comments:

Attachment:

P& C transmittal Document.pdf

Satisfied -Name: Filing Authority Letter **Review Status:** Non-adoption 11/21/2008

Comments:

Attachment:

ACE 2008 Farm Filing Authority Letter.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: 60%; 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> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

Check #:
Amount:

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.)

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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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1



Agriculture
Routing WA07C
436 Walnut Street
Philadelphia, PA 19106
USA

215-640-2038 *tel*
215-640-5472 *fax*

michael.coleman@ace-ina.com
www.ace-ina.com

Michael Coleman
Senior Vice President

February 25, 2008

To Whom It May Concern:

We hereby grant authorization to Steve Harms, Chairman of the Board and President and/or Robert Haney, Executive Vice President of Rain and Hail L.L.C., Managing General Agency for the below listed ACE companies, 435 Walnut Street, Philadelphia, Pennsylvania, 19106, to accept and/or make on our behalf ISO Division Four Farm Filings.

ACE Property and Casualty Insurance Company
ACE Insurance Company of Illinois
ACE Fire Underwriters Insurance Company
Atlantic Employers Insurance Company
Indemnity Insurance Company of North America

Very truly yours,

A handwritten signature in cursive script that reads "Michael J. Coleman".

Michael J. Coleman
Senior Vice President