

SERFF Tracking Number: ARKS-125903194 State: Arkansas
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #563886 \$50
Company of Arkansas, Inc.
Company Tracking Number:
TOI: 04.0 Homeowners Sub-TOI: 04.0001 Condominium Homeowners
Product Name: Homeowners
Project Name/Number: /

Filing at a Glance

Company: 13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Product Name: Homeowners	SERFF Tr Num: ARKS-125903194	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: #563886 \$50
Sub-TOI: 04.0001 Condominium Homeowners	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Brittany Yielding
	Author:	Disposition Date: 11/19/2008
	Date Submitted: 11/14/2008	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):

State Filing Description:

New Condo program application and dec

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: 11/19/2008	
State Status Changed: 11/19/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Application and dec for new condo program, coverage form previously filed.	

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125903194 State: Arkansas
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Company of Arkansas, Inc.
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TOI: 04.0 Homeowners Sub-TOI: 04.0001 Condominium Homeowners
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Bill Williams, Underwriting Manager
10720 Kanis Rd
Little Rock, AR 72203

Bill.Williams@afbic.com
(501) 228-1463 [Phone]
(501) 228-1800[FAX]

Filing Company Information

13757 - Farm Bureau Mutual Insurance
Company of Arkansas, Inc.
No Address
City, AR 99999
(999) 999-9999 ext. [Phone]

CoCode: 13757

State of Domicile: Arkansas

Group Code:

Company Type:

Group Name:

State ID Number:

FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125903194

State: Arkansas

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TOI: 04.0 Homeowners

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	11/19/2008	11/19/2008

SERFF Tracking Number: ARKS-125903194

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance

State Tracking Number: #563886 \$50

Company of Arkansas, Inc.

Company Tracking Number:

TOI: 04.0 Homeowners

Sub-TOI: 04.0001 Condominium Homeowners

Product Name: Homeowners

Project Name/Number: /

Disposition

Disposition Date: 11/19/2008

Effective Date (New): 01/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125903194 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-2 Loss Costs Only (not for workers' compensation)		Yes
Supporting Document	H-1 Homeowners Abstract		Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		Yes
Supporting Document	NAIC loss cost data entry document		Yes
Supporting Document	Uniform Transmittal Document-Property & Approved Casualty		Yes
Supporting Document	ARKS-125903194		Yes
Form	Condo Dec	Approved	Yes
Form	Application	Approved	Yes

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 TOI: 04.0 Homeowners Sub-TOI: 04.0001 Condominium Homeowners
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability Attachment
Approved	Condo Dec	HO3565	01/01/2009	Declaration Replaced s/Schedule	Replaced Form #: Previous Filing #:	
Approved	Application	HO3524	01/01/2009	Application/ Replaced Binder/Enrollment	Replaced Form #: Previous Filing #:	

SERFF Tracking Number: ARKS-125903194

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TOI: 04.0 Homeowners

Sub-TOI: 04.0001 Condominium Homeowners

Product Name: Homeowners

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125903194

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance

State Tracking Number: #563886 \$50

Company of Arkansas, Inc.

Company Tracking Number:

TOI: 04.0 Homeowners

Sub-TOI: 04.0001 Condominium Homeowners

Product Name: Homeowners

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125903194

11/19/2008

Comments:

Attachments:

ARKS-125903194.pdf

ARKS-125903194-1.pdf

CH#563886 \$50

BH

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

Approved until withdrawn or revoked

NOV 14 2008

Arkansas Insurance Department
By: *[Signature]*

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 #: ARHS-125903194

h. Subject Codes

3. Group Name _____ **Group NAIC #** _____

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Farm Bureau Mutual Ins. Co. of AR, Inc.		13757	710232167	

RECEIVED
NOV 14 2008

5. Company Tracking Number _____ **PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT**

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Bill Williams 10720 Kanis Road, Little Rock, AR 72211	Underwriting Mgr.	501-228-1463	501-228-1800	Bill.Williams@afbic.com

7. Signature of authorized filer *[Signature]*

8. Please print name of authorized filer Bill Williams

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

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0005 Other Homeowners
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 checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/09 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	11/12/2008
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]

We filed our Condominium Unit Owners Policy (HO-6) Form #HO-3550 which was approved on October 13, 2008. We are now filing the accompanying rules, rates, application and Declaration for the policy.

We intend to use our existing Homeowner Instructions pages within our Agent's Instruction Manual to explain to our agents how to treat the HO-6 in contrast to our other Homeowner products. A copy of the entire Homeowner Instructions is included with the changes highlighted in red.

Our current Application for Homeowner Insurance (HO3524) has been revised to include selections for the HO-6. These changes are highlighted in yellow. We plan to use printed applications until our Internet Technology Department has achieved the online application system.

Our current Homeowner Declarations Page (HO3565) has also been updated. However, we have chosen to use programming to distinguish when a Condominium Unit Owners Policy front page should be used for the HO-6 policies and when the current Homeowner Policy Declaration page will be used for our HO-1, HO-3, and HO-4 policies. A current Declaration is enclosed along with a mock up of an intended Condominium Unit Owners Policy Declaration for your convenience.

We intend to use all of the forms and the accompanying rates (also enclosed with this mailing) effective January 1, 2009, pending your approval.

[View Complete Filing Description](#)

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 #: 0000563886

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.)

PC TD-1 pg 2 of 2

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	Homeowner Instructions / General Rules (Agents Instruction Manual)	01/01/2009	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	10/15/2008	
02	Homeowner Policy Declaration / Condominium Unit Owners Policy	HO3565 01/01/2009	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HO3565 04/04	
03	Application for Homeowner Insurance	HO3524 01/01/2009	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HO3524 05/05	
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

APPLICATION FOR HOMEOWNER INSURANCE

POLICY INFORMATION

POLICY NUMBER	APPLICATION TYPE <input type="checkbox"/> Trial <input type="checkbox"/> Binder <input type="checkbox"/> Field Issue	EFFECTIVE DATE	TIME A.M. P.M.	EXPIRATION DATE	WRITING AGENT CODE	CBR	
CTY. F.B. MEM NUM.	NEW MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	EXEC ACCT? <input type="checkbox"/> Yes <input type="checkbox"/> No	SERVICING CTY	PAYOR CODE <input type="checkbox"/> Mortgagee <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Insured <input type="checkbox"/> Brokerage		PAY MODE <input type="checkbox"/> Regular <input type="checkbox"/> Installment	PREPAID AMOUNT \$
KNOWN SINCE	TAX ID	PRIOR INSURANCE COMPANY NAME, ADDRESS, & PHONE NO.			UNDERWRITING <input type="checkbox"/> Accept <input type="checkbox"/> Reject	U.W. ID.	

APPLICANT'S INFORMATION

NAMED INSURED	SOCIAL SECURITY NUMBER	BIRTH DATE	MARITAL STATUS	RELATIONSHIP TO INSURED
ADD'L INSURED				
SPOUSE (IF NOT NAMED INSURED)				
ADDRESS	CITY	STATE	ZIP	
WORK PHONE	HOME PHONE	DATE MOVED TO PRESENT ADDRESS		
PREVIOUS ADDRESS	CITY	STATE	ZIP	
INSURED'S OCCUPATION	EMPLOYER	DATE OF EMPLOYMENT		
SPOUSE'S OCCUPATION	EMPLOYER	DATE OF EMPLOYMENT		

UNDERWRITING INFORMATION

YES NO A. DO NOT SUBMIT IF ANY OF THE FOLLOWING ANSWERS ARE "YES".

- Has anyone in the household ever been convicted of a felony?
- Has anyone in the household ever been convicted of arson?

B. DO NOT BIND COVERAGE IF ANY OF THE FOLLOWING ANSWERS ARE "YES". EXPLAIN ALL "YES" ANSWERS.

- In the past 10 years, has anyone in the household had any fire losses, insured or uninsured, involving buildings, autos, or equipment?
- In the past 10 years, has anyone in the household filed bankruptcy or had a repossession, foreclosure, or civil judgement?
- In the past 10 years, has insurance for any applicant been cancelled or declined for any reason? If yes, provide the name of the company and policy number.
- Has anyone in the household ever been arrested?
- Are there any current disputes or any litigation concerning the property? (liens, tax liens, etc.)
- Is the dwelling vacant or unoccupied? (Does not apply to Builder's Risk and Complete and Occupy.)
- Does the applicant live out of state?

C. Is the dwelling/unit for sale?
D. Is the dwelling/unit occupied as a seasonal residence?
E. Are the occupants other than the owners?
F. Is there any business conducted on the premises?

G. **Previous Losses:**
In the past 10 years, has anyone in the household had any losses, other than fire, insured, or uninsured, involving property, buildings, or machinery?
If YES, complete the following:

Date	Location	Type of Loss	Amount of Damage	Comments

FRAUD WARNING
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance or renewal of an insurance policy is guilty of a crime and may be subject to fines and confinement in prison.
I certify that all statements are true and correct. I understand that any false statements or misrepresentations may void this application for insurance.

Applicant's Signature: _____ Date _____

PROPERTY INFORMATION

DATE BUILT	PURCHASE DATE	PURCHASE PRICE \$	INCLUDING LAND? <input type="checkbox"/> Yes, Acres	MARKET VALUE \$	RCT REPLACEMENT EST. \$
HEATED SQ. FT.	REWIRE YEAR	REWired BY CONTRACTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	NO. OF UNITS (HO-4 & HO-8 ONLY)	CONSTRUCTION TYPE <input type="checkbox"/> F <input type="checkbox"/> BV <input type="checkbox"/> Rock/Stone <input type="checkbox"/> Aluminum <input type="checkbox"/> B <input type="checkbox"/> Stucco <input type="checkbox"/> Solid Masonry	FOUNDATION TYPE <input type="checkbox"/> Solid Masonry <input type="checkbox"/> Open <input type="checkbox"/> Other
ROOF TYPE <input type="checkbox"/> Regular Shingles <input type="checkbox"/> Treated Wood <input type="checkbox"/> Other	DATE ROOF INSTALLED	HEAT TYPE <input type="checkbox"/> Central Forced Air <input type="checkbox"/> Wall/Baseboard <input type="checkbox"/> Stove	FUEL TYPE <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Electric <input type="checkbox"/> Other	IS HEAT THERMOSTATICALLY CONTROLLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CENTRAL AIR? <input type="checkbox"/> Yes <input type="checkbox"/> No	1) Any structures other than the dwelling or private garage on the residence premises? (if yes, submit a diagram) <input type="checkbox"/> Yes <input type="checkbox"/> No		2) Insured's animals ever bite or attack anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No		3) Is there a Swimming Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Is there a fence around the Pool? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
WOOD HEAT QUESTIONNAIRE					
THESE QUESTIONS MUST BE ANSWERED IF THE APPLICANT HAS WOOD HEATING OTHER THAN A MASONRY OR ZERO CLEARANCE FIREPLACE.					
TYPE OF UNIT <input type="checkbox"/> Masonry Fireplace with Insert <input type="checkbox"/> Zero Clearance Fireplace with Insert <input type="checkbox"/> Free Standing <input type="checkbox"/> Central Wood Heat System <input type="checkbox"/> Other			YEAR INSTALLED	INSTALLED BY <input type="checkbox"/> Builder <input type="checkbox"/> Homeowner <input type="checkbox"/> Seller <input type="checkbox"/> Other	
HOW IS UNIT USED? <input type="checkbox"/> Primary Heat <input type="checkbox"/> Supplement Heat	HAS CHIMNEY BEEN INSPECTED WITHIN 12 MONTHS? <input type="checkbox"/> Yes, Date ___/___/___ <input type="checkbox"/> No		UNIT ON NON-COMBUSTIBLE FLOOR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MOBILE HOME INFORMATION (Complete only for mobile homes)					
Does the mobile home have wood heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Singlewide <input type="checkbox"/> Doublewide <input type="checkbox"/> Triplewide	MODEL	I.D. NUMBER	LENGTH	WIDTH
IS MOBILE HOME LOCATED IN A MOBILE HOME PARK? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS AN ADDITION BEEN ADDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS THE LAND OWNED BY SOMEONE OTHER THAN APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	IS MOBILE HOME TIED DOWN WITH FACTORY STRAPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROPERTY LOCATED OUTSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	LATITUDE	LONGITUDE	STREET ADDRESS		PROPERTY ZIP CODE
SUBDIVISION NAME	NEAREST CITY:		FIRE DISTRICT CODE: Primary:		Secondary:
COUNTY:	MILES _____ DIRECTION _____ FROM NEAREST CITY		MILES FROM FIRE DEPT.	FT FROM FIRE HYDRANT	PROTECTION CLASS:
REINS. CONTRACT (HO use only)	REINS. CAT.	REINS. GROUP	RESPONDING FIRE DEPT.	SUBSCRIPTION FIRE DEPT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DUES PAID? <input type="checkbox"/> Yes <input type="checkbox"/> No Enclose proof of paid dues

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APPLICATION FOR HOMEOWNER INSURANCE
FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.
P.O. BOX 31, LITTLE ROCK, AR 72203-0031 (501) 224-4400

TO OUR CUSTOMER

Thank you for choosing to insure your home with us. We appreciate your business. Please read the following information carefully.

PREMIUM INFORMATION

Our acceptance of your payment in the form of a check, credit card, debit card, or draft is conditioned upon such check, credit card, debit card, or draft being honored by your financial institution when presented by us for payment. If your financial institution does not honor the check, credit card, debit card, or draft when presented, this will be considered a failure to pay the required insurance premium. Your insurance coverage will be null and void if the premium payment is or was dishonored by your financial institution.

COUNTY FARM BUREAU MEMBERSHIP PROVISIONS

In order to apply for this insurance, you must first be a member of a county Farm Bureau agricultural organization. Failure to maintain membership with a county Farm Bureau will require the cancellation or non-renewal of your insurance coverage. County Farm Bureau membership dues are: (1) not premiums; (2) not consideration of coverage under this policy; and (3) not payable to Farm Bureau Mutual Insurance Company of Arkansas, Inc.

FOR YOUR INFORMATION

If you have any questions about this application or other insurance coverages, please contact your insurance agent. You may contact our state office at P.O. Box 31, Little Rock, AR 72203-0031. Our phone number is (501) 224-4400. Our website is www.afbic.com. Our toll-free number for our 24-hour claims call center is 1-866-275-7322. You may also contact: Arkansas Insurance Commission, Consumer Services Division, 1200 West 3rd St. (Corner of 3rd and Cross St.) Little Rock, Arkansas 72201-1904. Their toll-free number is 1-800-852-5494.

UNDERWRITING INFORMATION PROCEDURES

As part of our underwriting procedures, we may make a routine inquiry into your past insurance history (C.L.U.E. Report). We may also make an inquiry concerning drivers and any physical impairments, automobile accidents, traffic violations, and use of vehicles (TVR report). In connection with this application for insurance, we may also obtain a credit report and/or credit based insurance score (Score). Your Score is developed by a Consumer Reporting Agency and is based on the information contained in your credit report. This information may be considered in the underwriting and rating of your application for insurance. Your Score takes into account, among other things, payment history, amount of outstanding debt, length of credit history, the number of new applications for credit, past bankruptcies, foreclosures, and collections. The Score does not consider religion, gender, nationality, marital status, age, occupation, income, or location of residence. Further information about your credit report will be available from the reporting agency. We will provide you with the name and address of the Credit Reporting Agency at your request.

ARSON REPORTING IMMUNITY ACT

The Arson Reporting Immunity Act (123 of 1981 and 415 of 1983) requires us to advise you that if a fire loss occurs, we are required by state law to furnish relevant information relating to the loss to any state or federal law enforcement or other agency who has responsibility for investigation of fires if: (1) an authorized agency requests such information, or (2) after the investigation, we have reason to believe that the fire was not accidental. However, if this is done you will be notified in writing no later than ninety (90) days after such action has been taken.

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.
(hereinafter Mutual Company)

Warranties, Agreements, Membership and Proxy Below are Incorporated and Made a Part of This Application for Insurance

I warrant this application to be a full and true description and statement of the condition, situation, value, encumbrances, occupancy and title to the property proposed to be insured. I agree to notify the Mutual Company of any changes therein. I warrant the answers to each of the questions on this application to be true. I understand fraudulent statements, concealed or misrepresented facts made to obtain this coverage may cause this policy to be considered "void", and no coverage will be provided.

It is expressly agreed that the Mutual Company shall not be liable for any loss or damage that may occur to any of the property insured on this policy while any premium is past due and unpaid.

I hereby appoint the Board of Directors of Arkansas Farm Bureau Federation my true and lawful attorney to vote for me as my proxy at any meeting of the members of the Mutual Company when I cannot attend in person. I agree that this proxy is effective for an initial term of one year or the duration of the policy, whichever is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever period is shorter, upon each subsequent renewal or reinstatement of my policy. (Applicant may strike this proxy provision if he/she so desires. This proxy provision may be revoked at any time by attending in person any membership meeting of the Mutual Company or by written request to the Secretary of the Mutual Company not less than twenty days before the date of any membership meeting of the Mutual Company.)

_____(initial) I choose to strike the proxy provision



FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

P.O. BOX 31, LITTLE ROCK, AR 72203-0031

**HOMEOWNER POLICY DECLARATION
CONDOMINIUM UNIT OWNERS POLICY**

Policy Effective Date: 10/12/2008

Policy Expiration Date: 10/12/2009

INSURED: JOHN DOE
JANE DOE
309 N. SPRING ST. #66
BENTON, AR 72019-8415

POLICY NUMBER: HO00354553
CNTY F.B. MEM NO. : 198774
DECLARATION: 1
DEC. EFF. DATE: 10/12/2008
REWRITE YEAR: 2011

ADDITIONAL COVERAGES AND EXTENSIONS

SEWAGE BACKUP	\$30.00
INCREASED LOSS ASSESSMENT COVERAGE-SECTION I & II (\$5,000 add'l cov)	\$4.00

ADDITIONAL CHARGES AND CREDITS

	PREMIUM
CLAIMS EXPERIENCE DISCOUNT APPLIED	Included
DEAD BOLT LOCKS & FIRE EXTINGUISHER	Included
FIRE, SMOKE ALARM W/ACTIVE VOICE SYNTHESIZED	Included
FIRE AND/OR BURGLAR ALARM REPORTING	Included
COMPANION POLICY DISCOUNT	Included
TOTAL CREDITS ALLOWED	\$166.00-

CHANGES MADE TO YOUR POLICY

	PREMIUM
COVERAGE "C" AMOUNT CHANGED TO \$200,000	
COVERAGE "A" AMOUNT CHANGED TO \$40,000	
DEDUCTIBLE AMOUNT CHANGED TO \$500	

MUTD0016-010655
HO3565 (01-09)

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FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

P.O. BOX 31, LITTLE ROCK, AR 72203-0031

**HOMEOWNER POLICY DECLARATION
CONDOMINIUM UNIT OWNERS POLICY**

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Policy Expiration Date: 10/12/2009

INSURED: JOHN DOE
JANE DOE
309 N. SPRING ST. #66
BENTON, AR 72019-8415

POLICY NUMBER: HO00354553
CNTY F.B. MEM NO. : 198774
DECLARATION: 1
DEC. EFF. DATE: 10/12/2008
REWRITE YEAR: 2011

MORTGAGEES:

US BANK NA
PO BOX 7298
SPRINGFIELD, OH 45501-7298
1234567890

MUTD0016-010655
HO3565 (01-09)

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FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS,
P.O. BOX 31, LITTLE ROCK, AR 72203-0031

**HOMEOWNER POLICY DECLARATION
CONDOMINIUM UNIT OWNERS POLICY**

Policy Effective Date: 10/12/2008

Policy Expiration Date: 10/12/2009

INSURED: JOHN DOE
JANE DOE
309 N. SPRING ST. #66
BENTON, AR 72019-8415

POLICY NUMBER: HO00354553
CNTY F.B. MEM NO. : 198774
DECLARATION: 1
DEC. EFF. DATE: 10/12/2008
REWRITE YEAR: 2011

DATE MAILED
09/10/2008

AUTHORIZED SIGNATURE

Dear Policyholder:

Thank you for choosing us to be your insurance carrier. We appreciate the opportunity to provide you with our insurance services. We recommend you read your policy carefully. There are definitions, conditions and exclusions that apply to your coverages. If you have any questions about your policy, or if you need other insurance coverages, please give your insurance agent a call. Your agent will be happy to assist you.

If we fail to provide you with adequate service you should feel free to contact us at:

Farm Bureau Mutual Insurance Company of Arkansas, Inc.
P.O. Box 31
Little Rock, AR 72203-0031
(501) 224-4400
www.afbic.com

UNDERWRITING INFORMATION PROCEDURES

As part of our underwriting procedure, we may make a routine inquiry into your past insurance history, (C.L.U.E. Report). We may also make an inquiry concerning drivers and any physical impairments, automobile accidents, traffic violations, and use of vehicles, (TVR Report). We may also obtain a credit report and/or credit-based insurance score, (Score). Your Score is developed by a Consumer Reporting Agency and is based on the information contained in your credit report. This information may be considered in the underwriting and rating of your application for insurance. Your Score takes into account, among other things, payment history, amount of outstanding debt, length of credit history, the number of new applications for credit, past bankruptcies, foreclosures, and collections. The Score does not consider religion, gender, nationality, marital status, age, occupation, income, or location of residence. Further information about your credit report will be available from the reporting agency. We will provide you with the name and address of the Credit Reporting Agency at your request.

ARSON REPORTING IMMUNITY ACT (123 OF 1981 AND 145 OF 1983)

The Arson Reporting Immunity Act (123 of 1981 and 145 of 1983) requires us to advise you that if a fire loss occurs, we are required by state law to furnish relevant information relating to the loss to any state and federal law enforcement or other agency which has responsibility for investigation of fires if: (1) an authorized agency requests such information, or (2) after investigation we have reason to believe the fire was not accidental. However, if this is done, you will be notified in writing no later than ninety days after such action has been taken.

PROXY PROVISION

I hereby appoint the Board of Directors of Arkansas Farm Bureau Federation my true and lawful attorney to vote for me as my proxy at any meeting of the members of the Mutual Company when I cannot attend in person. I agree that this proxy is effective for an initial term of one year or the duration of the policy, whichever period is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever is shorter, upon each subsequent renewal or reinstatement of my policy. (Insured may strike this proxy policy provision if he/she so desires; this proxy provision may be revoked at any time by attending in person any membership meeting of the Mutual Company or by written request to The Secretary of the Mutual Company not less than twenty days before the date of any membership meeting of the Mutual Company.)

MUTD0016-010655
HO3565 (01-09)

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FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

P.O. Box 31, Little Rock, AR, 72203-0031

HOMEOWNER POLICY DECLARATION

Policy Effective Date: 10/12/2003

Policy Expiration Date: 10/12/2004

INSURED: [REDACTED]
2007 PERRY ST
LITTLE ROCK, AR 72205-7061

POLICY NO: HO [REDACTED]
CNTY. F. B MEM NO.: [REDACTED]
DECLARATION: 6
DEC EFFECTIVE DATE: 10/12/2003
REWRITE YEAR: 2004

The Declarations of the policy indicated hereon are subject to all other terms and conditions of the policy and replace all previously issued Declarations and should be attached to and become a permanent part of your policy.

BASIC INFORMATION

POLICY FORM: HO-3 (01/2003)
DEDUCTIBLE: \$250
ADDRESS: 2007 PERRY
SUBDIVISION: HICKS
CITY: LITTLE ROCK
PROPERTY ZIP CODE: N/A

YEAR BUILT: 2001
CONSTRUCTION: FRAME
PROTECTION CLASS: 03
SERVICING COUNTY: PULASKI
LOCATION COUNTY: PULASKI
COMPANION EQ POLICY:

Table with 3 columns: Coverage Name, Amount, Premium. Includes Section I (Dwelling, Other Structures, Personal Property, Living Expense) and Section II (Personal Liability, Med Pay to Others).

YOUR INSURANCE AGENT IS:
DAIL (BUDDY) ADCOCK JR.
P O BOX 5577
N LITTLE ROCK, AR 72119-5577
501-375-5516

FULL TERM PREMIUM
\$493.75

see attached billing document for any premium due

* MORTGAGEE BILLED

LATITUDE: 34.735637
LONGITUDE: -92.389090
C-1

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FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

P.O. Box 31, Little Rock, AR. 72203-0031

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Policy Effective Date: 10/12/2003

Policy Expiration Date: 10/12/2004

INSURED: [REDACTED]
2007 PERRY ST
LITTLE ROCK, AR 72205-7061

POLICY NO: HO [REDACTED]
CNTY. F. B MEM NO.: [REDACTED]
DECLARATION: 6
DEC EFFECTIVE DATE: 10/12/2003
REWRITE YEAR: 2004

ADDITIONAL COVERAGES AND EXTENSIONS
CONTENTS REPLACEMENT COST
SEWAGE BACKUP

PREMIUM
Included
\$30.00

ADDITIONAL CHARGES AND CREDITS
DEAD BOLT LOCKS & FIRE EXTINGUISHER
FIRE, SMOKE ALARM W/ACTIVE VOICE SYNTHESIZED
FIRE AND/OR BURGLAR ALARM REPORTING
NEW HOME CREDIT
TOTAL CREDITS ALLOWED

PREMIUM
Included
Included
Included
\$150.25-

CHANGES MADE TO YOUR POLICY
POLICY AMENDED
MORTGAGEE US BANK NA ADDED



FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

P.O. Box 31, Little Rock, AR, 72203-0031

HOMEOWNER POLICY DECLARATION

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2007 PERRY ST
LITTLE ROCK, AR 72205-7061

POLICY NO: HO [REDACTED]
CNTY. F. B MEM NO.: [REDACTED]
DECLARATION: 6
DEC EFFECTIVE DATE: 10/12/2003
REWRITE YEAR: 2004

MORTGAGEES:

US BANK NA
PO BOX 7298
SPRINGFIELD, OH 45501-7298
[REDACTED]

US BANK NA
PO BOX 537
AMELIA, OH 45102-2607
[REDACTED]

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FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

P.O. Box 31, Little Rock, AR, 72203-0031

HOMEOWNER POLICY DECLARATION

Policy Effective Date: 10/12/2003

Policy Expiration Date: 10/12/2004

INSURED: [REDACTED]
2007 PERRY ST
LITTLE ROCK, AR 72205-7061

POLICY NO: HO [REDACTED]
CNTY. F. B MEM NO.: [REDACTED]

DECLARATION: 6
DEC EFFECTIVE DATE: 10/12/2003
REWRITE YEAR: 2004

DATE MAILED
07/27/2004

AUTHORIZED SIGNATURE

Robert Jeff Whitman

Dear Policyholder:
Thank you for choosing us to be your insurance carrier. We appreciate the opportunity to provide you with our insurance services. We recommend you read your policy carefully. There are definitions, conditions and exclusions that apply to your coverages. If you have any questions about your policy, or if you need other insurance coverages, please give your insurance agent a call. Your agent will be happy to assist you.

If we fail to provide you with adequate service, you should feel free to contact us at:

Farm Bureau Mutual Insurance Company of Arkansas, Inc.
P.O. Box 31
Little Rock, AR 72203-0031
(501) 224-4400
www.afbic.com

Our toll-free 24 hours Claims Call Center number is 1-866-275-7322.

You may also contact:

The Arkansas Insurance Commission
Consumer Services Division
1200 West Third St.
Little Rock, AR 72201-1904
1-800-852-5494

UNDERWRITING INFORMATION PROCEDURES

As a part of our underwriting procedure we may make a routine inquiry through a consumer reporting company which could provide applicable information concerning general reputation, personal characteristics, mode of living and finances. We may review your credit report or obtain or use a credit based insurance score. The insurance score will be based on the information in that credit report. Further information about the nature and scope of such a report, if one is made, is available to you from the consumer reporting company.

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