

SERFF Tracking Number: ARKS-125503558 State: Arkansas
Filing Company: 18236 - AGENTS MUTUAL INSURANCE State Tracking Number: #89521 \$50
COMPANY
Company Tracking Number: AMIC 309 05/2008
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied
Lines)
Product Name: Property
Project Name/Number: /

Filing at a Glance

Company: 18236 - AGENTS MUTUAL INSURANCE COMPANY

Product Name: Property	SERFF Tr Num: ARKS-125503558	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #89521 \$50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: AMIC 309 05/2008	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author:	Disposition Date: 02/22/2008
	Date Submitted: 02/22/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 05/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 05/01/2008

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: 02/22/2008	
State Status Changed: 02/22/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125503558 State: Arkansas
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NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

18236 - AGENTS MUTUAL INSURANCE CoCode: 18236 State of Domicile: Arkansas
COMPANY
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

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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	02/22/2008	02/22/2008

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Supporting Document Schedules

Satisfied -Name: ARKS-125503558 **Review Status:** Approved 02/25/2008
Comments:
Attachment:
ARKS-125503558.pdf

BH

 **Agents
Mutual
Insurance Company**

CA# 89521 \$50
ARNS-125503558

RECEIVED
FEB 22 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

February 19, 2008

Becky Harrington
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

NAIC#18236 FEIN: 71-6059087

Re: AMIC-3009
Revised Application for Insurance

Dear Ms. Harrington:

Enclosed is form filing AMIC-3009 05/2008/ This is to replace our current Application for Insurance. We did not allow room for the address of the sub-producer on the previous revision and this was causing problems. There are some agencies with the same name, but in different cities. We also added the liability options to the premium section as it was somewhat confusing to some of sub-producers how they should put the premium for the increased liability requested.

We would like to implement the new application around by May 2008. Should you need any further information, please let me know. In anticipation of receiving approval in the near future, I am enclosing a postage paid, self addressed envelope for your convenience. I would like to thank you in advance for your time and efforts.

Sincerely,

Kathy Vincent

Kathy Vincent,
President

Approved until withdrawn
or revoked
FEB 22 2008
Arkansas Insurance Department
By: *[Signature]*

Property & Casualty Transmittal Document

Reset Form

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	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Agents Mutual Insurance Company	AR	18236	71-6059087	71-6059087

RECEIVED
FEB 22 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5. Company Tracking Number	AMIC 309 05/2008
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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
Kathy Lynn Vincent	President	870-535-2840	870-535-2690	agentsmutual@hotmail.com
P.O. Drawer 1250 Pine Bluff, AR 71601				

7. Signature of authorized filer

8. Please print name of authorized filer Kathy Lynn Vincent

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

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0002 Personal Property (Fire and Allied Lines)
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 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	New: 05/2008 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	
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 # AMIC-301 05/2008

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

Revised application.

Our previous application (that was revised last year) proved to be a poor choice for the sub-producer information section. Because there are some agencies that have the same name, but are in different towns, it was causing a problem. We needed to include the address section for those who seem to forget to put their id numbers.

We also put the liability options on the application because they had been left off and it was confusing to the sub-producers about where to put the premium for the increase in liability.

[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 #: 89521

Amount: \$50⁰⁰

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 #				
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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	APPLICATION FOR INSURANCE	AMIC-3009 05/2007	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AMIC-3009 05/2008	
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

APPLICATION FOR INSURANCE

BINDER

Agents Mutual Insurance Company

P. O. Drawer 1250

Pine Bluff, Arkansas 71613

1-800-272-2248 :- 1-870-535-2840

Proxy for Membership, Meetings and Voting

#

APPLICANT INFORMATION and LIENHOLDER INFORMATION sections including Name, Mailing Address, City, State, ZIP, Telephone Numbers, and Loan #.

PERIOD OF INSURANCE (12:01 A.M. STANDARD TIME), Deductible (\$500, \$1,000, \$1,500), Territory (One, Two), Occupancy (Owner, Tenant, Seasonal), and other options like Mobile Homeowner, Dwelling Fire, etc.

COVERAGE section with amounts for B. Appurtenant Structures, C. Unscheduled Personal Property, D. Additional Living Expenses, E. Personal Liability, and F. Medical Payments to Others.

HOMEOWNER/DWELLING INFORMATION: Year Const., Construction Type, No. of Stories, Square Feet, Lot Size/Acreage, No. of Families.

MOBILE HOME INFORMATION: Year, Model, Length, Width, Serial No., Tied Down?, Under-pinned?, Mobile Home Park? No. Spaces.

MUST COMPLETE ON ALL APPLICATIONS: Purchase Date, Purchase Price, Loan Balance, Lot Size/Acreage, ISO Protection Class, Feet from Fire Hydrant?, Miles from Fire Dept., Responding Fire Dept., Inside City Limits.

BAD CREDIT MUST BE DISCLOSED. Yes No table with questions about mortgage payments, foreclosure, and bad credit.

Explain on back of application. IF ANSWER IS YES - RISK IS UNACCEPTABLE WILL NOT BIND OR WRITE. Questions 1-5 about fire loss, insurance losses, property status, business pursuits, and unemployment.

The possibility of a major earthquake occurring in the state poses a serious threat to citizens of Arkansas. Most homeowner (including renter and condominium owners), farm and dwelling fire policies do not provide earthquake coverage or may provide less than 100% coverage for damage due to an earthquake.

The market for residential earthquake coverage in Arkansas has declined over the past several years. In response to these market conditions, a Market Assistance Program (MAP) has been developed to assist consumers in obtaining residential earthquake coverage.

A list of insurers participating in the MAP may be obtained by contacting your agent or calling 1-800-852-5494. You may also elect to maintain earthquake coverage which you may have already purchased.

DECLINATION OF RESIDENTIAL EARTHQUAKE COVERAGE

I have been advised about the availability of residential earthquake insurance through the Market Assistance Program (MAP) and/or the Arkansas Earthquake Authority and/or the insurance company to which I am applying.

I hereby choose NOT to purchase earthquake coverage in any form, from any of the above sources.

Applicant's Signature line.

ATTACH RECENT PHOTOGRAPH OF STRUCTURE

AGENCY (Sub-Producer) #, ADDRESS, CITY, STATE, ZIP, PHONE #, SUB-PRODUCER'S SIGNATURE.

NOTICE TO THE APPLICANT:

I hereby warrant that all the information is correct and such statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that the policy shall be NULL and VOID if such information is false, or misleading, or would materially affect acceptance of the risk by the Company.

As part of the Company's Underwriting Procedure, a routine inquiry may be made which will provide applicable information concerning character, financial history, general reputation, personal characteristics and mode of living.

X Signature of Applicant, Signed On, Time, A.M./P.M.

EXPLANATIONS:

DIAGRAM OF DRIVING DIRECTIONS IF RURAL:

Agents Mutual Insurance Company

SUMMARY OF IMPORTANT PROVISIONS RELATIVE TO MEMBERSHIP, MEETINGS AND VOTING

I hereby appoint the Board of Directors of Agents Mutual Insurance Company (the "Company") as my proxy to act on my behalf at all meetings of members hereby giving the Board, or its designee, full power to vote for me on all matters that may be voted upon at any meeting.

I understand the annual meeting of members is held at the home of the Company, 2720 West 28th Avenue, Pine Bluff, Arkansas. This proxy shall remain in effect during my membership in the Company. I may revoke this proxy in writing by advising the Company of such at least five days prior to any meeting, or by attending and voting in person at any members meeting.

MEMBERSHIP

Each policyholder of an insurance policy issued by the Company and in force, shall be a member of the Company. A person immediately and automatically shall become a member of the Company at such time as such person becomes a policyholder and shall cease to be a member of the Company at such time as such person ceases to be a policyholder.

ANNUAL MEETING

An annual meeting of the members shall be held each and every calendar year in the State of Arkansas for the purpose of selecting directors, receive and consider reports as to the business and affairs of the Company, and transacting such other business as may properly come before the meeting.

The meeting for Agents Mutual Insurance Company shall be held at 1:00 p.m. on the second Monday in December in each year; provided, if such day be a legal holiday then the meeting will be held at the same time and place on the next day thereafter which is not a legal holiday. The meeting will be held at the home office of the Company in Pine Bluff, Arkansas. The Company shall not be required to give any further or additional notice to the members of such meeting.

QUORUM

Except as otherwise provided by applicable law, a majority of the members of the Company (present in person or by proxy) shall constitute a quorum at any regular or special meeting.

VOTING RIGHTS

Each member shall be entitled to one vote for each policy held by him upon each matter coming to a vote at meetings of members. Such vote may be exercised in person or by written proxy.

VOTE REQUIRED

A majority of the voting power represented at any meeting of members shall be necessary and sufficient to approve any given matter. There shall be no cumulative voting.

PROXY

At all meetings of members, a member may vote by proxy executed in writing by the member or by the member's duly authorized attorney in fact. Such proxy shall be filed with the secretary before commencement of the meeting or at such later time as shall be expressly permitted by the corporate officer presiding at such meeting. Each application for an insurance policy issued by the Company shall contain a provision pursuant to which the policyholder thereof grants a revocable proxy to the Board of Directors with respect to all matters to be considered and voted upon by members at any meeting for the term of such insurance policy. Any proxy may be revoked at any time by the member.

APPLICATION FOR INSURANCE

Proxy for Membership, Meetings and Voting

BINDER #

Agents Mutual Insurance Company

P. O. Drawer 1250 Pine Bluff, Arkansas 71613 1-800-272-2248 - 1-870-535-2840

APPLICANT INFORMATION and LIENHOLDER INFORMATION sections including Name, Mailing Address, City, County, State, ZIP, Telephone Numbers, and Location of Structure.

PERIOD OF INSURANCE 12:01 A.M. STANDARD TIME, Deductible (\$500, \$1,000, \$1,500), Territory (One, Two), Occupancy (Owner, Tenant, Seasonal), and other options like Mobile Homeowner, Dwelling Fire, etc.

COVERAGE: A. Basic, B. Appurtenant Structures, C. Unscheduled Personal Property, D. Additional Living Expenses, E. Personal Liability, F. Medical Payments to Others.

HOMEOWNER/DWELLING INFORMATION (Year Const., Construction Type, No. of Stories, Square Feet, Lot Size/Acreage, No. of Families) and MOBILE HOME INFORMATION (Year, Model, Length, Width, Serial No., Tied Down?, Under-pinned?, Mobile Home Park? No. Spaces).

PREMIUM SECTION including Basic Premium, Misc., Wood Stove - Fireplace, Surcharge (\$25), Space Heater Surcharge (\$25), Two-Family Surcharge (10%), Territory 2 Surcharge (25%), Earthquake, Total Annual Premium, BILL MORTGAGE 12 Mo./Annual, DIRECT BILL INSURED, and Premium Payment options.

MUST COMPLETE ON ALL APPLICATIONS: Purchase Date, Price, Loan Balance, Lot Size/Acreage, ISO Protection Class, Feet from Fire Hydrant?, Miles from Fire Dept., Responding Fire Dept., Inside City Limits. BAD CREDIT MUST BE DISCLOSED. 1. Are mortgage payments overdue... 2. Has applicant ever been involved in any foreclosure... 3. Does applicant have bad credit? Explain on back of application. IF ANSWER IS YES - RISK IS UNACCEPTABLE WILL NOT BIND OR WRITE. 1. Has applicant or contract seller/rentholder had a fire loss... 2. Has applicant had more than two insurance losses... 3. Is property for sale or unoccupied? 4. Are any business pursuits conducted... 5. Is applicant unemployed? Must complete the following: 1. Marital Status: Single, Married, Divorced, Separated. 2. Applicant's DOB, SS #. 3. Employer, How Long?. 4. Spouse's DOB, SS #. 5. Employer, How Long?. 6. Previous Carrier. 7. If cancelled or non-renewed state reason. 8. Have you ever applied for a policy with this company before? 9. Any Improvements Recently?. 10. Age of Roof, Type. 11. Describe any animals on premises (dog breeds). 12. List all insurance losses incurred during the last five years. 13. Is a woodburning stove or fireplace in the dwelling? 14. Type of heat? 15. Any space heaters?

The possibility of a major earthquake occurring in the state poses a serious threat to citizens of Arkansas. Most homeowner (including renter and condominium owners), farm and dwelling fire policies do not provide earthquake coverage or may provide less than 100% coverage for damage due to an earthquake. You should review your policy or talk with your agent to determine whether you have earthquake coverage.

The market for residential earthquake coverage in Arkansas has declined over the past several years. In response to these market conditions, a Market Assistance Program (MAP) has been developed to assist consumers in obtaining residential earthquake coverage. Individuals qualify to purchase residential earthquake coverage through the MAP simply by having underlying homeowners, farmowners or dwelling fire coverage that excludes the earthquake peril.

A list of insurers participating in the MAP may be obtained by contacting your agent or calling 1-800-852-5494. You may also elect to maintain earthquake coverage which you may have already purchased.

DECLINATION OF RESIDENTIAL EARTHQUAKE COVERAGE

I have been advised about the availability of residential earthquake insurance through the Market Assistance Program (MAP) and/or the Arkansas Earthquake Authority and/or the insurance company to which I am applying.

I hereby choose NOT to purchase earthquake coverage in any form, from any of the above sources.

Applicant's Signature

ATTACH RECENT PHOTOGRAPH OF STRUCTURE

SUB-PRODUCER'S NAME #

PHONE

SUB-PRODUCER'S SIGNATURE:

NOTICE TO THE APPLICANT:

I hereby warrant that all the information is correct and such statements are offered as an inducement to the Company to issue the policy for which I am applying. I agree that the policy shall be NULL and VOID if such information is false, or misleading, or would materially affect acceptance of the risk by the Company.

As part of the Company's Underwriting Procedure, a routine inquiry may be made which will provide applicable information concerning character, financial history, general reputation, personal characteristics and mode of living.

X Signature of Applicant

Signed On 20 Time A.M. P.M.