

SERFF Tracking Number: ASPX-125486160 State: Arkansas  
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: SC61 FM AR02867AR  
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners  
Product Name: SCO - Farm Administration Certificate Policy (FAC)  
Project Name/Number: SCO - Farm Administration Certificate Policy (FAC)/FM AR02867ARF01

## Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Farm Administration SERFF Tr Num: ASPX-125486160 State: Arkansas

Certificate Policy (FAC)

TOI: 03.0 Personal Farmowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 03.0000 Personal Farmowners

Co Tr Num: SC61 FM AR02867AR

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: SPI AssurantPC

Disposition Date: 02/15/2008

Date Submitted: 02/13/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date (New): 05/01/2008

Effective Date Requested (Renewal): 05/01/2008

Effective Date (Renewal):

05/01/2008

State Filing Description:

## General Information

Project Name: SCO - Farm Administration Certificate Policy (FAC)

Status of Filing in Domicile:

Project Number: FM AR02867ARF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/15/2008

State Status Changed: 02/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Reliable Insurance Company is proposing the following change to our currently approved Farm Administration Certificate Policy in your state. We are adding a rule and form for our new optional coverage of Functional Building Valuation.

Functional Building Valuation Terms



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	02/15/2008	02/15/2008

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## **Disposition**

Disposition Date: 02/15/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Functional Building Valuation	A8620E	0108	Endorsement/Amendment/Conditions		0.00	A8620E.PDF

**AMERICAN RELIABLE INSURANCE COMPANY  
FUNCTIONAL BUILDING VALUATION**

This endorsement modifies insurance provided under the following:

FARM ADMINISTRATION CERTIFICATE POLICY

Named Insured:

Policy Number:

SCHEDULE\*

"Insured Location" No.	No. And Description Of Building Or Structure	Limit Of Insurance

\*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

- A. The Limit of Insurance shown in the above Schedule is the only Limit of Insurance applicable to the building or structure described in the above Schedule.
- B. With respect to the building or structure described in the above Schedule, the applicable SECTION I – CONDITIONS 3.b. is amended with the following:
  - 1. If you contract for repair or replacement of the loss or damage to restore the building or structure shown in the above Schedule for the same occupancy and use, within 180 days of the damage unless we and you otherwise agree, we will pay the smallest of the following:
    - a. The Limit of Insurance shown in the above Schedule as applicable to the damaged building or structure;
    - b. In the event of:
      - (1) A total loss, the cost to replace the damaged building or structure on the same site, with a less costly building or structure that is functionally equivalent to the damaged building or structure; or
      - (2) A partial loss, the cost to repair or replace the damaged portion of the building or structure with less costly material, if available, in the architectural style that existed before the loss or damage occurred; or
    - c. The amount you actually spend that is necessary to repair or replace the lost or damaged building or structure with less costly material if available.
  - 2. If you do not make a claim under Paragraph 1. above, we will pay the smallest of the following:
    - a. The Limit of Insurance shown in the above Schedule as applicable to the damaged building or structure;
    - b. The "market value" of the damaged building or structure, exclusive of the land value, at the time of loss; or
    - c. The amount it would cost to repair or replace the damaged building or structure on the same site, with less costly material in the architectural style that existed before the damage occurred, less allowance for physical deterioration and depreciation.
- C. With respect to the building or structure described in the above Schedule, the OTHER INSURANCE under SECTION I – CONDITIONS is replaced by the following:
  - 1. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this Functional Building Valuation insurance. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this Functional Building Valuation insurance bears to the Limits of Insurance of all insurance covering on the same basis.
  - 2. If there is other insurance covering the same loss or damage, other than that described in 1. above, our insurance is excess. But we will not pay more than the applicable Limit of Insurance.
- D. The following Definition is added  
 "Market Value", as used in this endorsement, means the price which the property might be expected to realize if offered for sale in a fair market.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/15/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 02/15/2008

**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

**Satisfied -Name:** AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 02/15/2008

**Comments:**

**Attachment:**

AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/15/2008

**Comments:**

**Attachment:**

Cover Letter.PDF

**Satisfied -Name:** Filing Memo, AR Cert of Compliance **Review Status:** Approved 02/15/2008

**Comments:**

**Attachments:**

Filing Memo.PDF

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AR Cert of Compliance.PDF



## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 50%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Assurant, Inc. Group	0019			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
American Reliable Insurance Company	AZ	19615	41-0735002	

<b>5. Company Tracking Number</b>	SC61 FM AR02867AR
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Wendy Sara-Kalisz 8655 East Via De Ventura Scottsdale AZ 85258		800-535-1333		
<b>7.</b>	Signature of authorized filer		<i>Wendy Sara</i>		
<b>8.</b>	Please print name of authorized filer		Wendy Sara-Kalisz		

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	03.0 Personal Farmowners	
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	03.0000 Personal Farmowners	
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>		
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>		
<b>13.</b>	<b>Filing Type</b>	<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)	
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 5/1/08	Renewal: 5/1/08
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NA	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	NA	
<b>18.</b>	<b>Company's Date of Filing</b>	2-13-08	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	



# ARKANSAS INSURANCE DEPARTMENT

## FORM FILING ABSTRACT

**ALL QUESTIONS MUST BE ANSWERED**

**Page 1 of 2**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 2-13-08

2. Company Name(s) American Reliable Insurance Company

Group Name Assurant, Inc. Group NAIC No. 19615 Group No. 0019

3. (a) Annual Statement Line of Business Number (Page 14) 3.0

(b) Class of Business Farmowners

© Coverages Affected Farm Administration Certificate

4. (a) Name of Advisory Organization, if any NA

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company)

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Pending.

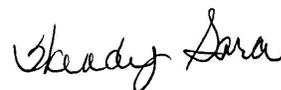
8. Is the form filed in response to or due to legislation? If so, specify legislation.

No.

9. Is the form in response to or due to recent court decisions? If so, give citation.

No.

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Wendy Sara-Kalisz

**Title**

800-535-1333

**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	05/01/2008	A8620E 0108	Functional Building Valuation

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SC61 FM AR02867AR
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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	Functional Building Valuation	A8620E 0108	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



ASSURANT  
Specialty  
Property

American Reliable  
Insurance Company  
8655 E. Via De Ventura, Suite E200  
Scottsdale, AZ 85258  
T 480.483.8666 F 480.443-3785

[www.assurant.com](http://www.assurant.com)

February 13, 2008

Arkansas Insurance Department  
Property & Casualty Division  
1200 W. Third Street  
Little Rock, AR 72201-1904

**Re: American Reliable Insurance Company**  
**NAIC # 0019-19615 FEIN: 41-0735002**  
**Filing: Form Filing**  
**Program: Farm Administration Certificate Program**  
**Company Filing No.: FM AR02867ARF01**

Dear Commissioner:

American Reliable Insurance Company wishes to submit a form filing for our Farm Administration Certificate Program. We request an effective date of May 1, 2008 for new business and renewal business.

Form A8620E0108 Functional Building Valuation broadens coverage for this program without any rate increase. There will be a companion rule filing in which the form will be incorporated.

We request the option of moving boxes, reformatting text and changing page size to accommodate system programming and client needs. The content will remain as approved by your Department.

Please feel free to contact me at the email address or telephone number listed below if you should have any questions.

Sincerely,  
Wendy Sara  
Regulatory Analyst  
New Email: [Wendy.Sara@assurant.com](mailto:Wendy.Sara@assurant.com)  
Phone: (800)-535-1333, Ext. 563  
Fax: (480)-443-3785

**AMERICAN RELIABLE INSURANCE COMPANY  
FARM ADMINISTRATION CERTIFICATE POLICY**

**Filing Memorandum**

**American Reliable Insurance Company** is proposing the following change to our currently approved Farm Administration Certificate Policy in your state. We are adding a rule and form for our new optional coverage of Functional Building Valuation.

**Functional Building Valuation Terms**

- Ø **Rule** – Updated Rate & Rule pages are included to describe how this new optional coverage would change the policy as well as the form that will attach to the policy when this coverage is purchased.
- Ø **Form:** Company form **A8620E0108- Functional Building Valuation** will be used for this coverage. A copy is attached for your reference.

**ARKANSAS CERTIFICATE OF COMPLIANCE**

*(You may print or type the information required by this form)*



I, Valley Owens, Vice President of  
*(Name) (Title of Authorized Officer)*  
American Reliable Insurance Company  
*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? *(Yes or No)* ▶ No

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ▶	SC61 FM AR02867AR
Signature of Authorized Officer ▶	
Name of Authorized Officer ▶	Valley Owens
Title of Authorized Officer ▶	Vice President
Email address of Authorized Officer ▶	Valley.Owens@assurant.com
Telephone # of Authorized Officer ▶	800-535-1333
Date ▶	2-13-08

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*