

SERFF Tracking Number: CMIC-125482479 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 15725/08/0008
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Commercial Inland Marine
Project Name/Number: Revised Inland Marine Application Supplement/N/A

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Commercial Inland Marine SERFF Tr Num: CMIC-125482479 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: 15725/08/0008 State Status: Fees verified and received
Filing Type: Form Co Status: Submitted & Pending Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Sheila Andrew Disposition Date: 02/22/2008
Date Submitted: 02/11/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: Revised Inland Marine Application Supplement

Project Number: N/A

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Corresponding Filing Tracking Number:

Filing Description:

Cameron Mutual Insurance Company, wishes to file for the adoption of a revised Commercial Inland Marine Supplement IM-2150S (04-08) for use with the Commercial Inland Marine program. This application supplement has been revised to add the new Contractors Installation Coverage which we will be introducing, as well as to remove some coverage options that we no longer offer. The attached form is in final print format and replaces the edition currently in use.

Status of Filing in Domicile: Pending

Domicile Status Comments: N/A

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

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Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance sandrew@cameron-insurance.com
 Specialist
 214 McElwain Drive (800) 326-6511 [Phone]
 Cameron, MO 64442-1321 (816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company CoCode: 15725 State of Domicile: Missouri
 214 McElwain Drive Group Code: 532 Company Type: Property &
 Cameron, MO 64429-1321 Group Name: Casualty
 (800) 326-6511 ext. [Phone] FEIN Number: 44-0447850
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	02/11/2008	17921285

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/22/2008	02/22/2008

SERFF Tracking Number: *CMIC-125482479* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
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TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Commercial Inland Marine*
Project Name/Number: *Revised Inland Marine Application Supplement/N/A*

Disposition

Disposition Date: 02/22/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

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	Commercial Inland Marine Supplement	IM-2150S	(04-08)	Election/Rejection/Supplemental Applications	Replaced	Replaced Form #:0.00 IM-2150S (01-03) Previous Filing #:		Inland Marine Commercial Application Supplement IM-2150S 04-08.pdf



CAMERON MUTUAL INSURANCE COMPANY
 214 McElwain Drive
 Cameron, Missouri 64429 - 1321

Applicant Name:	
Producer Name:	

COMMERCIAL INLAND MARINE SUPPLEMENT

Complete and attach ACORD Commercial Application (Applicant Information Section) with this submission.

ACORD COMMERCIAL APPLICATION (APPLICANT INFORMATION SECTION) WITH ATTACHED CAMERON MUTUAL COMMERCIAL INLAND MARINE SUPPLEMENT MUST BE MAILED NO LATER THAN 48 HOURS AFTER INCEPTION DATE

INLAND MARINE IS REGARDED AS ACCOMODATION BUSINESS. COMMERCIAL LINES SUPPORTING COVERAGE WRITTEN BY CAMERON MUTUAL INSURANCE COMPANY IS REQUIRED.

Indicate Limits on Page 2

CLASS #	PROPERTY	COVERAGE OPTIONS
C1	Computer Equipment (hardware / software) All covered items exceeding \$1,000 in value must be scheduled	<input type="checkbox"/> Owner's Cargo (Transit) Coverage (list coverage and limit on schedule below)
C2	Contractors Equipment What type of contracting work is done by applicant? _____ Is equipment left at job site? _____ Where is property kept when not in use? _____ Is the property ever leased, rented or loaned to others? (if yes, explain) _____ How are units transported from one location to another? _____ Is applicant the only operator? (if no, explain) _____	<input type="checkbox"/> Named Peril <input type="checkbox"/> Exclude Vandalism <input type="checkbox"/> Agreed Value Loss Settlement (please note on schedule individual items to which this endorsement applies) <input type="checkbox"/> Equipment Leased or Rented from Others (list coverage and limit on schedule below) <input type="checkbox"/> Owner's Cargo (Transit) Coverage (list coverage and limit on schedule below)
C3	Contractors Installation Floater Type of equipment or materials being installed: _____ Average value of each installation: _____ Annual installation receipts: _____ Number of jobs completed in a year _____ Number of jobs in progress at one time _____ Length of job _____	
C4	Musical Instruments All covered items exceeding \$1,000 in value must be scheduled	<input type="checkbox"/> Owner's Cargo (Transit) Coverage (list coverage and limit on schedule below)
C5	Photographic Equipment All covered items exceeding \$1,000 in value must be scheduled	<input type="checkbox"/> Owner's Cargo (Transit) Coverage (list coverage and limit on schedule below)
C6	Scheduled Property	<input type="checkbox"/> Named Peril <input type="checkbox"/> Exclude Vandalism <input type="checkbox"/> Agreed Value Loss Settlement (please note on schedule individual items to which this endorsement applies) <input type="checkbox"/> Owner's Cargo (Transit) Coverage (list coverage and limit on schedule below)
C7	Signs (submit photo with signs valued at \$5,000 or more)	<input type="checkbox"/> Agreed Value Loss Settlement (please note on schedule individual items to which this endorsement applies) <input type="checkbox"/> Owner's Cargo (Transit) Coverage (list coverage and limit on schedule below)
C8	Small Tools All covered items exceeding \$1,000 in value must be scheduled	<input type="checkbox"/> Named Peril <input type="checkbox"/> Exclude Vandalism <input type="checkbox"/> Owner's Cargo (Transit) Coverage (list coverage and limit on schedule below)

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/22/2008

Comments:

Attachment:

P&C Transmittal Document - AR 15725-08-0008.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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #			
		0532			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

5. Company Tracking Number	15725/08/0008
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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
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7.	Signature of authorized filer		<i>Sheila P Andrew</i>		
8.	Please print name of authorized filer		Sheila P. Andrew		

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

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Commercial Inland Marine
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[] Other (give description)
14.	Effective Date(s) Requested	New: April 1, 2008 Renewal: April 1, 2008
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	February 11, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	15725/08/0008
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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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Cameron Mutual Insurance Company, wishes to file for the adoption of a revised Commercial Inland Marine Supplement **IM-2150S (04-08)** for use with the Commercial Inland Marine program. This application supplement has been revised to add the new Contractors Installation Coverage which we will be introducing, as well as to remove some coverage options that we no longer offer. The attached form is in final print format and replaces the edition currently in use.

Enclosures: Property and Casualty Transmittal Document PC TD-1 (2 pages)
Form Filing Schedule PC FFS-1 (1 page)
Commercial Inland Marine Supplement IM 2150S (04-08) (2 pages)

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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SERFF EFT
Amount: \$50

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 #	15725/08/0008
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A
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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	Commercial Inland Marine Supplement	IM-2150S (04-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IM-2150S (01-03)	
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