

SERFF Tracking Number: CMIC-125482488 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 15725/08/0007  
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
Product Name: Personal/Farm Inland Marine  
Project Name/Number: Farm Inland Marine Application/N/A

## Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Personal/Farm Inland Marine SERFF Tr Num: CMIC-125482488 State: Arkansas  
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 09.0006 Other Personal Inland Marine Co Tr Num: 15725/08/0007 State Status: Fees verified and received  
Filing Type: Form Co Status: Submitted & Pending Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding  
Author: Sheila Andrew Disposition Date: 02/13/2008  
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: Farm Inland Marine Application  
Project Number: N/A  
Reference Organization: n/a  
Reference Title: n/a  
Filing Status Changed: 02/13/2008  
State Status Changed: 02/13/2008  
Corresponding Filing Tracking Number: n/a  
Filing Description:

Status of Filing in Domicile: Pending  
Domicile Status Comments: n/a  
Reference Number: n/a  
Advisory Org. Circular: n/a

Deemer Date:

Cameron Mutual Insurance Company, wishes to file for the adoption of a revised Farm Inland Marine Application IM-2150 (04-08) for use with the Personal Inland Marine (including Farm and Boatowners) Program. This application has been revised to remove some coverage options that we no longer offer and add prior underwriting approval for Level 3 Scheduled Property on page 4. The attached form is in final print format and replaces the edition currently in use.

SERFF Tracking Number: CMIC-125482488 State: Arkansas  
 Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: 15725/08/0007  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
 Product Name: Personal/Farm Inland Marine  
 Project Name/Number: Farm Inland Marine Application/N/A

## 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	17921651

SERFF Tracking Number: CMIC-125482488 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 15725/08/0007  
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
Product Name: Personal/Farm Inland Marine  
Project Name/Number: Farm Inland Marine Application/N/A

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	02/13/2008	02/13/2008

*SERFF Tracking Number:*      *CMIC-125482488*                      *State:*                      *Arkansas*  
*Filing Company:*              *Cameron Mutual Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *15725/08/0007*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0006 Other Personal Inland Marine*  
*Product Name:*              *Personal/Farm Inland Marine*  
*Project Name/Number:*      *Farm Inland Marine Application/N/A*

## **Disposition**

Disposition Date: 02/13/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *CMIC-125482488*                      *State:*                      *Arkansas*  
*Filing Company:*              *Cameron Mutual Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *15725/08/0007*  
*TOI:*                      *09.0 Inland Marine*                      *Sub-TOI:*                      *09.0006 Other Personal Inland Marine*  
*Product Name:*              *Personal/Farm Inland Marine*  
*Project Name/Number:*      *Farm Inland Marine Application/N/A*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Farm Inland Marine Application	Approved	Yes

SERFF Tracking Number: CMIC-125482488 State: Arkansas  
 Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: 15725/08/0007  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
 Product Name: Personal/Farm Inland Marine  
 Project Name/Number: Farm Inland Marine Application/N/A

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Farm Inland Marine Application	IM-2150	(04-08)	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 IM-2150 (01-03) Previous Filing #:		Inland Marine Farm Application IM-2150 04-08.pdf



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

POLICY NO	
<input type="checkbox"/> New	<input type="checkbox"/> Reinstate
<input type="checkbox"/> Change	<input type="checkbox"/> Quote Only

**FARM INLAND MARINE APPLICATION**

**For Personal Lines coverages complete and attach ACORD Personal Inland Marine application with this submission.  
 For Boatowners coverages complete and attach ACORD Watercraft application with this submission.**

*APPLICATION MUST BE MAILED NO LATER THAN 48 HOURS AFTER INCEPTION DATE*

**POLICY INFORMATION**

NAMED INSURED		Telephone Number	Agent No.	Effective Date	Expiration Date
NAMED INSURED		Named Insured is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Business of Named Insured:			
MAILING ADDRESS					
CITY	STATE	ZIP + 4			
LOCATION OF PROPERTY (If Different from Above)					

**OTHER INTERESTS**

<p>① Name</p> <p>Address</p> <p>City, State, Zip</p> <p>Loan Number <input type="checkbox"/> Loss Payee <input type="checkbox"/> Contract of Sale  <input type="checkbox"/> Lender's Loss Payee</p> <p>OTHER INTERESTS #1          Description of Property</p> <p>② Name</p> <p>Address</p> <p>City, State, Zip</p> <p>Loan Number <input type="checkbox"/> Loss Payee <input type="checkbox"/> Contract of Sale  <input type="checkbox"/> Lender's Loss Payee</p> <p>OTHER INTERESTS #2          Description of Property</p>	<p><b>COMPANY USE ONLY</b></p>
---	--------------------------------

**UNDERWRITING INFORMATION**

**GENERAL**

- 1. Applicant's Occupation \_\_\_\_\_ Marital Status \_\_\_\_\_
- 2. Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_
- 3. Spouse's Occupation \_\_\_\_\_ DOB \_\_\_\_\_
- 4. Social Security Number \_\_\_\_\_
- 5. Name of previous carrier and policy number \_\_\_\_\_
- 6. Have you or any member of your household had any property or liability losses?  Yes  No If Yes, explain.
- 7. Have you or any member of your household ever been convicted of a felony?  Yes  No If Yes, explain.
- 8. Have you or any member of your household ever filed for bankruptcy?  Yes  No If Yes, explain.
- 9. Have you or any member of your household been sued on a delinquent account or note within the past five years?  Yes  No If Yes, explain.
- 10. Do you or any member of your household now have or intend to have another policy providing coverage on this property or any part thereof?  
 Yes  No If Yes, explain. \_\_\_\_\_
- 11. Have you or any member of your household ever been involved in litigation, whether covered by this insurance or not?  Yes  No If Yes, explain.

**Farm Equipment**

- 1. Equipment Located: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_
- 2. Where is equipment kept when not in use? \_\_\_\_\_
- 3. Is equipment used for other than strictly farm use?  Yes  No If Yes, explain.
- 4. Is equipment ever leased, rented or loaned to others?  Yes  No If Yes, explain.
- 5. Is applicant the only operator?  Yes  No If Yes, explain.

**Livestock**

- 1. Livestock Located: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_
- 2. Is livestock frequently off premises?  Yes  No If Yes, explain.

**REMARKS**

**APPLICANT'S STATEMENT**

The undersigned represents and agrees that statements herein are made with respect to me and all members of my household for the express purpose of inducing the Company to issue an insurance policy and these statements and answers are true, correct and complete to the best of my knowledge. I understand that any binder or insurance policy issued as a result of this application will be based on the facts and answers stated. I understand that if any premium remittance by or on my behalf is not honored by the payer (bank) it will be deemed nonpayment of premium and no coverage will be afforded. The undersigned authorized the Company to perform a general investigation including a credit investigation of the applicant(s) for purposes of this insurance coverage. The undersigned authorizes the Company to enter onto the described premises for purpose of inspecting any structure for which this insurance may be applicable. I have read this application before affixing my signature.

**Arkansas:** 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 is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGENT'S STATEMENT**

How long have you known applicant? \_\_\_\_\_ How long has applicant lived in the community? \_\_\_\_\_ Is this risk new to your agency? \_\_\_\_\_

I certify that I have asked all questions on this application and the answers as indicated are those given to me by the applicant who signed the application.

AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  MAIL POLICY TO AGENT

## FARM INLAND MARINE COVERAGES

AT TIME OF LOSS THE VALUE OF ALL FARM INLAND MARINE PROPERTY MUST BE IN COMPLIANCE WITH THE 80% COINSURANCE CLAUSE

**IF ADDITIONAL SPACE IS NEEDED, ATTACH AN ADDITIONAL SCHEDULE**

### FARM EQUIPMENT

Item No.	SCHEDULED - FORM A Item Description <small>include year, make, model and serial number</small>	Ded. Amt.	Limit of Insurance	Intake of Foreign Objects (Y or N)	Rate	PREMIUM
	Machinery, Vehicles and Equipment*					
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
			\$			\$
	Blanketed Miscellaneous Equipment		\$			\$

\*Show the basic unit and its insurable value and then list all attached optional equipment and their combined insurable value.

**TOTAL COVERAGE**

\$

**TOTAL PREMIUM**

\$

Item No.	BLANKET - FORM B Equipment Type	Ded. Amt.	No. of Units	Unit Price	Total Value	Intake of Foreign Objects (Y or N)	Rate	PREMIUM
	Corn Dryer			\$	\$			\$
	Corn Planter			\$	\$			\$
	Cultivators			\$	\$			\$
	Discs			\$	\$			\$
	Drills & Seeders			\$	\$			\$
	Ensilage Cutter			\$	\$			\$
	Feed Grinder			\$	\$			\$
	Fertilizer Spreaders			\$	\$			\$
	Forage Harvester			\$	\$			\$
	Hay Baler			\$	\$			\$
	Hay Crimper			\$	\$			\$
	Manure Spreaders			\$	\$			\$
	Mowers			\$	\$			\$
	Milking Machine			\$	\$			\$
	Sprayers			\$	\$			\$
	Tractors			\$	\$			\$
	Other (describe)			\$	\$			\$

**TOTAL COVERAGE**

\$

**TOTAL PREMIUM**

\$

Item No.	OPTIONAL COVERAGES	Ded. Amt.*	Limit of Insurance	Rate	PREMIUM
	Borrowed Farm Machinery, Vehicles & Equip (only available with Form A)		\$		\$
	Audio Equipment				
	(Description)		\$		\$
	(Description)		\$		\$

\* Deductible for Audio Equipment must equal the deductible of the item of machinery in which the insured Audio Equipment is installed

### IRRIGATION EQUIPMENT

Item No.	SCHEDULED - Item Description <small>include year, make, model and serial number</small>	Ded. Amt.	Limit of Insurance	Rate	PREMIUM
	Irrigation Equipment (Self Propelled or Upright)				
			\$		\$
			\$		\$
	Irrigation Equipment (Siphon or Laydown)				
			\$		\$
			\$		\$

**TOTAL COVERAGE**

\$

**TOTAL PREMIUM**

\$

**FARM INLAND MARINE COVERAGES (continued)**

AT TIME OF LOSS THE VALUE OF ALL FARM INLAND MARINE PROPERTY MUST BE IN COMPLIANCE WITH THE 80% COINSURANCE CLAUSE

*IF ADDITIONAL SPACE IS NEEDED, ATTACH AN ADDITIONAL SCHEDULE*

**LIVESTOCK**

Item No.	SCHEDULED - FORM A - Item Description* include description, breed and sex	Ded. Amt.	Limit of Insurance	Rate	PREMIUM
	Scheduled Livestock				
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

\* Registration and/or Tattoo required for any animal valued at \$2,000 or more

TOTAL COVERAGE

\$

TOTAL PREMIUM

\$

	BLANKET - FORM B Description	Ded. Amt.	No. of Units	Unit Price	Total Value	Rate	PREMIUM
	Horses & Mules			\$	\$		\$
	Ponies			\$	\$		\$
	Dairy Cows			\$	\$		\$
	Dairy Calves			\$	\$		\$
	Heifers			\$	\$		\$
	Beef Cows			\$	\$		\$
	Beef Calves			\$	\$		\$
	Feeder Cattle			\$	\$		\$
	Bulls			\$	\$		\$
	Sows			\$	\$		\$
	Boars			\$	\$		\$
	Feeder Pigs			\$	\$		\$
	Ewes			\$	\$		\$
	Rams			\$	\$		\$

TOTAL COVERAGE

\$

TOTAL PREMIUM

\$

	OPTIONAL COVERAGE	Limit of Insurance*	Rate	PREMIUM
	Additional Perils for Livestock	\$		\$

\* Limit of Insurance must be combined value of all insured livestock.

**SCHEDULED PROPERTY**

Item No.	SCHEDULED - Item Description include description, year, make, model and serial number Property categorized as Level 3 requires prior underwriting approval	Ded. Amt.	Limit of Insurance	Rate	PREMIUM
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

Select Coverage Type

- Named Peril  
 Direct Physical Loss

TOTAL COVERAGE

\$

TOTAL PREMIUM

\$

SERFF Tracking Number: CMIC-125482488 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 15725/08/0007  
TOI: 09.0 Inland Marine Sub-TOI: 09.0006 Other Personal Inland Marine  
Product Name: Personal/Farm Inland Marine  
Project Name/Number: Farm Inland Marine Application/N/A

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 02/13/2008

**Comments:**

**Attachment:**

P&C Transmittal Document - AR 15725-08-0007.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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

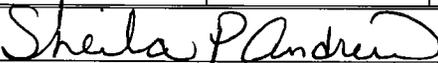
<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
		0532

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

<b>5.</b>	<b>Company Tracking Number</b>	<b>15725/08/0007</b>
-----------	--------------------------------	----------------------

**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	
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)	09.0006 Other Personal Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Personal Inland Marine (including Farm and Boatowners) Program
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: 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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>15725/08/0007</b>
------------	--	----------------------

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

Cameron Mutual Insurance Company, wishes to file for the adoption of a revised Farm Inland Marine Application **IM-2150 (04-08)** for use with the Personal Inland Marine (including Farm and Boatowners) Program. This application has been revised to remove some coverage options that we no longer offer and add prior underwriting approval for Level 3 Scheduled Property on page 4. 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)  
Farm Inland Marine Application IM 2150 (04-08) (4 pages)

<b>22.</b>	<b>Filing Fees</b> (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]
------------	---

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>15725/08/0007</b>
-----------	--	----------------------

<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	<b>N/A</b>
-----------	--	------------

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	<b>Farm Inland Marine Supplement</b>	<b>IM-2150 (04-08)</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	<b>IM-2150 (01-03)</b>	
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