

SERFF Tracking Number: CMIC-125491672 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 15725/08/0009 AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Commercial Package Policy
Project Name/Number: System Generated Application/N/A

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Commercial Package Policy SERFF Tr Num: CMIC-125491672 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0003 Commercial Package Co Tr Num: 15725/08/0009 AR State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Sheila Andrew Disposition Date: 02/27/2008
Date Submitted: 02/18/2008 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: System Generated Application
Project Number: N/A
Reference Organization: N/A
Reference Title: N/A
Filing Status Changed: 02/27/2008
State Status Changed: 02/27/2008
Corresponding Filing Tracking Number: N/A

Status of Filing in Domicile: Pending
Domicile Status Comments: N/A
Reference Number: N/A
Advisory Org. Circular: N/A

Deemer Date:

Filing Description:

Cameron Mutual Insurance Company (CMIC) wishes to file for the adoption of the computer system generated Commercial Package Policy Application for use with our Commercial Package Policy Program. This form has been developed to accommodate the implementation of a computerized agents' rating system. The application is generated by our computer rating system. The application is a hybrid developed from our computer entry screens and the

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signature/binding section of the ACORD 160 (2004/03) Business Owners Application.

We also wish to file revised editions of the CP 10 37 04 08 Radioactive Contamination endorsement, and CP 15 50 04 08 Radio Or Television Antennas - Business Income or Extra Expense. We recently exited the Earthquake market and have removed references to "Causes of Loss - Earthquake Form" from the types of insurance these endorsements modify. No other revisions were made to these forms. These revised editions replace the editions of these endorsements currently in use.

And finally, with entry into Iowa with our products, we have revised the IL-45A 01 06 Commercial Exclusion Endorsement to allow more flexibility in the use of our company forms. We have replaced all references to Cameron Mutual Insurance Company with "the Company". "Company" noted as "Shown on the Declarations Page". Two copies of this endorsement have been included – one with a blank signature line and one with "Signature on File" verbiage. The form with a blank line will be signed by the first Named Insured. After receipt of that form, the form with "Signature on File" will be furnished to the insured(s) and agent.

The attached copies are in final print format.

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 &
 Casualty
 Cameron, MO 64429-1321 Group Name: State ID Number:
 (800) 326-6511 ext. [Phone] FEIN Number: 44-0447850

SERFF Tracking Number: CMIC-125491672 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	02/18/2008	18023279

SERFF Tracking Number: CMIC-125491672 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/27/2008	02/27/2008

SERFF Tracking Number: *CMIC-125491672* *State:* *Arkansas*
Filing Company: *Cameron Mutual Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *15725/08/0009 AR*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI:* *05.0003 Commercial Package*
Liability
Product Name: *Commercial Package Policy*
Project Name/Number: *System Generated Application/N/A*

Disposition

Disposition Date: 02/27/2008

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-125491672 State: Arkansas
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 Liability
 Product Name: Commercial Package Policy
 Project Name/Number: System Generated Application/N/A

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Arkansas Commercial Package Policy Application	Approved	Yes
Form	Commercial Exclusion Endorsement	Approved	Yes
Form	Radioactive Contamination	Approved	Yes
Form	Radio Or Television Antennas - Business Income Or Extra Expense	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Commercial Package Policy Application	n/a	n/a	Application/ New Binder/Enrollment		0.00	Arkansas Commercial Package application.pdf
Approved	Commercial Exclusion Endorsement	IL 45A	01 06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL 45A 07 03 Previous Filing #:		IL 45A 01 06.pdf
Approved	Radioactive Contamination	CP 10 37	04 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CP 10 37 07 88 Previous Filing #:		CP 10 37 04 08.pdf
Approved	Radio Or Television Antennas - Business Income Or Extra Expense	CP 15 50	04 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 CP 15 50 11 85 Previous Filing #:		CP 15 50 04 08.pdf

Cameron Mutual Insurance Company
Cameron, MO 64429-1321
Commercial Package Policy Application

Applicant EAGANS
Address 123 BEAVER RD
FAIRFIELD BAY, AR 72088-2801

Agency Cameron Mutual Home Office
Agent Jeannette Thomas
Phone 816-632-6511

Program Commercial Package
Term 12 months

Policy Effective Date 04/01/2008
Policy Expiration Date 04/01/2009

Policy Number CP 7500020020
Business Description FURNITURE STORE
Bound Yes - 02/01/2008 04:28 PM
Mortgagee Bill Yes

Entity Type Corporation / LLC
Business Phone 501-723-8500
Remittance Amount \$0.00

Property

Description	Deductible	Limit	Coins	Cause of Loss	Premium
LOC #1 - 123 BEAVER RD FAIRFIELD BAY, AR					
BLD #1 - 0564 - Mercantile - Sole Occupancy Only - Furniture and Home Furnishings other than Appliances	\$5,000				
Building Coverage		\$65,000	90%	Special w/ Theft	\$874.00
Personal Property		\$15,000	90%	Special w/ Theft	\$252.00
Theft Premium		\$15,000			\$80.00
Peak Season		\$10,000			\$29.00
Debris Removal		\$10,000			\$86.00
					\$1,321.00

Liability

General Aggregate	\$2,000,000	Fire Damage Limit	\$50,000	
Products & Completed Operations Aggregate	\$2,000,000	Medical Expense	\$5,000	
Personal & Advertising Injury	\$1,000,000	Property Damage Deductible	\$0	
Each Occurrence	\$1,000,000			
Description		Exposure		Premium
LOC #1 - 123 BEAVER RD FAIRFIELD BAY, AR				
HAZ #1 - 13351 - Furniture Stores - Other Than Not For Profit		2,000,000		
OTHER				\$771.00
PRODUCTS AND COMPLETED OPERATIONS				\$1,188.00
				\$1,959.00

Minimum Property Premium Adjustment	(if minimum property premium amount is not met)	\$0.00
Minimum Liability Premium Adjustment	(if minimum liability premium amount is not met)	\$0.00
Total Advanced Premium	(service fee not included)	\$3,280.00

This Policy Application was created using rates in effect at the time it was produced. Final Premium subject to verification of all information and rates in effect at the time of the policy effective date.

Property Details

LOC #1 - 123 BEAVER RD FAIRFIELD BAY, AR 72088			
County	Van Buren - 071	Territory	001
Protection Class	8	Inside City Limits	Yes
Distance to Fire Station	3 miles	Responding Fire Dept.	FAIRFIELD BAY
Right Exposure	N - 1 feet	Left Exposure	N - 1 feet
Front Exposure	N - 1 feet	Rear Exposure	N - 1 feet
BLD #1 - 0564 - Mercantile - Sole Occupancy Only - Furniture and Home Furnishings other than Appliances			
Description	FURNITURE STORE	Deductible	\$5,000
Construction Type	Frame	Year Built	2006
Sprinklered	No	Type of Risk	Mercantile - 34
Insurable Interest	Owner	Occupied by insured	100%
Number of Stories	1	Total Area	5000 square feet
Multiple occupancies?	No	Distance to fire hydrant	3 feet
Fire Alarm Type	None	Boiler on premises?	No
Building Coverage			
Limit	\$65,000	Coinsurance	90%
Valuation	Replacement Cost	Causes of Loss	Special w/ Theft
Exclude Vandalism	No		
Personal Property			
Limit	\$15,000	Coinsurance	90%
Valuation	Replacement Cost	Causes of Loss	Special w/ Theft
Exclude Vandalism	No	Theft Type	Other
Theft Rate Group	2	Theft Class Limit	\$25,000
Theft Risk Type	2		
Peak Season			
Limit	\$10,000	Exclude Vandalism	No
Covered Property	FURNITURE	Period From	04/01/2008
Period To	06/01/2008		
Debris Removal			

Limit \$10,000

Liability Details

LOC #1 - 123 BEAVER RD FAIRFIELD BAY, AR 72088
County Van Buren - 071
HAZ #1 - 13351 - Furniture Stores - Other Than Not For Profit
Gross Sales 2,000,000 Type of Risk

Territory 001
Mercantile - 34

Mortgagees

Lien Holder Name 1 BANK MIDWEST
Address 214 MCELWAIN CAMERON, MO, 64429
Buildings LOC #1 - BLD #1 - FURNITURE STORE

Send Renewal Billing Yes
Interest Code Mortgagee

Underwriting

Year Business Started 1970

Inspection Contact MITZI HENSEN
816-740-3699

- Is the applicant a subsidiary of another entity? No Does the applicant have any subsidiaries? No
- Any exposure to flammables, explosives, or chemicals? No Any catastrophe exposure? No
- Any other insurance with this company or being submitted? No Any policy or coverage declined, cancelled or non-renewed? No
- Any past losses or claims relating to sexual abuse or molestation allegations discrimination or negligent hiring? No During the last five years has any applicant been convicted of any degree of the crime of arson? No
- Any bankruptcies, tax or credit liens against the applicant in the last 5 years? No Does applicant draw plans, designs, or specifications? No
- Do any operations include blasting or utilize or store explosive material? No Do any operations include excavation, tunneling, underground work or earth moving? No
- Does applicant lease equipment to others with or without operators? No Any medical facilities provided or medical professionals employed or contracted? No
- Any exposure to radioactive / nuclear materials? No Do / have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transportation of hazardous material? No
- Any operations sold, acquired, or discontinued in last 5 years? No Machinery or equipment loaned or rented to others? No
- Any watercraft, docks, floats owned, hired or leased? No Any parking facilities owned / rented? No
- Is a fee charged for parking? No Recreation facilities provided? No
- Is there a swimming pool on the premises? No Sporting or social events sponsored? No
- Any structural alterations contemplated? No Any demolition exposure contemplated? No
- Has applicant been active in or is currently active in joint ventures? No Do you lease employees to or from other employers? No
- Is there a labor interchange with any other business or subsidiaries? No Are day care facilities operated or controlled? No
- Have any crimes occurred or been attempted on your premises within the last three years? No Is there a formal, written safety and security policy in effect? No
- Does the businesses' promotional literature make any representations about the safety or security of the premises? No Are you involved in projects exceeding \$1,000,000? No
- Has the applicant carried continuous coverage for the last 5 years? (list prior carriers) No

Credit Report Information

Name
Birth Date

Social Security Number
Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALITES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT THE REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

ACORD 160 (2004/03)

CAMERON INSURANCE COMPANY

RECEIPT OF PAYMENT

Insured Information

Applicant EAGANS
Co-Applicant
Address1 123 BEAVER RD
Address2
City FAIRFIELD BAY **State** AR **Zip** 72088-2801

Policy Information

Policy Number CP 7500020020
Effective Date 04/01/2008
Remittance Amount \$0.00 Cash Check (No.)
Mortgagee Bill? Yes No
Mortgagee Name 1 BANK MIDWEST
Mortgagee Name 2
Address 1 214 MCELWAIN
Address 2
City CAMERON **State** MO **Zip** 64429

Agency Information

Name & No. Cameron Mutual Home Office 1002
Agent Name Jeannette Thomas
Address1 214 McElwain Drive
Address2
City Cameron **State** MO **Zip** 64429
Phone No. 816-632-6511

214 McElwain
Cameron, MO 64429
816-632-6511

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL EXCLUSION ENDORSEMENT

This endorsement, effective _____, forms a part of Policy No. _____

Issued to:

Company: **Shown on Declarations Page**

The Company agrees to issue, or continue, a policy of insurance based upon the insured's agreement that the following Scheduled item(s) are excluded from coverage:

SCHEDULE *

Prem. No.	Bldg. No.	Item(s)
------------------	------------------	----------------

All other terms and conditions of this policy remain unchanged.

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

Accepted _____ **Signature on File**
(Signature required of first Named Insured)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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Accepted

(Signature required of first Named Insured)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RADIOACTIVE CONTAMINATION

This endorsement modifies insurance provided under the following:

CAUSES OF LOSS - BASIC FORM
CAUSES OF LOSS - BROAD FORM
CAUSES OF LOSS - SPECIAL FORM
STANDARD PROPERTY POLICY

Prem. No.	Bldg. No.	SCHEDULE Covered Property Or Income	Coverage Applicable	
			Limited	Broad

The following is added to COVERED CAUSES OF LOSS, as indicated in the Declarations or by an "X" in the Schedule.

A. LIMITED RADIOACTIVE CONTAMINATION, meaning Radioactive Contamination that directly results from any other Covered Cause of Loss.

1. Radioactive Contamination means direct physical loss or damage caused by:
 - a. Sudden and accidental radioactive contamination; or
 - b. Resultant radiation damage to the described property.
2. We will not pay for loss or damage caused by or resulting from Radioactive Contamination if:
 - a. The described premises contains:
 - 1) A nuclear reactor capable of sustaining nuclear fission in a self-supporting chain reaction; or
 - 2) Any new or used nuclear fuel intended for or used in such a nuclear reactor.
 - b. The contamination arises from radioactive material not located at the described premises.

B. BROAD RADIOACTIVE CONTAMINATION, meaning direct physical loss or damage caused by:

1. Sudden and accidental radioactive contamination; or
2. Resultant radiation damage to the described property.

We will not pay for loss or damage caused by or resulting from Radioactive Contamination if:

- a. The described premises contains:
 - 1) A nuclear reactor capable of sustaining nuclear fission in a self-supporting chain reaction; or
 - 2) Any new or used nuclear fuel intended for or used in such a nuclear reactor.
- b. The contamination arises from radioactive material not located at the described premises.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**RADIO OR TELEVISION ANTENNAS - BUSINESS INCOME
OR EXTRA EXPENSE**

This endorsement modifies insurance provided under the following:

CAUSES OF LOSS - BASIC FORM
CAUSES OF LOSS - BROAD FORM
CAUSES OF LOSS - SPECIAL FORM

The radio or television antennas SPECIAL EXCLUSION does not apply.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/27/2008

Comments:

Attachment:

Commercial Package Policy 15725-08-0009 AR.pdf

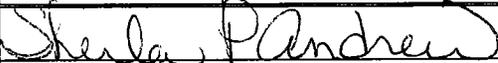
Property & Casualty Transmittal Document

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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

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	15725/08/0009 AR
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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				
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)	05.0 Commercial Multi-Peril - Liability & Non-Liability			
10.	Sub-Type of Insurance (Sub-TOI)	05.0003 Commercial Package			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A			
12.	Company Program Title (Marketing title)	Commercial Package Policy			
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 18, 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 #	15725/08/0009 AR
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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 (CMIC) wishes to file for the adoption of the computer system generated Commercial Package Policy Application for use with our Commercial Package Policy Program. This form has been developed to accommodate the implementation of a computerized agents' rating system. The application is generated by our computer rating system. The application is a hybrid developed from our computer entry screens and the signature/binding section of the ACORD 160 (2004/03) Business Owners Application.

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The attached copies are in final print format.

Enclosures: Property and Casualty Transmittal Document PC TD-1 (2 pages)
Form Filing Schedule PC FFS-1 (1 page)
Commercial Package Policy Application (4 pages)
CP 10 37 04 08 endorsement (2 pages)
CP 15 50 04 08 endorsement (1 page)
IL 45A 01 06 endorsement (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.)**

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 #	15725/08/0009 AR
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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 Package Policy Application	n/a	[<input checked="" type="checkbox"/>] New [] Replacement [] Withdrawn		
02	Radioactive Contamination	CP 10 37 04 08	[] New [<input checked="" type="checkbox"/>] Replacement [] Withdrawn	CP 10 37 07 88	
03	Radio Or Television Antennas - Business Income Or Extra Expense	CP 15 50 04 08	[] New [<input checked="" type="checkbox"/>] Replacement [] Withdrawn	CP 15 50 11 85	
04	Commercial Exclusion Endorsement	IL 45A 01 06	[] New [<input checked="" type="checkbox"/>] Replacement [] Withdrawn	IL 45A 07 03	
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1