

SERFF Tracking Number: CMIC-125491684 State: Arkansas  
 Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: 15725/08/0010 AR  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Fire & Allied Lines Program  
 Project Name/Number: System Generated Application/N/A

## Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Commercial Fire & Allied Lines Program SERFF Tr Num: CMIC-125491684 State: Arkansas

TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 15725/08/0010 AR	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: 02/26/2008
	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	Status of Filing in Domicile: Pending
Project Number: N/A	Domicile Status Comments: n/a
Reference Organization: n/a	Reference Number: n/a
Reference Title: n/a	Advisory Org. Circular: n/a
Filing Status Changed: 02/26/2008	
State Status Changed: 02/26/2008	Deemer Date:
Corresponding Filing Tracking Number: n/a	
Filing Description:	

Cameron Mutual Insurance Company (CMIC) wishes to file for the adoption of the computer system generated Commercial Fire Policy Application for use with our Commercial Fire and Allied Lines 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

<i>SERFF Tracking Number:</i>	<i>CMIC-125491684</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>15725/08/0010 AR</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Fire &amp; Allied Lines Program</i>		
<i>Project Name/Number:</i>	<i>System Generated Application/N/A</i>		

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 Specialist	sandrew@cameron-insurance.com
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	
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SERFF Tracking Number: CMIC-125491684 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 15725/08/0010 AR  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Fire & Allied Lines Program  
Project Name/Number: System Generated Application/N/A

## 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	18023378

SERFF Tracking Number: CMIC-125491684 State: Arkansas  
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Product Name: Commercial Fire & Allied Lines Program  
Project Name/Number: System Generated Application/N/A

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/26/2008	02/26/2008

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TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Fire & Allied Lines Program  
Project Name/Number: System Generated Application/N/A

## Disposition

Disposition Date: 02/26/2008

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-125491684 State: Arkansas  
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 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 Fire 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

SERFF Tracking Number: CMIC-125491684 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Commercial Fire Policy Application	n/a	n/a	Application/ New Binder/Enrollment		0.00	Arkansas Commercial Fire & EC 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 Fire Policy Application

**Applicant** CHUNKY MONKEY  
**Address** 123 BEAVER RD  
FAIRFIELD BAY, AR 72088-2801

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

**Program** Commercial Fire  
**Term** 12 months

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

**Policy Number** CF 7500010014  
**Business Description** APARTMENTS  
**Bound** Yes - 04/01/2008 05:27 PM  
**Mortgagee Bill** No

**Entity Type** Partnership  
**Business Phone** 501-723-8500  
**Remittance Amount** \$1,500.00

**Property**

Description	Deductible	Limit	Coins	Cause of Loss	Premium
<b>LOC #1 - 123 BEAVER RD FAIRFIELD BAY, AR</b> BLD #1 - 0313 - Apartments without Mercantile Occupancies - Over 30 Units Building Coverage	\$1,000	\$15,000	80%	Broad	\$146.00
<b>LOC #2 - 223 BEAVER RD FAIRFIELD BAY, AR</b> BLD #1 - 0321 - Apartments with Mercantile Occupancies - Up to 10 Units Building Coverage	\$1,000	\$25,000	80%	Broad	\$421.00
<b>LOC #3 - 333 BEAVER RD FAIRFIELD BAY, AR</b> BLD #1 - 0322 - Apartments with Mercantile Occupancies - 11-30 Units Building Coverage	\$1,000	\$115,000	80%	Broad	\$2,144.00
<b>Minimum Property Premium Adjustment</b> (if minimum property premium amount is not met)					<b>\$0.00</b>
<b>Total Advanced Premium</b> (service fee not included)					<b>\$2,711.00</b>

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**

<b>County</b> Van Buren - 071	<b>Territory</b> 001
<b>Protection Class</b> 2	<b>Inside City Limits</b> Yes
<b>Distance to Fire Station</b> 3 miles	<b>Responding Fire Dept.</b> FAIRFIELD BAY
<b>Right Exposure</b> N - 1 feet	<b>Left Exposure</b> N - 1 feet
<b>Front Exposure</b> N - 1 feet	<b>Rear Exposure</b> N - 1 feet

**BLD #1 - 0313 - Apartments without Mercantile Occupancies - Over 30 Units**

<b>Description</b> APARTMENTS	<b>Deductible</b> \$1,000
<b>Construction Type</b> Joisted Masonry	<b>Year Built</b> 2000
<b>Sprinklered</b> No	<b>Insurable Interest</b> Owner
<b>Occupied by insured</b> 0%	<b>Number of Stories</b> 3
<b>Number of Units</b> 31	<b>Total Area</b> 5000 square feet
<b>Multiple occupancies?</b> No	<b>Distance to fire hydrant</b> 3 feet
<b>Fire Alarm Type</b> None	<b>Boiler on premises?</b> No
<b>Building Coverage</b>	
<b>Limit</b> \$15,000	<b>Coinsurance</b> 80%
<b>Valuation</b> Replacement Cost	<b>Causes of Loss</b> Broad
<b>Exclude Vandalism</b> Yes	

**LOC #2 - 223 BEAVER RD FAIRFIELD BAY, AR 72088**

<b>County</b> Van Buren - 071	<b>Territory</b> 001
<b>Protection Class</b> 2	<b>Inside City Limits</b> Yes
<b>Distance to Fire Station</b> 3 miles	<b>Responding Fire Dept.</b> FAIRFIELD BAY
<b>Right Exposure</b> N - 1 feet	<b>Left Exposure</b> N - 1 feet
<b>Front Exposure</b> N - 1 feet	<b>Rear Exposure</b> N - 1 feet

**BLD #1 - 0321 - Apartments with Mercantile Occupancies - Up to 10 Units**

<b>Description</b> APARTMENTS	<b>Deductible</b> \$1,000
<b>Construction Type</b> Joisted Masonry	<b>Year Built</b> 2000
<b>Sprinklered</b> No	<b>Insurable Interest</b> Owner
<b>Occupied by insured</b> 0%	<b>Number of Stories</b> 1
<b>Number of Units</b> 10	<b>Total Area</b> 1500 square feet
<b>Multiple occupancies?</b> No	<b>Distance to fire hydrant</b> 3 feet
<b>Fire Alarm Type</b> None	<b>Boiler on premises?</b> No
<b>Building Coverage</b>	
<b>Limit</b> \$25,000	<b>Coinsurance</b> 80%
<b>Valuation</b> Replacement Cost	<b>Causes of Loss</b> Broad
<b>Exclude Vandalism</b> Yes	

**LOC #3 - 333 BEAVER RD FAIRFIELD BAY, AR 72088**

<b>County</b> Van Buren - 071	<b>Territory</b> 001
<b>Protection Class</b> 3	<b>Inside City Limits</b> Yes
<b>Distance to Fire Station</b> 3 miles	<b>Responding Fire Dept.</b> FAIRFIELD BAY

<b>Right Exposure</b>	N - 1 feet	<b>Left Exposure</b>	N - 1 feet
<b>Front Exposure</b>	N - 1 feet	<b>Rear Exposure</b>	N - 1 feet

**BLD #1 - 0322 - Apartments with Mercantile Occupancies - 11-30 Units**

<b>Description</b>	APARTMENTS	<b>Deductible</b>	\$1,000
<b>Construction Type</b>	Non Combustible	<b>Year Built</b>	1999
<b>Sprinklered</b>	No	<b>Insurable Interest</b>	Owner
<b>Occupied by insured</b>	0%	<b>Number of Stories</b>	1
<b>Number of Units</b>	11	<b>Total Area</b>	1500 square feet
<b>Multiple occupancies?</b>	No	<b>Distance to fire hydrant</b>	3 feet
<b>Fire Alarm Type</b>	None	<b>Boiler on premises?</b>	No
<b>Building Coverage</b>			
<b>Limit</b>	\$115,000	<b>Coinsurance</b>	80%
<b>Valuation</b>	Replacement Cost	<b>Causes of Loss</b>	Broad
<b>Exclude Vandalism</b>	No		

**Underwriting**

**Year Business Started** 1999

**Inspection Contact** MITZI HENSEN  
816-740-3699

<b>Is the applicant a subsidiary of another entity?</b>	No	<b>Does the applicant have any subsidiaries?</b>	No
<b>Any exposure to flammables, explosives, or chemicals?</b>	No	<b>Any catastrophe exposure?</b>	No
<b>Any other insurance with this company or being submitted?</b>	No	<b>Any policy or coverage declined, cancelled or non-renewed?</b>	No
<b>Any past losses or claims relating to sexual abuse or molestation allegations discrimination or negligent hiring?</b>	No	<b>During the last five years has any applicant been convicted of any degree of the crime of arson?</b>	No
<b>Any bankruptcies, tax or credit liens against the applicant in the last 5 years?</b>	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

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## RECEIPT OF PAYMENT

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### Insured Information

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

### Policy Information

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**Policy Number** CF 7500010014  
**Effective Date** 04/01/2008  
**Remittance Amount** \$1,500.00  Cash  Check (No. )  
**Mortgagee Bill?**  Yes  No  
**Mortgagee Name 1**  
**Mortgagee Name 2**  
**Address 1**  
**Address 2**  
**City** **State** **Zip**

### Agency Information

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**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 \***

<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Item(s)</b>
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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.**

**COMMERCIAL EXCLUSION ENDORSEMENT**

This endorsement, effective \_\_\_\_\_, forms a part of Policy No. \_\_\_\_\_

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<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Item(s)</b>
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All other terms and conditions of this policy remain unchanged.

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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

### SCHEDULE

Prem. No.	Bldg. No.	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.

*SERFF Tracking Number:*      *CMIC-125491684*                      *State:*                      *Arkansas*  
*Filing Company:*              *Cameron Mutual Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *15725/08/0010 AR*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0001 Commercial Property (Fire and Allied Lines)*  
  
*Product Name:*              *Commercial Fire & Allied Lines Program*  
*Project Name/Number:*      *System Generated Application/N/A*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CMIC-125491684 State: Arkansas  
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Company Tracking Number: 15725/08/0010 AR  
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Product Name: Commercial Fire & Allied Lines Program  
Project Name/Number: System Generated Application/N/A

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/26/2008

**Comments:**

**Attachment:**

Commercial Fire Policy 15725-08-0010 AR.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: 60%; 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.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
		0532			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

<b>5. Company Tracking Number</b>	<b>15725/08/0010 AR</b>
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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>
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
<b>7.</b>	Signature of authorized filer				
					
<b>8.</b>	Please print name of authorized filer				
	Sheila P. Andrew				

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	01.0 Property
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	01.0001 Commercial Property (Fire and Allied Lines)
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	Commercial Fire & Allied Lines
<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: April 1, 2008      Renewal: April 1, 2008
<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>	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	February 18, 2008
<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

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>15725/08/0010 AR</b>
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<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]
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Cameron Mutual Insurance Company (CMIC) wishes to file for the adoption of the computer system generated Commercial Fire Policy Application for use with our Commercial Fire and Allied Lines 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.

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.

**Enclosures:** Property and Casualty Transmittal Document PC TD-1 (2 pages)  
Form Filing Schedule PC FFS-1 (1 page)  
Commercial Fire 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)

<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]
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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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>15725/08/0010 AR</b>
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<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>
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<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>Commercial Fire Policy Application</b>	n/a	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	<b>Radioactive Contamination</b>	<b>CP 10 37 04 08</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	<b>CP 10 37 07 88</b>	
03	<b>Radio Or Television Antennas - Business Income Or Extra Expense</b>	<b>CP 15 50 04 08</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	<b>CP 15 50 11 85</b>	
04	<b>Commercial Exclusion Endorsement</b>	<b>IL 45A 01 06</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	<b>IL 45A 07 03</b>	
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