

SERFF Tracking Number: FARM-125492185 State: Arkansas
First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3040008775 \$50
Company Tracking Number: FAR0840-200940, FAR0840-400940
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: F-AR-2008-PA-F
Project Name/Number: AR Customized Equipment Coverage - Form/A-07-195

Filing at a Glance

Companies: Farmers Insurance Company, Inc., Mid-Century Insurance Company

Product Name: F-AR-2008-PA-F

SERFF Tr Num: FARM-125492185 State: Arkansas

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: #3040008775 \$50

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Co Tr Num: FAR0840-200940, FAR0840-400940

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding

Authors: Anahit Bekarian, Jeanette Disposition Date: 02/26/2008

Campion, Gayane Rupchian, Mina

Villegas, Chris SalvaCruz, Edmond

Balaian, Karen Lacy

Date Submitted: 02/18/2008

Disposition Status: Approved

Effective Date Requested (New): 08/01/2008

Effective Date (New): 08/01/2008

Effective Date Requested (Renewal): 08/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR Customized Equipment Coverage - Form

Status of Filing in Domicile: Not Filed

Project Number: A-07-195

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/26/2008

State Status Changed: 02/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Cover memo is attached as separate item in Supporting Document header

Company and Contact

SERFF Tracking Number: FARM-125492185 State: Arkansas
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Filing Contact Information

Feliksa Barran, Manager - Business Feliksa_Barran@farmersinsurance.com
 Implementation
 4700 Wilshire Blvd. (323) 932-3056 [Phone]
 Los Angeles, CA 90010

Filing Company Information

Farmers Insurance Company, Inc. CoCode: 21628 State of Domicile: Kansas
 10850 Lowell Avenue Group Code: 212 Company Type:
 Overland Park, KS 66210-1667 Group Name: State ID Number:
 (323) 932-3056 ext. [Phone] FEIN Number: 48-0609012

Mid-Century Insurance Company CoCode: 21687 State of Domicile: California
 4680 Wilshire Blvd. Group Code: 212 Company Type:
 Los Angeles, CA 90010 Group Name: State ID Number:
 (323) 932-3056 ext. [Phone] FEIN Number: 95-6016640

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 is the required fee amount for each filing company -- FICI & Mid-Century -- for a total of \$100.00. I have typed in the check # for Mid-Century; FICI check is still in process. Checks will be mailed to DOI via DHL on Thursday, 2/21/2008.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Company, Inc.	\$0.00	02/18/2008	
Mid-Century Insurance Company	\$0.00	02/18/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3040008775	\$50.00	02/12/2008
In process	\$50.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	02/26/2008	02/26/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	02/25/2008	02/25/2008	Mina Villegas	02/25/2008	02/25/2008
Industry Response						

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Disposition

Disposition Date: 02/26/2008
Effective Date (New): 08/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover memo	Approved	Yes
Form	Increased Customized Equipment Coverage	Approved	Yes
Form	Increased Customized Equipment Coverage	Approved	Yes
Form	Customized Equipment Endorsement	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/25/2008

Submitted Date 02/25/2008

Respond By Date

Dear Feliksa Barran,

This will acknowledge receipt of the captioned filing. The filing will be reviewed when the filing fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/25/2008

Submitted Date 02/25/2008

Dear Alexa Grissom,

Comments:

Here is our response to objection letter dated 02-25-2008

Response 1

Comments: Response to objection letter dated 02-25-2008

We have submitted to DOI on 02-22-2008 the fee for this filing with airbill # 63022451240. The check # is 3040008775 in the amount of \$50.00.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Response to objection letter dated 02-25-2008

Sincerely,

Anahit Bekarian, Chris SalvaCruz, Edmond Balaian, Gayane Rupchian, Jeanette Campion, Karen Lacy, Mina Villegas

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Increased Customized Equipment Coverage	91-1138	01-08	Endorsement/Amendment/Conditions		45.80	E1138, 2nd ed.pdf
Approved	Increased Customized Equipment Coverage	91-1438	01-08	Endorsement/Amendment/Conditions		46.00	E1438, 2nd ed.pdf
Approved	Customized Equipment Endorsement	93-6499	01-08	Endorsement/Amendment/Conditions		57.80	J6499, 1st ed.pdf

INCREASED CUSTOMIZED EQUIPMENT COVERAGE

E1138
2nd Edition

For an additional premium, we will pay for direct and accidental **loss** to **customized equipment**. This coverage only applies to the vehicle described in the Declarations, and for the amount of coverage shown. The amount of coverage provided herein is in addition to any **customized equipment** coverage provided in the underlying policy.

EXCLUSIONS

This endorsement does not apply to:

1. equipment designed for the reproduction of sound, or any radio receiving or radio receiving and transmitting equipment. This applies to such equipment as a tape player, tape recorder, citizens band radio and two-way radio telephone, television or scanning monitor receiver. It also applies to any electronic device incorporating any of this equipment, as well as accessories, component parts and antennae;
2. tapes, discs, records, reels, cassettes, cartridges, media, data, carrying cases or other devices for the use with equipment designed to reproduce, record, receive, play or transmit audio, visual or data signals;
3. a camper body or trailer;
4. awnings, cabanas, or equipment designed to create additional living facilities; or
5. wear and tear **losses** to **customized equipment** including, but not limited to:
 - a. scorching;
 - b. marring;
 - c. scratching; or
 - d. breakage; except breakage to glass permanently attached to the van, pick-up or panel truck or breakage of internal **customized equipment**, whether attached or not.

LIMIT OF LIABILITY

Our limit of liability for **loss** to covered **customized equipment** under this endorsement shall be the lesser of:

1. the amount of coverage shown on the Declarations page for this endorsement;
2. the actual cash value of the stolen or damaged **customized equipment**; or
3. the amount necessary to repair or replace the stolen or damaged **customized equipment**.

This amount does not include any reduction in the value of **customized equipment** after it has been repaired, as compared to the value before it was damaged.

An adjustment for depreciation and physical condition will be made to determine actual cash value at the time of **loss**. Our payment for **loss** will be reduced by any applicable deductible shown in the Declarations. If both the vehicle described in the Declarations and its **customized equipment** are damaged, the deductible only applies once. If there is a covered **loss** under this endorsement, and for which there is no coverage in the underlying policy, we will apply to this coverage the lowest deductible from the Comprehensive or Collision coverages that you have purchased.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

For an additional premium, we will pay for direct and accidental **loss** to **customized equipment** as reported by you in the most recent Customization Report. This coverage only applies to the vehicle described in the Declarations for the coverage shown, and for the amount of coverage shown. The amount of coverage provided herein is in addition to any **customized equipment** coverage provided in the underlying policy.

EXCLUSIONS

This endorsement does not apply to:

1. equipment designed for the reproduction of sound, or any radio receiving or radio receiving and transmitting equipment. This applies to such equipment as a tape player, tape recorder, citizens band radio and two-way radio telephone, television or scanning monitor receiver. It also applies to any electronic device incorporating any of this equipment, as well as accessories, component parts and antennae;
2. tapes, discs, records, reels, cassettes, cartridges, media, data, carrying cases or other devices for the use with equipment designed to reproduce, record, receive, play or transmit audio, visual or data signals;
3. a camper body or trailer;
4. awnings, cabanas, or equipment designed to create additional living facilities;
5. wear and tear **losses** to **customized equipment** including, but not limited to:
 - a. scorching;
 - b. marring;
 - c. scratching; or
 - d. breakage; except breakage to glass permanently attached to the van, pick-up or panel truck or breakage of internal **customized equipment**, whether attached or not; or
6. newly acquired **customized equipment** unless you report such items to us within 30 days after you have taken delivery and we agree to provide coverage.

LIMIT OF LIABILITY

Our limit of liability for **loss** to covered **customized equipment** under this endorsement shall be the lesser of:

1. the amount of coverage shown on the Customization Report for this endorsement;
2. the actual cash value of the stolen or damaged **customized equipment**; or
3. the amount necessary to repair or replace the stolen or damaged **customized equipment**.

This amount does not include any reduction in the value of **customized equipment** after it has been repaired, as compared to the value before it was damaged.

An adjustment for depreciation and physical condition will be made to determine actual cash value at the time of **loss**. Our payment for **loss** will be reduced by any applicable deductible shown in the Declarations. If both the vehicle described in the Declarations and its **customized equipment** are damaged, the deductible only applies once. If there is a covered **loss** under this endorsement, and for which there is no coverage in the underlying policy, we will apply to this coverage the lowest deductible from the Comprehensive or Collision coverages that you have purchased.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

CUSTOMIZED EQUIPMENT ENDORSEMENT

J6499
1st Edition

Under **PART IV - DAMAGE TO YOUR CAR, Coverage F - Comprehensive, and Coverage G - Collision**, the following is added:

We will also pay for repair or replacement of **customized equipment** up to a total of \$1,000 for any one **loss** event. Multiple items of **customized equipment** lost or damaged in the same event are considered to be one **loss**.

The following definition is added to **PART IV - DAMAGE TO YOUR CAR, Additional Definitions Used In This Part Only**:

Customized equipment means any furnishings or equipment, which is permanently attached to **your insured car** and common to its use, which is not the vehicle's factory available furnishings or equipment. This includes, but is not limited to:

- a. any video, electronic sound reproducing or transmitting equipment, and its component parts, media and data, including but not limited to DVD, Game System or MP3 player;
- b. any painted, chrome or finished surface, whether refinished in whole or in part, of any automobile insured under this Part where the claim exceeds the cost of duplicating the vehicle's factory applied surface finish;
- c. tires, wheels, rims, spinners, grilles, louvers, side pipes, hood scoops or spoilers or any exterior surface, body or exhaust equipment, or modification thereto, which exceeds the cost of repairing or replacing the vehicle's factory available equipment;
- d. any engine, transmission or suspension parts, or modification thereto, which exceeds the cost of repairing or replacing the vehicle's factory available equipment;
- e. GPS navigational systems;
- f. special carpeting, insulation, wall paneling, furniture or bars;
- g. facilities for cooking or sleeping including enclosures or bathroom facilities;
- h. height-extending roofs; or
- i. custom murals, paintings or other decals or graphics.

Under **Additional Definitions Used In This Part Only, 2.**, **loss** is deleted and replaced with:

2. **Loss** means direct and accidental **loss** of or damage to **your insured car**, including its **customized equipment**.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

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

Comments:

Attachment:

P & C transmittal.pdf

Satisfied -Name: Cover memo **Review Status:** Approved 02/26/2008

Comments:

Attachment:

Cover memo.pdf

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3.	Group Name	Group NAIC #			
	Farmers Insurance Group of Companies	0212			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Farmers Insurance Company, Inc	KS	21628	48-0609012	0212
	Mid-Century Insurance Company	CA	21987	95-6016640	0212

5. Company Tracking Number	FAR0840-200940, FAR0840-400940
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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
	Mark Putich 4700 Wilshire Blvd. L.A. CA 90010	Manager – Contracts Development	(323) 930-4023 (925) 847-3239		
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Mina A. Villegas		

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

9.	Type of Insurance (TOI)	19.0 Personal Auto
10.	Sub-Type of Insurance (Sub-TOI)	19.0001 Private Passenger Auto
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	19.0 / 19.0001
12.	Company Program Title (Marketing title)	Private Passenger Customized Equipment, J6499, E1138, E1438
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: 08/1/2008 Renewal: 08/1/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	2/18/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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]

Check #: Checks not available yet

Amount: \$50.00 for each filing company – FICI & Mid-Century -- for a total of \$100.00

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.)**



FARMERS

4700 Wilshire Blvd.
Los Angeles, CA 90010
Bus: (209) 834-6343

www.farmersinsurance.com

February 18, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Subject: AUTO CUSTOMIZED EQUIPMENT FORMS J6499, E1138 and E1438

COMPANY	Reference Number	NAIC No.	GROUP No.
Farmers Insurance Company, Inc.	FAR0840-200940	21628	0212
Mid-Century Insurance Company	FAR0840-400940	21687	0212

Dear Commissioner:

On behalf of Farmers Insurance Company Inc. and Mid-Century Insurance Company, we respectfully submit for your review and approval three Auto forms that address Customized Equipment for our Auto products.

With this submission, we propose the introduction of a new mandatory endorsement – **“Customized Equipment Endorsement” – J6499, 1st Edition**. This endorsement defines customized equipment and sets a limit for customized equipment of \$1,000. It will be added to all auto policies.

We also submit the revision of optional endorsements **“Increased Customized Equipment Coverage” – E1138, 2nd Edition** and **“Increased Customized Equipment Coverage” – E1438, 2nd Edition**. For an additional premium, both forms allow an insured to select increased coverage for customized equipment above the initial \$1,000 coverage. They have been revised to include the term customized equipment, to update the types of equipment that play the various media and to clarify the application of deductibles. The E1138 2nd Edition endorsement, effective for renewals, allows an insured to increase customized equipment coverage by selecting a higher limit, up to \$10,000. The E1438 2nd Edition endorsement, effective for renewals and new business, requires the insured to report the type and dollar amount of customized equipment they have by vehicle. At this time our rates for the optional coverages will remain the same.

Our targeted effective date for this proposal is August 1, 2008.

If you have any questions, please contact me at (209) 834-6343.

AUTO FORM

Page 2 of 2

Very truly yours,

FARMERS INSURANCE GROUP OF COMPANIES

By: Mark Putich
Contracts Development Manager