

SERFF Tracking Number: FARM-125509458 State: Arkansas  
First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3040008757 \$50  
Company Tracking Number: FAR0840-200740, FAR0840-400740  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: F-AR-2008-PA-F  
Project Name/Number: AR Rental Reimbursement - Owned Vehicle/A-08-037

## Filing at a Glance

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

Product Name: F-AR-2008-PA-F SERFF Tr Num: FARM-125509458 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #3040008757 \$50  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: FAR0840-200740, State Status: Fees verified and  
(PPA) FAR0840-400740 received  
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding  
Authors: Anahit Bekarian, Jeanette Disposition Date: 02/28/2008  
Campion, Gayane Rupchian, Mina  
Villegas, Chris SalvaCruz, Edmond  
Balaian, Karen Lacy  
Date Submitted: 02/26/2008 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 Rental Reimbursement - Owned Vehicle Status of Filing in Domicile: Not Filed  
Project Number: A-08-037 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 02/28/2008 Deemer Date:  
State Status Changed: 02/28/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Cover memo is attached as separate item in Supporting Document header

## Company and Contact

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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  
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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  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$0.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 is the required fee amount for this form filing. Check will be mailed to DOI via DHL today, 02-26-2008.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Company, Inc.	\$0.00	02/26/2008	
Mid-Century Insurance Company	\$0.00	02/26/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3040008757	\$50.00	02/08/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	02/28/2008	02/28/2008

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## Disposition

Disposition Date: 02/28/2008  
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	Rental Reimbursement Coverage - Owned Vehicle	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rental Reimbursement Coverage - Owned Vehicle	91-1039, 1st ed	12-02	Endorsement/Amendment/Conditions New		45.40	E1039, 1sted.pdf

## RENTAL REIMBURSEMENT COVERAGE - OWNED VEHICLE

E1039  
1st Edition

For an additional premium, we will reimburse the actual expenses you incur for the daily rental rate and associated taxes resulting from a private passenger car rental used as a substitute car for **your insured car**. Expenses for gasoline, maintenance, and collision damage waiver insurance charges are not covered by this endorsement.

This coverage applies when the **loss** exceeds the deductible amount applicable under Part IV of your E-Z Reader Car Policy.

### CONDITION

1. Rental reimbursement shall be subject to the following conditions:
  - (a) the declarations page must designate the per day limit rental reimbursement coverage as applicable to the **insured car**;
  - (b) the declarations page must designate **Comprehensive** and **Collision** coverage as applicable to the **insured car**;
  - (c) the **loss** necessitating the rental must be caused by **Collision** or a cause of **loss** covered by **Comprehensive** coverage;
  - (d) the **insured car** must be continuously withdrawn from normal use due to a covered **loss** for a period in excess of 24 hours.
2. The reimbursement for any one **loss** shall not exceed the reasonable amount of rental expense actually incurred. Rental reimbursement coverage shall be extended for a 30 day period for the per day limit designated on the declarations page.
3. The time period for reimbursement of rental expense begins on the first day rental expense is incurred. If **your insured car** is drivable, coverage starts the day the vehicle is taken to a garage for repairs.
4. The time period for reimbursement of rental expense ends at the first occurrence of one of the following:
  - a. rental reimbursement coverage has been in effect for 30 days;
  - b. upon the completion of the repairs;
  - c. when we offer settlement on a total **loss**; or
  - d. upon replacement of the vehicle.
5. If you are paid under this endorsement, we shall have your rights to seek recovery. You shall do whatever is necessary to secure such rights. You shall do nothing to prejudice these rights.

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 02/28/2008

**Comments:**

**Attachment:**

P&C transmittal.pdf

**Satisfied -Name:** Cover memo **Review Status:** Approved 02/28/2008

**Comments:**

**Attachment:**

Cover memo.pdf

## Property & Casualty Transmittal Document

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Farmers Insurance Group of Companies	0212

4. Company Name(s)	Domicile	NAIC #	FEIN #		
Farmers Insurance Company, Inc.	CA	21628	48-0609012		0212
Mid-Century Insurance Company	CA	21687	95-6016640		0212

<b>5. Company Tracking Number</b>	FAR0840-200740, FAR0840-400740
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #	FAX #	e-mail
	Judi Feldman 4700 Wilshire Blvd. Los Angeles, CA 90010	Sr. Product Management Analyst - Contracts	(323) 964-8276	(323) 932-3950	

7. Signature of authorized filer	
8. Please print name of authorized filer	Mina Villegas

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

9. Type of Insurance (TOI)	Personal Auto
10. Sub-Type of Insurance (Sub-TOI)	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)	E1039 – Rental Reimbursement – Owned Vehicle
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: 8/1/2008      Renewal: 8/1/2008
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	February 26, 2008

<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
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## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</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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See cover memo.

<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]
<b>Check #: 3040008757</b> <b>Amount: \$50.00</b>	
<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>	

\*\*\*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



**FARMERS**

4700 Wilshire Blvd.  
Los Angeles, CA 90010  
Phone: (323) 964-8276  
Fax: (323) 932-3950

February 26, 2008

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

Attn: Property and Casualty

Subject: Rental Reimbursement Coverage – Owned Vehicle – E1039

Company	Reference Number	NAIC No.	Group No.
Farmers Insurance Company, Inc.	FAR0840-200740	21628	0212
Mid-Century Insurance Company	FAR0840-400740	21687	0212

Dear Commissioner Bowman:

We are submitting a new endorsement to be used with our **E-Z Reader Car Policy - Rental Reimbursement Coverage – Owned Vehicle**. We are requesting an effective date of August 1, 2008.

The rate filing was submitted on 2/14/2008 under SERFF# FARM-125487688.

Your prompt attention to this filing would be appreciated. Should you have any questions or comments regarding this endorsement, please call Judi Feldman at (323) 964-8276.

Sincerely,

FARMERS GROUP of COMPANIES

By: Judi Feldman  
Senior Product Management Analyst