

SERFF Tracking Number: ASPX-125488629 State: Arkansas  
Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: SC62 FM AR02886ARF01  
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners  
Product Name: SCO - Farmers & Ranchers Policy  
Project Name/Number: SCO - Farmers & Ranchers Policy/FM AR02886ARF01

## Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Farmers & Ranchers Policy SERFF Tr Num: ASPX-125488629 State: Arkansas

TOI: 03.0 Personal Farmowners SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 03.0000 Personal Farmowners Co Tr Num: SC62 FM AR02886ARF01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding  
Author: SPI AssurantPC Disposition Date: 03/03/2008  
Date Submitted: 02/14/2008 Disposition Status: Approved

Effective Date Requested (New): 04/15/2008 Effective Date (New): 04/15/2008  
Effective Date Requested (Renewal): 04/15/2008 Effective Date (Renewal): 04/15/2008

State Filing Description:

## General Information

Project Name: SCO - Farmers & Ranchers Policy

Project Number: FM AR02886ARF01

Reference Organization:

Reference Title:

Filing Status Changed: 03/03/2008

State Status Changed: 02/15/2008

Corresponding Filing Tracking Number:

Filing Description:

American Reliable Insurance Company is proposing the following change to our currently approved Farmers and Ranchers Program in your state. We are amending the EXTENDED PROPERTY COVERAGE ENDORSEMENT to include Item #11. NON-DEPRECIATION OF PARTIAL LOSS TO AGRICULTURAL EQUIPMENT. The new form will be A8541E1207.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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## Company and Contact

### Filing Contact Information

Qun Shaw, Regulatory Analyst  
 8655 East Via De Ventura (800) 535-1333 [Phone]  
 Scottsdale, AZ 85258

### Filing Company Information

American Reliable Insurance Company CoCode: 19615 State of Domicile: Arizona  
 11222 Quail Roost Dr Group Code: 19 Company Type:  
 Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:  
 (305) 253-2244 ext. [Phone] FEIN Number: 41-0735002  
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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 #
American Reliable Insurance Company	\$50.00	02/14/2008	17987216

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	03/03/2008	03/03/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	02/15/2008	02/15/2008	SPI AssurantPC	02/29/2008	02/29/2008

*SERFF Tracking Number:* ASPX-125488629                      *State:* Arkansas  
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## **Disposition**

Disposition Date: 03/03/2008

Effective Date (New): 04/15/2008

Effective Date (Renewal): 04/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125488629 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	Filing Memo, AR Certification of Compliance, AR Cover Letter	Approved	Yes
Form	Extended Property Coverage Endorsement	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/15/2008  
Submitted Date 02/15/2008  
Respond By Date  
Dear Qun Shaw,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Extended Property Coverage Endorsement (Form)

Comment: Item 11, A(2) appears to contradict the intent of the replacement cost language.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/29/2008  
Submitted Date 02/29/2008

Dear Becky Harrington,

### Comments:

Objection Letter dated 02/15/2008

### Response 1

Comments: We are paying replacement cost for partial losses. This allows us to replace parts of farm equipment without depreciating them. However, if there is substantial damage to the machine, the most we would pay for all the parts and labor to repair it is the ACV of the machine.

For example, if the unloading auger on a combine was damaged, we would repair or replace the auger portion without any deduction for depreciation. If that cost were to exceed the ACV of the entire combine then we would pay the ACV for the entire item of equipment.

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Should you need anything else, please feel free to contact us.

Thank you very much for your time and patience.

Sincerely,  
Qun Shaw

**Related Objection 1**

Applies To:

- Extended Property Coverage Endorsement (Form)

Comment:

Item 11, A(2) appears to contradict the intent of the replacement cost language.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
SPI AssurantPC

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Property Coverage Endorsement	A8541E	1207	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 A8541E Previous Filing #:		A8541E.PDF

# AMERICAN RELIABLE INSURANCE COMPANY EXTENDED PROPERTY COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

## FARM AND RANCH COVERAGE FORM

In return for an additional premium this endorsement expands your Farmers & Ranchers Coverage Form through Coverage Extensions to the FARMERS & RANCHERS COVERAGE FORMS. All other terms and conditions of your policy continue to apply.

Agricover for Property Coverage Extensions

### 1. INCREASED LIMITS FOR FARM EQUIPMENT LOANED OR RENTED TO NAMED INSURED.

The limit of insurance provided under section I – Additional Coverages, Farm Equipment Loaned or Rented to Named Insured, is increased from \$25,000 to \$75,000.

### 2. RENTAL REIMBURSEMENT FOR COTTON PICKERS/COMBINE HARVESTERS

Additional coverage to Coverage D – Scheduled Farm Personal Property, cotton pickers/combine harvesters rental reimbursement. If any of the cotton pickers/combine harvesters included in the Coverage D schedule are lost or damaged subsequently by the perils insured against, we will pay the smallest of the following:

- a. the actual daily rental expense of each covered item;
- b. \$500 per day to a maximum of \$5,000 for each covered item.

Coverage begins twenty-four (24) hours after the covered loss or damage has occurred and terminates when the covered item should have been restored within a commercial reasonable timeframe, replaced, or in 10 consecutive days, whichever occurs first.

No deductible applies to this coverage.

### 3. NEWLY ACQUIRED ALL TERRAIN VEHICLES AND SNOWMOBILES (Not Registered for Road Use).

We will cover newly acquired all terrain vehicles and snowmobiles for BROAD Perils for a maximum limit of \$10,000.

Coverage will be provided until:

- a. your policy expires, or
- b. you purchase other insurance for the newly acquired all terrain vehicle snowmobile, or
- c. 90 days from the original date of purchase.

A deductible of \$500 applies to this additional coverage.

### 4. NEWLY ACQUIRED FARM EQUIPMENT, MACHINERY AND VEHICLES

The limit of insurance provided under Section I – Additional Coverages, Newly Acquired Farm Equipment, Machinery and Vehicles, is increased from \$50,000 to \$75,000.

### 5. OUTDOOR RADIO AND TELEVISION EQUIPMENT

The limit of Insurance provided under Section I – Outdoor Radio and Television Equipment, is increased from \$150 to \$500.

## **6. DAMAGE IN THE COURSE OF TRANSIT – COVERGE D AND E ONLY**

We will pay up to \$5,000 in any one occurrence for loss of or damage to grain in the course of transit, when coverage is provided for scheduled grain under the policy. Covered Property while waterborne or airborne is not covered.

The policy deductible remains applicable.

## **7. REPLACEMENT COST FOR COVERAGE B: UNSCHEDULED PERSONAL PROPERTY (HOUSEHOLD).**

When the symbol “RC” is listed in the Household Personal Property column on the Declarations or Supplemental Declarations, we will pay the full cost of repair or replacement without deduction for depreciation to household personal property that is damaged or destroyed. This valuation is subject to the provisions and terms stated in Form A8166.

The most we will pay under this extension in any one occurrence is the greater of:

- a. 70% of the COVERAGE A Limit of Insurance shown in the Declarations for the dwelling; or
- b. COVERAGE B – Limit of Insurance shown in the Declaration Unscheduled Personal Property (Household).

## **8. UNSCHEDULED MISCELLANEOUS AGRICULTURAL EQUIPMENT.**

Coverage D – Scheduled Farm Personal Property – Unscheduled Miscellaneous Agricultural Equipment, any one item limit is increased from \$1,000 to \$2,500.

## **9. COVERAGE F – BROAD PERILS FOR BARN, BUILDINGS AND STRUCTURES.**

Coverage for broad perils as set forth in the policy is extended to apply to direct physical loss to barns, building or structures scheduled in the Declarations or Supplemental Declarations under Coverage F.

The policy Deductible remains applicable.

## **10. CUSTOM FARMING**

### **Insuring Agreement**

- a. We will pay those sums that the “insured” becomes legally obligated to pay as damages arising out of the “Insured’s” performance or failure to perform custom “farming” operations for others for a charge under contract or agreement.

But this additional coverage will apply only if your receipts during the 12 months preceding this policy’s inception date from such custom “farming” operations do not exceed \$15,000

- b. All exclusions under COVERAGE G – FARM AND PERSONAL LIABILITY apply except **4.d.** with respect to custom “Farming”

## **11. NON-DEPRECIATION OF PARTIAL LOSS TO AGRICULTURAL EQUIPMENT -**

For partial loss to an item of Agricultural Equipment covered under Coverage D. SCHEDULED FARM PERSONAL PROPERTY or Coverage E. UNSCHEDULED FARM PERSONAL PROPERTY, we will pay the Replacement Cost Value of such covered loss or damage, subject to the following:

A. The most we will pay in any one occurrence is the least of:

1. The amount actually and necessarily spent to repair the damaged item; or
2. The Actual Cash Value for that item.

We will consider only parts, materials, regular non-overtime labor charges, and taxes as part of any partial loss.

B. If the loss or damage is more than \$1,000, you can make an initial claim for payment on an Actual Cash Value basis, and later make a supplementary claim for Replacement Cost payment. If you elect to exercise this option, you must notify us of your intention, in writing, within 90 days of the date of loss.

- C. For any item of Agricultural Equipment that you elect not to repair, the value will be the least of the following:
1. Actual Cash Value of the item at time of loss; or
  2. Cost of reasonably restoring that item to its condition immediately before the loss or damage.
- D. For the purpose of this additional coverage, Agricultural Equipment includes:
1. Tractors
  2. Harvesters
  3. Threshers
  4. Combines
  5. Cotton Pickers
- E. Items this coverage does not apply to are:
1. Equipment over 5 model years old; or
  2. Any battery, tire, filter, belt, chain or canvas that is part of any item of Agricultural Equipment.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/03/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

**Satisfied -Name:** AR - FORM FILING ABSTRACT F-  
1 **Review Status:** Approved 03/03/2008

**Comments:**

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

**Satisfied -Name:** Filing Memo, AR Certification of  
Compliance, AR Cover Letter **Review Status:** Approved 03/03/2008

**Comments:**

**Attachments:**

Filing Memo.PDF  
AR Certification of Compliance.PDF  
AR Cover Letter.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: 50%; 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. Group Name</b>	<b>Group NAIC #</b>
Assurant, Inc. Group	0019

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Reliable Insurance Company	AZ	19615	41-0735002	

<b>5. Company Tracking Number</b>	SC62 FM AR02886ARF01
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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
	Qun H. Shaw 8655 East Via De Ventura Scottsdale AZ 85258	Regulatory Analyst	800-535-1333 Ext. 7386		

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Qun H. Shaw

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	03.0 Personal Farmowners
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	03.0000 Personal Farmowners
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Farmers and Ranchers
<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: 04/15/2008      Renewal: 04/15/2008
<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>	NA
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	NA
<b>18.</b>	<b>Company's Date of Filing</b>	02/14/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	SC62 FM AR02886ARF01
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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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American Reliable Insurance Company is proposing the following change to our currently approved Farmers and Ranchers Program in your state. We are amending the EXTENDED PROPERTY COVERAGE ENDORSEMENT to include Item #11. NON-DEPRECIATION OF PARTIAL LOSS TO AGRICULTURAL EQUIPMENT. The new form will be A8541E1207.

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

\*\*\*Refer to 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>	SC62 FM AR02886ARF01
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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>	NA
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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	Extended Property Coverage Endorsement	A8541E 1207	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A8541E	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS INSURANCE DEPARTMENT**  
**FORM FILING ABSTRACT**

**ALL QUESTIONS MUST BE ANSWERED**

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 02/14/2008

2. Company Name(s) American Reliable Insurance Company

Group Name Assurant, Inc. Group NAIC No. 19615 Group No. 0019

3. (a) Annual Statement Line of Business Number (Page 14) 3.0

(b) Class of Business \_\_\_\_\_

© Coverages Affected \_\_\_\_\_

4. (a) Name of Advisory Organization, if any NA

(b) Affiliations with Advisory Organization: Member (  ) Subscriber (  )

5. Is this a reference filing? Yes (  ) No (  ) If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) \_\_\_\_\_

(b) Date of Filing \_\_\_\_\_

© Filing Designation Number or Description \_\_\_\_\_

**PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM**

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
Being filed at this time.

8. Is the form filed in response to or due to legislation? If so, specify legislation.  
NA

9. Is the form in response to or due to recent court decisions? If so, give citation.  
Na

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



\_\_\_\_\_  
**Signature**

Qun H. Shaw

\_\_\_\_\_  
**Title**

800-535-1333

\_\_\_\_\_  
**Telephone Number**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
A8541E 0305	04/15/2008	A8541E 1207	Extended Property Coverage Endorsement

**AMERICAN RELIABLE INSURANCE COMPANY  
FARMERS & RANCHERS PROGRAM  
EXPLANATORY MEMORANDUM**

**American Reliable Insurance Company** is proposing the following change to our currently approved Farmers and Ranchers Program in your state. We are amending the EXTENDED PROPERTY COVERAGE ENDORSEMENT to include **Item #11. NON-DEPRECIATION OF PARTIAL LOSS TO AGRICULTURAL EQUIPMENT.** The new form will be **A8541E1207.**

**ARKANSAS CERTIFICATE OF COMPLIANCE**

*(You may print or type the information required by this form)*



I, Valley Owens, VP of  
*(Name) (Title of Authorized Officer)*  
American Reliable Insurance Company  
*(Name of Insurer)*

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? *(Yes or No)* ►

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #
American Reliable Insurance Company	19615

Company Tracking Number ►	SC62 FM AR02886ARF01
Signature of Authorized Officer ►	<i>Valley Owens</i>
Name of Authorized Officer ►	Valley Owens
Title of Authorized Officer ►	VP
Email address of Authorized Officer ►	Valley.owens@assurant.com
Telephone # of Authorized Officer ►	800-535-1333
Date ►	02/14/2008

*This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)*



**ASSURANT**  
Specialty  
Property

SERFF  
Arkansas Insurance Department  
Property Casualty Division  
1200 W. 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

American Reliable Insurance  
Company  
8655 E. Via De Ventura, Suite E200  
Scottsdale, AZ 85258  
T 480.483.8666 F 480.483.1675

[www.assurant.com](http://www.assurant.com)

February 14, 2008

**Re: American Reliable Insurance Company**  
**FEIN – 41-0735002 - Group # 0019 - NAIC # 19615**  
**Revision Filing –Form**  
**Farmers and Ranchers Program**  
**Company Filing No.: SC62 FM AR02886ARF01**  
**Proposed Effective Dates: 04/15/2008 New & Renewal Business**

American Reliable Insurance Company respectfully submits the form filing for our currently approved Farmers and Ranchers Program in Arkansas. Our proposed effective dates are April 15, 2008 for new and renewal business.

We are amending the extended property coverage endorsement to include non-depreciation of partial loss to agricultural equipment.

Enclosed for your review and consideration are:

- Ø Cover Letter
- Ø P&C Transmittal Document
- Ø P&C Form Filing Schedule
- Ø AR Form Filing Abstract F-1
- Ø AR Certificate of Compliance
- Ø Filing Memorandum
- Ø A8541E1207– Extended Property Coverage Endorsement

We request the option of moving boxes, reformatting text and changing page size to accommodate system programming and client needs. The content will remain as approved by your Department.

Please feel free to contact me at the email address or telephone number listed below if you should have any questions. We look forward to receiving your Department's approval.

Sincerely,

Qun Hui Shaw  
Regulatory Analyst  
Phone: 1-800-535-1333, Ext. 561  
Fax: 1-480-443-3785  
E-Mail: [Qun.hui.shaw@assurant.com](mailto:Qun.hui.shaw@assurant.com)

Enclosures