

SERFF Tracking Number: FARM-125517836 State: Arkansas  
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3040008781 \$50  
 Company Tracking Number: J2AR080229BPBD1  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
 Liability  
 Product Name: Business Income and Extra Expense/(PUD) (D313442)  
 Project Name/Number: Business Income and Extra Expense Filings (PUD) - Businessowners/J-AR-2008-BP-F

## Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange  
 Product Name: Business Income and Extra Expense/(PUD) (D313442) SERFF Tr Num: FARM-125517836 State: Arkansas  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #3040008781 \$50  
 Sub-TOI: 05.0002 Businessowners Co Tr Num: J2AR080229BPBD1 State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
 Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Stefanie Carlin Disposition Date: 03/11/2008  
 Date Submitted: 03/06/2008 Disposition Status: Approved  
 Effective Date Requested (New): 05/01/2008 Effective Date (New): 05/01/2008  
 Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal): 07/01/2008

State Filing Description:

## General Information

Project Name: Business Income and Extra Expense Filings (PUD) - Businessowners Status of Filing in Domicile: Pending  
 Project Number: J-AR-2008-BP-F Domicile Status Comments: Filing being made in California.  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 03/11/2008  
 State Status Changed: 03/11/2008 Deemer Date:  
 Corresponding Filing Tracking Number:

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#### Filing Description:

Farmers Insurance Group of Companies respectfully submits the following forms designed to enhance coverage for our Businessowners programs.

E6289-ED1 Business Income and Extra Expense - 18 Months. This form was designed for use with our Businessowners programs to extend the coverage for Extra Expense and loss of Business Income provided by the following coverage forms from 12 months to 18 months:

BP 00 02 01 97 Businessowners Special Property Coverage Form

BP 00 03 07 02 Businessowners Coverage Form

E3424-ED3 Apartment Owners Property Coverage Form

J6573-ED1 Planned Unit Development (PUD) Coverage. This form was designed for use with our Habitational Businessowners program to clarify coverage associated with property and associations that are part of a Planned Unit Development (PUD). This form amends coverage provided by the following proprietary forms:

E3424-ED3 Condominium Property Coverage Form

E3314-ED3 Condominium Liability Coverage

E3024-ED2 Condominium Common Policy Conditions

Our effective date for these forms is May 1, 2008 for new business and July 1, 2008 for renewals.

If you have any questions regarding this form filing, please contact Stefanie Carlin at (805) 306-6943, fax number (805) 583-7487 or email [Stefanie\\_Carlin@farmersinsurance.com](mailto:Stefanie_Carlin@farmersinsurance.com). Your early approval of this filing is appreciated.

## Company and Contact

### Filing Contact Information

Charlene Hall, Commercial Contract Manager [Charlene\\_Hall@farmersinsurance.com](mailto:Charlene_Hall@farmersinsurance.com)  
3041 Cochran Street (805) 306-6648 [Phone]  
Simi Valley, CA 93065

### Filing Company Information

Farmers Insurance Exchange CoCode: 21652 State of Domicile: California

SERFF Tracking Number: FARM-125517836 State: Arkansas  
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4680 Wilshire Blvd.  
Los Angeles, CA 90010  
(323) 932-3056 ext. [Phone]

Group Code: 212  
Group Name:  
FEIN Number: 95-2575893  
-----

Company Type:  
State ID Number:

Mid-Century Insurance Company  
4680 Wilshire Blvd.  
Los Angeles, CA 90010  
(323) 932-3056 ext. [Phone]

CoCode: 21687  
Group Code: 212  
Group Name:  
FEIN Number: 95-6016640  
-----

State of Domicile: California  
Company Type:  
State ID Number:

Truck Insurance Exchange  
4680 Wilshire Blvd.  
Los Angeles, CA 90010  
(323) 932-3056 ext. [Phone]

CoCode: 21709  
Group Code: 212  
Group Name:  
FEIN Number: 95-2575892  
-----

State of Domicile: California  
Company Type:  
State ID Number:

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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 #
Farmers Insurance Exchange	\$0.00	03/06/2008	
Mid-Century Insurance Company	\$0.00	03/06/2008	
Truck Insurance Exchange	\$0.00	03/06/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3040008781	\$50.00	02/14/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/11/2008	03/11/2008

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## Disposition

Disposition Date: 03/11/2008  
Effective Date (New): 05/01/2008  
Effective Date (Renewal): 07/01/2008  
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
Form	Business Income and Extra Extra Expense - 18 Months	Approved	Yes
Form	Planned Unit Development (PUD) Coverage	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Income and Extra Extra Expense - 18 Months	91-6289	1st edition 12-07	Endorsement/Amendment/Conditions	New	12.00	E6289101.pdf
Approved	Planned Unit Development (PUD) Coverage	93-6573	1st edition 11-07	Endorsement/Amendment/Conditions	New	12.00	J6573100.pdf



FARMERS<sup>®</sup>

**E6289**  
1st Edition

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### **BUSINESS INCOME AND EXTRA EXPENSE - 18 MONTHS**

This endorsement modifies insurance provided under the following:

**APARTMENT OWNERS PROPERTY COVERAGE FORM**

**BUSINESSOWNERS COVERAGE FORM**

**BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM**

The provisions of the applicable Coverage Form apply unless modified by this endorsement.

**A.** The Businessowners Special Property Coverage Form **BP 00 02**, or Section I - Property of the Businessowners Coverage Form **BP 00 03** is amended as follows:

**1.** Item **A.5.f.(1) Business Income** is amended as follows:

The maximum period for which we will pay for loss of Business Income that you sustain during the "period of restoration" is **18** consecutive months after the date of direct physical loss or damage.

**2.** Item **A.5.g.(2) Extra Expense**, is amended as follows:

We will only pay for Extra Expense that occurs within **18** consecutive months after the date of direct physical loss or damage.

**B.** The Apartment Owners Property Coverage Form **E3424** is amended as follows:

**1.** Item **A.5.e.(1) Business Income** is amended as follows:

The maximum period for which we will pay for loss of Business Income that you sustain during the "period of restoration" is **18** consecutive months after the date of direct physical loss or damage.

**2.** Item **A.5.f.(2) Extra Expense**, is amended as follows:

We will only pay for Extra Expense that occurs within **18** consecutive months after the date of direct physical loss or damage.

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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1st Edition

## PLANNED UNIT DEVELOPMENT (PUD) COVERAGE

This endorsement modifies insurance provided under the following:

**CONDOMINIUM PROPERTY COVERAGE FORM E3422**  
**CONDOMINIUM LIABILITY COVERAGE FORM E3314**  
**CONDOMINIUM COMMON POLICY CONDITIONS E3024**

A. The **CONDOMINIUM PROPERTY COVERAGE FORM** is amended as follows:

1. Paragraph **A.1. COVERED PROPERTY** is replaced by the following:

### 1. COVERED PROPERTY

Covered Property, as used in this policy, means the type of property as described in this section, **A.1.**, and limited in **A.2.**, **Property Not Covered** if a Limit of Insurance is shown in the Declarations for that type of property.

**a. Building**, meaning multiple-family residential buildings, such as condominiums or townhouses, and the buildings and structures or common areas owned indivisibly by all unit owners and **homeowners** of the Planned Unit Development described in the Declarations, including:

- (1) Completed additions;
- (2) Fixtures outside of individual units, including outdoor fixtures;
- (3) Permanently installed;
  - (a) Machinery; and
  - (b) Equipment;
- (4) Personal property owned by you that is used to maintain or service the buildings or structures or their premises, including;
  - (a) Fire extinguishing equipment;
  - (b) Outdoor furniture;
  - (c) Floor coverings; and
  - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering that are not contained within individual units;
- (5) If not covered by other insurance:
  - (a) Additions under construction, alterations and repairs to the building or structure;
  - (b) Materials, equipment, supplies, and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the buildings or structures;

**Building** does not include:

- (1) any single-family dwelling; or
- (2) any property within a single-family dwelling; or
- (3) personal property owned by, used by or in the care, custody or control of a unit-owner or **homeowner** except for personal property listed in Paragraph **A.1.a.(4)** above.

**b. Business Personal Property** located in or on the building of the Planned Unit Development described in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, consisting of the following:

- (1) Personal property owned by you or owned indivisibly by all unit-owners and **homeowners**;

- (2) Your interest in the labor, materials or services furnished or arranged by you on personal property of others;
- (3) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under personal property of others;
- (4) Electronic Data Processing Equipment (Hardware), including:
  - (a) Programmable electronic equipment that is used to store, retrieve and process data; and
  - (b) Associated peripheral equipment that provides communication, including input and output functions such as printing, or auxiliary functions such as data transmission;

Except as described in (5) below.

- (5) Electronic Media and Records (including Software), including:
  - (a) Electronic data processing, recording or storage media such as films, tapes, discs, drums or cells;
  - (b) Data stored on such media; and
  - (c) Programming records used for electronic data processing or electronically controlled equipment.

Business Personal Property does not include personal property owned only by a unit-owner or a **homeowner**, unless it is in your care, custody or control as covered below.

This also includes property of others that is in your care, custody or control except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**.

2. Paragraph **A.5. ADDITIONAL COVERAGES** is amended as follows:

Paragraph **A.5.e.(1)(b)** is replaced by the following:

(b) Association Fees means:

- (i) All monthly expenses charged to condominium unit owners by the Association for the maintenance and upkeep of condominium units and common areas; and
- (ii) All monthly expenses charged to **homeowners** by the Association for the maintenance and upkeep of common areas.

**B.** The **CONDOMINIUM LIABILITY COVERAGE FORM** is amended as follows:

1. Paragraph **C. WHO IS AN INSURED** is amended as follows:

Paragraphs **C.4.** and **C.5.** are replaced as follows:

- 4. The developer in the developer's capacity as a unit-owner or a **homeowner**, but only with respect to the developer's liability arising out of:
  - a. The ownership, maintenance or repair of that portion of the premises which is not owned solely by the developer; or
  - b. The developer's membership in the Association.

However, the insurance afforded with respect to the developer does not apply to liability for acts or omissions as a developer.

- 5. Each unit-owner or **homeowner** of the described Planned Unit Development is an insured, but only with respect to that person's liability arising out of:
  - a. the ownership, maintenance or repair of that portion of the premises which is not owned solely by the unit-owner or **homeowner**; or
  - b. that person's membership in the Association.

C. The **CONDOMINIUM COMMON POLICY CONDITIONS** form is amended as follows:

1. Paragraph **A. Cancellation** is amended as follows.

Paragraph **A.7.** is replaced by the following:

**7.** No Act or omission by any unit-owner or **homeowner** will void the policy or be a condition to recovery under this policy. But this does not apply to unit-owners or **homeowners** acting within the scope of their authority on behalf of the Association.

2. Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** is amended as follows:

Paragraph **K.2.a.** is replaced by the following:

**a.** Any unit-owner or **homeowner**, including the developer, and members of his or her household;

D. As used in this endorsement, **homeowner** means:

Any individual or entity with an ownership interest in any single-family dwelling located within the Planned Unit Development at the premises described in the Declarations.

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

*SERFF Tracking Number:* FARM-125517836 *State:* Arkansas  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	03/11/2008
<b>Comments:</b>			
<b>Attachment:</b>			
PCTD1Form.pdf			

## Property &amp; Casualty Transmittal Document (Revised 1/1/07)

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

<b>3. Group Name</b>	Farmers Insurance Group			<b>Group NAIC #</b>	0212
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

<b>5. Company Tracking Number</b>	J2AR080229BPBD1
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
<b>7. Signature of authorized filer</b>	<i>Charlene Hall</i>			
<b>8. Please print name of authorized filer</b>	Charlene Hall			

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

<b>9. Type of Insurance (TOI)</b>	Commercial Multi-Peril – Line 5.000
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Commercial Multi-Peril – Line 5.002
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Businessowners
<b>13. 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. Effective Date(s) Requested</b>	New: May 1, 2008      Renewal: July 1, 2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	March 6, 2008
<b>19. 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>J2AR080229BPBD1</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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E6289-ED1 Business Income and Extra Expense - 18 Months. This form was designed for use with our Businessowners programs to extend the coverage for Extra Expense and loss of Business Income provided by the following coverage forms from 12 months to 18 months:

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E3424-ED3 Condominium Property Coverage Form

E3314-ED3 Condominium Liability Coverage

E3024-ED2 Condominium Common Policy Conditions

<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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**Check #: 3040008781**

**Amount: \$50.00**

**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.)**

PC TD-1 pg 2 of 2

## 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>J2AR080229BPBD1</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>	N/A
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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	Business Income and Extra Expense – 18 Months	E6289 1 <sup>st</sup> edition 12-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Planned Unit Development (PUD) Coverage	J6573 1 <sup>st</sup> edition 11-07	<input checked="" 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		