

SERFF Tracking Number: FARM-125528489 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #302001811 \$50
 Company Tracking Number: J2AR080310BPBD1
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners Liability Endorsements (D313442)
 Project Name/Number: Businessowners Liability Endorsements/J-AR-2008-BP-F

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange
 Product Name: Businessowners Liability SERFF Tr Num: FARM-125528489 State: Arkansas
 Endorsements (D313442)
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #302001811 \$50
 Sub-TOI: 05.0002 Businessowners Co Tr Num: J2AR080310BPBD1 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, Edward Petersen Disposition Date: 03/18/2008
 Date Submitted: 03/11/2008 Disposition Status: Approved
 Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008
 Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: Businessowners Liability Endorsements 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: 03/18/2008
 State Status Changed: 03/13/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:

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Farmers Insurance Group of Companies respectfully submits the following forms for approval.

E6288 1st Ed. 91-6288 7-07 –“Exclusion – Building Conversions”:

This is a new proprietary form intended to amend our two proprietary Habitational Liability Coverage Forms (Apartment Owners & Condominium). It excludes bodily injury, property damage and personal injuries arising from work performed by a contractor or persons representing the insured in the conversion of a building from one form of residency into another.

E3331 3rd Ed. 91-3331 8-07 – “Limitation of Coverage to Designated Premises or Project”:

This is a revised 3rd Edition proprietary form which has been expanded to include both Habitational Liability Coverage Forms (Apartment Owners and, now, Condominium). The form limits bodily injury, property damage, personal injury and medical expenses coverage to specific premises per schedule.

E2041 1st Ed. 91-2041 7-07 – “Multiple and Enhanced Damages Exclusion”:

This is a new proprietary form, amending our two proprietary Habitational Liability Coverage Forms (Apartment Owners and Condominium) to clarify that the Liability Coverage does not cover enhanced, multiple or treble damage arising from bodily injury, property damage or personal injury.

E2042 1st Ed. 91-2042 7-07 – “Multiple and Enhanced Damages Exclusion”:

This is a new proprietary form, amending our Businessowners Liability Coverage Form (BP 00 06 01 97) that affords liability coverage to the following Businessowners – sub-lines of business – Restaurant, Retail and Service, Artisan Contractor, Real Estate, Wholesale, and Manufacturing. This form clarifies that the Liability does not afford Coverage for Enhanced, Multiple or Treble damage arising from bodily injury, property damage or personal injury.

E2043 1st Ed. 91-2043 7-07 – “Multiple and Enhanced Damages Exclusion”:

This is a new proprietary form, amending the Businessowners Coverage Form (BP 00 03 07 02) that affords liability coverage for our Businessowners Auto Service And Repair line of business. This form clarifies that the Liability does not afford Coverage for Enhanced, Multiple or Treble damage arising from bodily injury, property damage or personal injury.

E4290 1st Ed. 91-4290 7-07- “Supplementary Payments”:

This is a new proprietary form, amending our Businessowners Liability Coverage Form (BP 00 06 01 97) that affords liability coverage to the following Businessowners – sub-lines of business – Restaurant, Retail and Service, Artisan Contractor, Real Estate, Wholesale,

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and Manufacturing. This form establishes that a limit of \$20,000 for all cost that are taxed against an insured in case of a suit.

E4299 1st Ed. 91-4299 7-07- "Supplementary Payments": This is a new proprietary form, amending our Habitational Businessowners Liability Coverage Forms and Businessowners Auto Service and Repair Coverage Form to establish a limit of \$20,000 for all cost that are taxed against an insured in case of a suit.

Our effective dates for these forms are July 1, 2008 for new business and August 1, 2008 for renewals. If you have any questions regarding this forms filing, please contact Ted Petersen at (805) 306-6542, fax number (805) 306-6667 or email Ted.Petersen@FarmersInsurance.com. Please reference the filing numbers listed on the first page. Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager 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 |
| 4680 Wilshire Blvd. | Group Code: 212 | Company Type: |
| Los Angeles, CA 90010 | Group Name: | State ID Number: |
| (323) 932-3056 ext. [Phone] | FEIN Number: 95-2575893 | |

| | | |
|-------------------------------|-------------------------|-------------------------------|
| 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 | |

| | | |
|-----------------------------|-------------------------|-------------------------------|
| Truck Insurance Exchange | CoCode: 21709 | 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: 95-2575892 | |

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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 for forms filings.
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------|--------|----------------|---------------|
| Farmers Insurance Exchange | \$0.00 | 03/11/2008 | |
| Mid-Century Insurance Company | \$0.00 | 03/11/2008 | |
| Truck Insurance Exchange | \$0.00 | 03/11/2008 | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 3020018111 | \$50.00 | 02/22/2008 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 03/18/2008 | 03/18/2008 |

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Disposition

Disposition Date: 03/18/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal): 08/01/2008
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 | Exclusion - Building Conversion | Approved | Yes |
| Form | Limitation of Coverage to Designated Premises | Approved | Yes |
| Form | Multiple or Enhanced Damages Exclusions | Approved | Yes |
| Form | Multiple or Enhanced Damages Exclusions | Approved | Yes |
| Form | Multiple or Enhanced Damages Exclusions | Approved | Yes |
| Form | Supplementary Payments | Approved | Yes |
| Form | Supplementary Payments | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|------------------------|--------------|----------------------------------|--|-------------|--------------|
| Approved | Exclusion - Building Conversion | 91-6288 1st edition | 7-07 | Endorsement/Amendment/Conditions | New | 12.00 | E6288101.pdf |
| Approved | Limitation of Coverage to Designated Premises | 91-3331 3rd edition | 8-07 | Endorsement/Amendment/Conditions | Replaced Form #: 91-3331 2nd edition Previous Filing #: | 12.00 | E3331301.pdf |
| Approved | Multiple or Enhanced Damages Exclusions | 91-2041 1st edition | 7-07 | Endorsement/Amendment/Conditions | New | 12.00 | E2041101.pdf |
| Approved | Multiple or Enhanced Damages Exclusions | 91-2042 1st edition | 7-07 | Endorsement/Amendment/Conditions | New | 12.00 | E2042101.pdf |
| Approved | Multiple or Enhanced Damages Exclusions | 91-2043 1st edition | 7-07 | Endorsement/Amendment/Conditions | New | 12.00 | E2043101.pdf |
| Approved | Supplementary Payments | 91-4290 1st edition | 7-07 | Endorsement/Amendment/Conditions | New | 12.00 | E4290100.pdf |
| Approved | Supplementary Payments | 91-4299 1st edition | 7-07 | Endorsement/Amendment/Conditions | New | 12.00 | E4299100.pdf |



FARMERS®

E6288
1st Edition

EXCLUSION - BUILDING CONVERSIONS

With respect to coverage provided by this endorsement, the provisions of the coverage form apply unless modified by this endorsement.

This endorsement modifies insurance provided under the following:

**APARTMENT OWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM**

A. The following is added to Section B. Exclusions.

This insurance does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of any work performed by any insured, or on any insured's behalf by any "Contractor" arising from a "Conversion Project".

This exclusion does not apply to routine maintenance and/or repair work performed by an insured or on any insured's behalf arising from the course of a "conversion project" provided such maintenance or work is not part of the "Conversion Project".

As used in this endorsement:

"Contractor" means any investor, developer, general contractor, subcontractor or any other person involved in the conversion project whether that entity or person is an insured or not.

"Conversion Project" means a planned action where part or all of an existing structure is being or has been converted into a condominium, townhouse, or any multiple use residential or commercial building.

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



FARMERS

E3331
3rd Edition

LIMITATION OF COVERAGE TO DESIGNATED PREMISES

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE*

A. Premises:

*Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to the **applicable** Liability Coverage Form.

This insurance applies only to "bodily injury", "property damage", or "personal and advertising injury" and medical expenses arising out of the ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises.

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.



FARMERS®

E2041
1st Edition

**MULTIPLE OR ENHANCED DAMAGES
EXCLUSION**

This endorsement modifies insurance provided under the following:

**APARTMENT OWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM**

The following exclusions are added to Section **B. Exclusions**:

1. Applicable to Business Liability Coverage

This insurance does not apply to:

s. Multiple Or Enhanced Damages Because of "Bodily Injury", "Property Damage", or "Personal and Advertising Injury."

The enhanced or multiple amount of damages awarded against any insured including, but not limited to, double or treble damages, whether or not awarded as penalty or compensation, because of "bodily injury", "property damages", or "personal and advertising injury."

t. Taxes, Fines or Penalties

Taxes, fines or penalties that are awarded or imposed against any insured.

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.



FARMERS®

E2042
1st Edition

**MULTIPLE OR ENHANCED DAMAGES
EXCLUSION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

The following exclusions are added to Section **B. Exclusions**:

1. Applicable to Business Liability Coverage

This insurance does not apply to:

r. Multiple Or Enhanced Damages Because of "Bodily Injury", "Property Damage", or "Personal and Advertising Injury."

The enhanced or multiple amount of damages awarded against any insured including, but not limited to, double or treble damages, whether or not awarded as penalty or compensation, because of "bodily injury", "property damages", "personal injury" or "advertising injury."

s. Taxes, Fines or Penalties

Taxes, fines or penalties that are awarded or imposed against any insured.

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.



FARMERS®

E2043
1st Edition

**MULTIPLE OR ENHANCED DAMAGES
EXCLUSION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following exclusions are added to Section **B. Exclusions**:

1. Applicable to Business Liability Coverage

This insurance does not apply to:

q. Multiple Or Enhanced Damages Because of "Bodily Injury", "Property Damage", or "Personal and Advertising Injury."

The enhanced or multiple amount of damages awarded against any insured including, but not limited to, double or treble damages, whether or not awarded as penalty or compensation, because of "bodily injury", "property damages", or "personal and advertising injury."

r. Taxes, Fines or Penalties

Taxes, fines or penalties that are awarded or imposed against any insured.

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.



FARMERS[®]

E4290
1st Edition

SUPPLEMENTARY PAYMENTS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

Paragraph d. Coverage Extension - Supplementary Payments is deleted in its entirety and replaced by the following:

d. Coverage Extension - Supplementary Payments

In addition to the Limit of Insurance we will pay, with respect to any covered claim we investigate or settle, or any "suit" against an insured we defend:

- (1) All expense we incur.
- (2) Up to \$250 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which Business Liability Coverage for "bodily injury" applies. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments but only for bond amounts within our Limit of Insurance. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claims or "suit", including actual loss of earnings up to \$250 a day because of time off work.
- (5) We will pay up to \$20,000 in total for any and all cost taxed against one or more of the insureds in the same "suit", however, we will not pay any opposing party's attorney fees.
- (6) Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the Limit of Insurance, we will not pay any prejudgment interest based on that period of time after the offer.
- (7) All interest on that part of the judgment we pay that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in the court the part of judgment that is within our Limit of Insurance.

If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:

- a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";
- b. This insurance applies to such liability assumed by an insured;
- c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";
- d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interest of the insured and the interest of the indemnitee;
- e. The indemnitee and the insured ask us to conduct and control the defense of the indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and
- f. The indemnitee:
 - (1) Agrees in writing to:
 - (a) Cooperate with us in the investigation, settlement or defense of the "suit";
 - (b) Immediately sends us copies of any demands, notices, summonses or legal papers received in connection with the "suit";

- (c) Notify any other insured whose coverage is available to the indemnitee; and
 - (d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and
- (2) Provides us with written authorization to:
- (a) Obtain the records and other information related to the "suit"; and
 - (b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expense incurred by us and necessary litigation expense incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph B.1.b.(2) of EXCLUSIONS.

Applicable to Business Liability Coverage, such payment will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the limits of insurance.

Our obligation to defend the insured's indemnitee and to pay for attorney's fees and necessary litigation expenses as Supplementary Payments ends when:

- a. We have used up the applicable limit of insurance in the payment of judgments or settlements; or
- b. The conditions set forth above, or the terms of the agreement described in paragraph f. above are no longer met.

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.



FARMERS[®]

E4299
1st Edition

SUPPLEMENTARY PAYMENTS

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS LIABILITY COVERAGE FORM

CONDOMINIUM LIABILITY COVERAGE FORM

BUSINESSOWNERS COVERAGE FORM

Paragraph f. Coverage Extension - Supplementary Payments is deleted in its entirety and replaced by the following:

f. Coverage Extension - Supplementary Payments

In addition to the Limit of Insurance we will pay, with respect to any covered claim we investigate or settle, or any "suit" against an insured we defend:

- (1) All expense we incur.
- (2) Up to \$250 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which Business Liability Coverage for "bodily injury" applies. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments but only for bond amounts within our Limit of Insurance. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claims or "suit", including actual loss of earnings up to \$250 a day because of time off work.
- (5) We will pay up to \$20,000 in total for any and all cost taxed against one or more of the insureds in the same "suit", however, we will not pay any opposing party's attorney fees.
- (6) Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the Limit of Insurance, we will not pay any prejudgment interest based on that period of time after the offer.
- (7) All interest on that part of the judgment we pay that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in the court the part of judgment that is within our Limit of Insurance.

If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:

- a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";
- b. This insurance applies to such liability assumed by an insured;
- c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";
- d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interest of the insured and the interest of the indemnitee;
- e. The indemnitee and the insured ask us to conduct and control the defense of the indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and
- f. The indemnitee:
 - (1) Agrees in writing to:
 - (a) Cooperate with us in the investigation, settlement or defense of the "suit";
 - (b) Immediately sends us copies of any demands, notices, summonses or legal papers received in connection with the "suit";

- (c) Notify any other insured whose coverage is available to the indemnitee; and
 - (d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and
- (2) Provides us with written authorization to:
- (a) Obtain the records and other information related to the "suit"; and
 - (b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expense incurred by us and necessary litigation expense incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph B.1.b.(2) of EXCLUSIONS.

Applicable to Business Liability Coverage, such payment will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the limits of insurance.

Our obligation to defend the insured's indemnitee and to pay for attorney's fees and necessary litigation expenses as Supplementary Payments ends when:

- a. We have used up the applicable limit of insurance in the payment of judgments or settlements; or
- b. The conditions set forth above, or the terms of the agreement described in paragraph f. above are no longer met.

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.

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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 03/18/2008

Comments:
Attachment:
PCTD1Form.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | 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 | | |

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

| | |
|-----------------------------------|-----------------|
| 5. Company Tracking Number | J2AR080310BPBD1 |
|-----------------------------------|-----------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

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

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

| | | | | |
|---|--|-------------|----------|--------------|
| 9. Type of Insurance (TOI) | Commercial Multi-Peril – Line 5.000 | | | |
| 10. Sub-Type of Insurance (Sub-TOI) | Commercial Multi-Peril – Line 5.002 | | | |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | | | | |
| 12. Company Program Title (Marketing title) | Businessowners | | | |
| 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: | May 1, 2008 | Renewal: | July 1, 2008 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 16. Reference Organization (if applicable) | N/A | | | |
| 17. Reference Organization # & Title | N/A | | | |
| 18. Company's Date of Filing | March 11, 2008 | | | |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved | | | |

Property & Casualty Transmittal Document—

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|------------|--|------------------------|
| 20. | This filing transmittal is part of Company Tracking # | J2AR080310BPBD1 |
|------------|--|------------------------|

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

E6288 1st Ed. 91-6288 7-07 –“Exclusion – Building Conversions”: This is a new proprietary form intended to amend our two proprietary Habitational Liability Coverage Forms (Apartment Owners & Condominium). It excludes bodily injury, property damage and personal injuries arising from work performed by a contractor or persons representing the insured in the conversion of a building from one form of residency into another.

E3331 3rd Ed. 91-3331 8-07 – “Limitation of Coverage to Designated Premises or Project”: This is a revised 3rd Edition proprietary form which has been expanded to include both Habitational Liability Coverage Forms (Apartment Owners and, now, Condominium). The form limits bodily injury, property damage, personal injury and medical expenses coverage to specific premises per schedule.

E2041 1st Ed. 91-2041 7-07 – “Multiple and Enhanced Damages Exclusion”: This is a new proprietary form, amending our two proprietary Habitational Liability Coverage Forms (Apartment Owners and Condominium) to clarify that the Liability Coverage does not cover enhanced, multiple or treble damage arising from bodily injury, property damage or personal injury.

E2042 1st Ed. 91-2042 7-07 – “Multiple and Enhanced Damages Exclusion”: This is a new proprietary form, amending our Businessowners Liability Coverage Form (BP 00 06 01 97) that affords liability coverage to the following Businessowners – sub-lines of business – Restaurant, Retail and Service, Artisan Contractor, Real Estate, Wholesale, and Manufacturing. This form clarifies that the Liability does not afford Coverage for Enhanced, Multiple or Treble damage arising from bodily injury, property damage or personal injury.

E2043 1st Ed. 91-2043 7-07 – “Multiple and Enhanced Damages Exclusion”: This is a new proprietary form, amending the Businessowners Coverage Form (BP 00 03 07 02) that affords liability coverage for our Businessowners Auto Service And Repair line of business. This form clarifies that the Liability does not afford Coverage for Enhanced, Multiple or Treble damage arising from bodily injury, property damage or personal injury.

E4290 1st Ed. 91-4290 7-07- “Supplementary Payments”: This is a new proprietary form, amending our Businessowners Liability Coverage Form (BP 00 06 01 97) that affords liability coverage to the following Businessowners – sub-lines of business – Restaurant, Retail and Service, Artisan Contractor, Real Estate, Wholesale, and Manufacturing. This form establishes that a limit of \$20,000 for all cost that are taxed against an insured in case of a suit.

E4299 1st Ed. 91-4299 7-07- “Supplementary Payments”: This is a new proprietary form, amending our Habitational Businessowners Liability Coverage Forms and Businessowners Auto Service and Repair Coverage Form to establish a limit of \$20,000 for all cost that are taxed against an insured in case of a suit.

| | |
|------------|---|
| 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 #: 3020018111
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.)

| | | | | | |
|-----------|--|------------------------------------|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | J2AR080310BPBD1 | | | |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | N/A | | | |
| 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 | Limitation of Coverage to Designated Premises | E3331 3 rd edition 8-07 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | E3331 2nd edition | |
| 02 | Exclusion – Building Conversions | E6288 1 st edition 7-07 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | Multiple or Enhanced Damages Exclusion | E2041 1 st edition 7-07 | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | Multiple or Enhanced Damages Exclusion | E2042 1 st edition 7-07 | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | Multiple or Enhanced Damages Exclusion | E2042 1 st edition 7-07 | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | Supplementary Payments | E4290 1 st edition 7-07 | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | Supplementary Payments | E4299 1 st edition 7-07 | <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 | | |