

SERFF Tracking Number: FARM-125538147 State: Arkansas  
First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010691761 \$50  
Company Tracking Number: FAR0840-101720, FAR0840-201720  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: F-AR-2008-HO-F  
Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

## Filing at a Glance

Companies: Farmers Insurance Company, Inc., Farmers Insurance Exchange  
Product Name: F-AR-2008-HO-F SERFF Tr Num: FARM-125538147 State: Arkansas  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #3010691761 \$50  
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: FAR0840-101720, State Status: Fees verified and  
FAR0840-201720 received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding  
Authors: Anahit Bekarian, Jeanette Disposition Date: 03/14/2008  
Campion, Gayane Rupchian, Mina  
Villegas, Chris SalvaCruz, Edmond  
Balaian, Karen Lacy  
Date Submitted: 03/12/2008 Disposition Status: Approved  
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008  
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal):  
04/01/2008

State Filing Description:

## General Information

Project Name: AR J6195 - Terrorism Insurance Cov Disclosure Notice Status of Filing in Domicile: Not Filed  
Project Number: F-08-009 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/14/2008  
State Status Changed: 03/13/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Cover memo is attached as separate item in the Supporting Document header

SERFF Tracking Number: FARM-125538147 State: Arkansas  
 First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010691761 \$50  
 Company Tracking Number: FAR0840-101720, FAR0840-201720  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
 Liability  
 Product Name: F-AR-2008-HO-F  
 Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

Farmers Insurance Exchange  
 4680 Wilshire Blvd.  
 Los Angeles, CA 90010  
 (323) 932-3056 ext. [Phone]  
 CoCode: 21652  
 Group Code: 212  
 Group Name:  
 FEIN Number: 95-2575893  
 -----  
 State of Domicile: California  
 Company Type:  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Check will be mailed to DOI on 3/12/2008  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Company, Inc.	\$0.00	03/12/2008	
Farmers Insurance Exchange	\$0.00	03/12/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010691761	\$50.00	02/25/2008

SERFF Tracking Number: FARM-125538147 State: Arkansas  
 First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010691761 \$50  
 Company Tracking Number: FAR0840-101720, FAR0840-201720  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
 Liability  
 Product Name: F-AR-2008-HO-F  
 Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/14/2008	03/14/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing sent with erroneous Product Name	Note To Reviewer	Mina Villegas	03/13/2008	03/13/2008
Email on correct product name	Reviewer Note	Llyweyia Rawlins	03/14/2008	

SERFF Tracking Number: FARM-125538147 State: Arkansas  
First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010691761 \$50  
Company Tracking Number: FAR0840-101720, FAR0840-201720  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: F-AR-2008-HO-F  
Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

## Disposition

Disposition Date: 03/14/2008  
Effective Date (New): 04/01/2008  
Effective Date (Renewal): 04/01/2008  
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

SERFF Tracking Number: FARM-125538147 State: Arkansas  
 First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010691761 \$50  
 Company Tracking Number: FAR0840-101720, FAR0840-201720  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
 Liability  
 Product Name: F-AR-2008-HO-F  
 Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover memo	Approved	Yes
Form	Terrorism Risk Insurance Act Endorsement	Approved	Yes

*SERFF Tracking Number:* FARM-125538147 *State:* Arkansas  
*First Filing Company:* Farmers Insurance Company, Inc., ... *State Tracking Number:* #3010691761 \$50  
*Company Tracking Number:* FAR0840-101720, FAR0840-201720  
*TOI:* 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
*Product Name:* F-AR-2008-HO-F  
*Project Name/Number:* AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

**Note To Reviewer**

**Created By:**

Mina Villegas on 03/13/2008 11:29 AM

**Subject:**

Filing sent with erroneous Product Name

**Comments:**

Dear Ms. Rawlins:

I inadvertently submitted this filing under the wrong Product Name H-AR-2008-HO-F and it should have been H-AR-2008-ML-F, the filing being a Commercial Multi-Peril. Please let me know if I should withdraw the filing and resubmit correctly. The effective date is 04-01-2008. I apologize for the inconvenience this may have caused. Thank you and hoping to hear from you.

Mina Villegas

Regulatory Filing Technician - AR

SERFF Tracking Number: FARM-125538147 State: Arkansas  
 First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010691761 \$50  
 Company Tracking Number: FAR0840-101720, FAR0840-201720  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
 Liability  
 Product Name: F-AR-2008-HO-F  
 Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Act Endorsement	J6195, 4th	02-08	Endorsement/New/Amendment/Conditions		49.80	J6195, 4th ed.pdf

**TERRORISM INSURANCE COVERAGE AND  
DISCLOSURE NOTICE**

**J6195**  
4th Edition

You should know that as part of the Terrorism Risk Insurance Act as extended on December 26, 2007, coverage for certified acts of terrorism is part of the coverage under your policy. Coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage.

Effective December 26, 2007 the term "certified act of terrorism" as outlined in your policy means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

This definition of a "certified act of terrorism" supersedes any other definition outlined elsewhere in your policy.

You should also know that the Terrorism Risk Insurance Act contains a \$100 billion cap that limits U.S. Government reimbursement and our liability for losses resulting from Certified Acts of Terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insured exceed \$100 billion, your coverage may be reduced.

The premium charge for this coverage is \$10.00 and does not include any charges for the portion of loss covered by the federal government under the Act.

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.

*SERFF Tracking Number:* FARM-125538147 *State:* Arkansas  
*First Filing Company:* Farmers Insurance Company, Inc., ... *State Tracking Number:* #3010691761 \$50  
*Company Tracking Number:* FAR0840-101720, FAR0840-201720  
*TOI:* 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
*Liability*  
*Product Name:* F-AR-2008-HO-F  
*Project Name/Number:* AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FARM-125538147 State: Arkansas  
First Filing Company: Farmers Insurance Company, Inc., ... State Tracking Number: #3010691761 \$50  
Company Tracking Number: FAR0840-101720, FAR0840-201720  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: F-AR-2008-HO-F  
Project Name/Number: AR J6195 - Terrorism Insurance Cov Disclosure Notice/F-08-009

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/14/2008

**Comments:**

**Attachment:**

P&C transmittal.pdf

**Satisfied -Name:** Cover memo **Review Status:** Approved 03/14/2008

**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.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Farmers Insurance Group of Companies	0212			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	
	Farmers Insurance Exchange.	CA	21652	95-2575893	0212
	Farmers Insurance Company, Inc.	KS	2162/8	48-0609012	0212

<b>5. Company Tracking Number</b>	FAR0840-101720, FAR0840-201720
-----------------------------------	--------------------------------

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

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #</b>	<b>FAX #</b>	<b>e-mail</b>
	Julie Whittington 4700 Wilshire Blvd. Los Angeles, CA 90010	Personal Lines Contracts	(323)93-3170	(323) 932-4725	
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Mina Villegas		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	Commercial Multi-Peril
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	CMP Sub-TOI Combination
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	05.0/5.0000
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	Terrorism Insurance Disclosure Notice
<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 (entire manual pages)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 4/1/2008      Renewal: 4/1/2008
<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>	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	March 12, 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

--	--	--

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
------------	--	--

<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]
------------	--

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 #: 3010691761</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.)**



FARMERS

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

March 11, 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: Terrorism Risk Insurance Act Endorsement – J6195

Company	Reference Number	NAIC No.	Group No.
Farmers Insurance Exchange	FAR0840-101720	21652	0212
Farmers Insurance Company, Inc.	FAR0840-201720	21628	0212

Dear Commissioner:

We respectfully file for use **J6195, 4th Edition - Terrorism Insurance Coverage Disclosure Notice** for use with our Landlord Protector Program.

As the Federal Government did not revise the prior terrorism insurance recovery act until December 26, 2007, we have only been given an industry compliance date of April 1, 2008. Our proposed effective date for use is April 1, 2008 for both New Business and Renewals.

If you have any questions concerning this filing, please feel free to contact me; Julie Whittington at (323) 932-3170 or [julie\\_whittington@farmersinsurance.com](mailto:julie_whittington@farmersinsurance.com).

Sincerely,  
FARMERS INSURANCE GROUP

Juliette Whittington  
Personal Lines Contracts  
Farmers Insurance Group  
4700 Wilshire Blvd.  
Los Angeles, CA 90010  
(323) 932-3170  
(323) 932-4725 fax