

SERFF Tracking Number: SFMA-125421025 State: Arkansas
Filing Company: State Farm Fire and Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: MH-22964
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: MH-22964
Project Name/Number: MH-22964/MH-22964

Filing at a Glance

Company: State Farm Fire and Casualty Company

Product Name: MH-22964

TOI: 04.0 Homeowners

Sub-TOI: 04.0002 Mobile Homeowners

Filing Type: Form

Effective Date Requested (New): 08/01/2008

Effective Date Requested (Renewal): 10/01/2008

State Filing Description:

SERFF Tr Num: SFMA-125421025 State: Arkansas

SERFF Status: Closed

Co Tr Num: MH-22964

Co Status:

Authors: Julie Whetsell, Sheri Anderson

Date Submitted: 03/27/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 03/31/2008

Disposition Status: Approved

Effective Date (New): 08/01/2008

Effective Date (Renewal): 10/01/2008

General Information

Project Name: MH-22964

Project Number: MH-22964

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 03/31/2008

State Status Changed: 03/31/2008

Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of the following endorsement.

FE-5256.1, Coverage D – Loss Assessment Endorsement: This optional endorsement is revised for our Manufactured Home policy to identify trigger events and coverage limits.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: N/A

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

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Sincerely,

Nathan Gross
Forms Manager
(309)766-3003
nathan.gross.aiqq@statefarm.com

Tom Monson
Forms Director
(309)766-2270
tom.monson.apky@statefarm.com

Company and Contact

Filing Contact Information

Nate Gross, nathan.gross.aiqq@statefarm.com
One State Farm Plaza (309) 766-3003 [Phone]
Bloomington, IL 61710 (309) 766-0225[FAX]

Filing Company Information

State Farm Fire and Casualty Company CoCode: 25143 State of Domicile: Illinois
1 State Farm Plaza Group Code: 176 Company Type:
Bloomington, IL 61710 Group Name: State ID Number:
(309) 735-0649 ext. [Phone] FEIN Number: 37-0533080

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing X 1 filing = \$50.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	03/27/2008	19028607

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	03/31/2008	03/31/2008

SERFF Tracking Number: SFMA-125421025 *State:* Arkansas
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Disposition

Disposition Date: 03/31/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SFMA-125421025 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Coverage D - Loss Assessment Endorsement	Approved	Yes

SERFF Tracking Number: SFMA-125421025 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverage D - Loss Assessment Endorsement	FE-5256.1		Endorsement/Amendment/Conditions Replaced	Replaced Form #:46.40 FE-5256 Previous Filing #:	46.40	FE-5256-1.pdf 5256-1 sbs.pdf

COVERAGE D – LOSS ASSESSMENT ENDORSEMENT

SECTION I - COVERAGES

The following is added:

COVERAGE D - LOSS ASSESSMENT

We will pay for your share of any assessment charged by the homeowners association, of which you are a member, against all homeowners in accordance with the governing rules of the homeowners association, when the assessment is made as a result of:

1. a direct loss which occurs only during the policy period to which Section I of this policy would apply except as provided in **SECTION I - LOSSES NOT INSURED**, to the commonly owned homeowners association property, including personal property, owned by all homeowners collectively;
2. an **occurrence** during the policy period to which Section II of this policy would apply;
3. damages that occur during the policy period which the homeowners association may be obligated to pay because of personal injury due to false arrest, false imprisonment, wrongful eviction, wrongful entry, wrongful detention, malicious prosecution, misrepresentation, humiliation;
4. illegal discrimination (unless coverage is prohibited by law) that occurs during the policy period, but only with respect to the liability other than fines and penalties imposed by law; or
5. libel, slander, defamation of character, or invasion of rights of privacy that occur during the policy period.

We will not pay your share of any assessment charged by the homeowners association made as a result of items 1. through 5. above that do not occur within the policy period.

Limit of liability. The Coverage D – Loss Assessment limit is shown in the **Declarations**. The most we will pay for all assessments arising out of the same event from items 1. through 5. above is the amount shown in the **Declarations**.

SECTION I - LOSSES INSURED

Provisions applying to **SECTION I – LOSSES INSURED** also apply to Coverage D.

SECTION I - CONDITIONS

As respects Coverage D only, **Other Insurance** is replaced with the following:

Other Insurance. If a loss covered by this policy is also covered by other insurance, this insurance shall be excess over other insurance in the name of the homeowners association covering the same property covered by this policy.

SECTION II - EXCLUSIONS

Items 1.b., 1.c., 2.a. and 3.a. do not apply to the extent of any coverage provided under Coverage D.

Any Earthquake and Volcanic Explosion Endorsement applicable to Coverage A shall also apply to Coverage D.

All other policy provisions apply.

CURRENT ENDORSEMENT FE-5256	PROPOSED ENDORSEMENT FE-5256.1	COMMENTS
<p align="center">COVERAGE D – LOSS ASSESSMENT ENDORSEMENT</p> <p>1. SECTION I – COVERAGES</p> <p>The following is added:</p> <p>COVERAGE D – LOSS ASSESSMENT</p> <p>We will pay for your share of any assessment charged by the homeowners association, of which you are a member, against all homeowners in accordance with the governing rules of the homeowners association, when the assessment is made as a result of:</p> <ol style="list-style-type: none"> a direct loss to which Section I of this policy would apply except as provided in SECTION I – LOSSES NOT INSURED, to the commonly owned homeowners association property, including personal property, owned by all homeowners collectively; an occurrence to which Section II of this policy would apply; damages which the homeowners association may be obligated to pay because of personal injury due to false arrest, false imprisonment, wrongful eviction, wrongful entry, wrongful detention, malicious prosecution, misrepresentation, humiliation; <u>or</u> illegal discrimination (unless coverage is prohibited by law), but only with respect to the liability other than fines and penalties imposed by law; or libel, slander, defamation of character, or invasion of rights of privacy. 	<p align="center">COVERAGE D – LOSS ASSESSMENT ENDORSEMENT</p> <p>SECTION I – COVERAGES</p> <p>The following is added:</p> <p>COVERAGE D – LOSS ASSESSMENT</p> <p>We will pay for your share of any assessment charged by the homeowners association, of which you are a member, against all homeowners in accordance with the governing rules of the homeowners association, when the assessment is made as a result of:</p> <ol style="list-style-type: none"> a direct loss <u>which occurs only during the policy period</u> to which Section I of this policy would apply except as provided in SECTION I – LOSSES NOT INSURED, to the commonly owned homeowners association property, including personal property, owned by all homeowners collectively; an occurrence <u>during the policy period</u> to which Section II of this policy would apply; damages <u>that occur during the policy period</u> which the homeowners association may be obligated to pay because of personal injury due to false arrest, false imprisonment, wrongful eviction, wrongful entry, wrongful detention, malicious prosecution, misrepresentation, humiliation; illegal discrimination (unless coverage is prohibited by law) <u>that occurs during the policy period</u>, but only with respect to the liability other than fines and penalties imposed by law; or libel, slander, defamation of character, or invasion of rights of privacy <u>that occur during the policy period</u>. <p><u>We will not pay your share of any assessment charged by the homeowners association made as a result of items 1. through 5. above that do not occur within the policy period.</u></p>	<p>Added reference to the policy period.</p> <p>Added reference to the policy period.</p> <p>Added reference to policy period.</p> <p>Editorial</p> <p>Added reference to the policy period</p> <p>Added reference to the policy period.</p> <p>Added paragraph addressing coverage for losses occurring outside the policy period.</p>

CURRENT ENDORSEMENT FE-5256	PROPOSED ENDORSEMENT FE-5256.1	COMMENTS
<p>2. SECTION I – LOSSES INSURED</p> <p>Provisions applying to Coverage A also apply to Coverage D.</p> <p>3. SECTION I – CONDITIONS</p> <p>As respects Coverage D only, Other Insurance is replaced with the following:</p> <p>Other Insurance. This insurance shall be excess over other insurance in the name of the homeowners association covering the same property covered by this policy.</p> <p>4. SECTION II – EXCLUSIONS</p> <p>Items 1.b., 1.c., 2.a. and 3.a. do not apply to the extent of any coverage provided under Coverage D.</p> <p>5. Any Earthquake and Volcanic Explosion Endorsement applicable to Coverage A shall also apply to Coverage D.</p> <p>All other policy provisions apply.</p>	<p><u>Limit of liability.</u> The Coverage D – Loss Assessment limit is shown in the Declarations. <u>The most we will pay for all assessments arising out of the same event from items 1. through 5. above is the amount shown in the Declarations.</u></p> <p>SECTION I – LOSSES INSURED</p> <p>Provisions applying to SECTION I – LOSSES INSURED also apply to Coverage D.</p> <p>SECTION I – CONDITIONS</p> <p>As respects Coverage D only, Other Insurance is replaced with the following:</p> <p>Other Insurance. <u>If a loss covered by this policy is also covered by other insurance,</u> this insurance shall be excess over other insurance in the name of the homeowners association covering the same property covered by this policy.</p> <p>SECTION II – EXCLUSIONS</p> <p>Items 1.b., 1.c., 2.a. and 3.a. do not apply to the extent of any coverage provided under Coverage D.</p> <p>Any Earthquake and Volcanic Explosion Endorsement applicable to Coverage A shall also apply to Coverage D.</p> <p>All other policy provisions apply.</p>	<p>Added limits language to endorsement referencing the Declarations.</p> <p>Provisions applying to Coverage A and Coverage B now apply.</p> <p>Adds language specifying a covered loss.</p>

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

03/31/2008

Comments:

Attachments:

AR 22964 PC TD-1 - P-C Transmittal Document.pdf

AR 22964 PC FFS-1 - Form Filing Schedule.pdf

Property & Casualty Transmittal Document

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	Group NAIC #			
State Farm Insurance Companies	0176			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State Farm Fire and Casualty Company	Illinois	25143	37-0533080	

5. Company Tracking Number	MH-22964
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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
	Nate Gross State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Manager	(309) 766-3003	(309) 766-0225	nathan.gross.aiqq@statefarm.com
	Tom Monson State Farm Fire and Casualty Company One State Farm Plaza, D-4 Bloomington, IL 61710	Forms Director	(309) 766-2270	(309) 766-0225	tom.monson.apky@statefarm.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas W. Monson		

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

9. Type of Insurance (TOI)	04.0
10. Sub-Type of Insurance (Sub-TOI)	04.0002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Manufactured Home Program
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	August 1, 2008 for new business and October 1, 2008 for renewals.
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	3/27/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	MH-22964
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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]
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We respectfully request your approval of the following endorsement.

FE-5256.1, Coverage D – Loss Assessment Endorsement: This optional endorsement is revised for our Manufactured Home policy to identify trigger events and coverage limits.

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 #: Submitted via EFT
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.)**

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 #	MH-22964			
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	Coverage D - Loss Assessment Endorsement	FE-5256.1	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FE-5256	
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		