Filing at a Glance

Company: 13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Product Name: Inland Marine	SERFF Tr Num: ARKS-125585262	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: #530627 $50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author:	Disposition Date: 04/04/2008
	Date Submitted: 03/28/2008	Disposition Status: Approved
Effective Date Requested (New): 06/01/2008		Effective Date (New): 06/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/04/2008	
State Status Changed: 04/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Term Grain Policy

Company and Contact

Filing Contact Information

NA NA,	NA@NA.com

NA
NA, AR 00000

(123) 555-4567 [Phone]

Filing Company Information

13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.	CoCode: 13757	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number:	*ARKS-125585262*	*State:*	*Arkansas*
Filing Company:	*13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.*	*State Tracking Number:*	*#530627 $50*
Company Tracking Number:			
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0005 Other Commercial Inland Marine*
Product Name:	*Inland Marine*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/04/2008	04/04/2008

Disposition

Disposition Date: 04/04/2008

Effective Date (New): 06/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ARKS-125585262*	*State:*	*Arkansas*
Filing Company:	*13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.*	*State Tracking Number:*	*#530627 $50*
Company Tracking Number:			
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0005 Other Commercial Inland Marine*
Product Name:	*Inland Marine*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125585262		Yes
Supporting Document	ARKS-125585262		Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125585262 04/04/2008

Comments:

Attachments:

ARKS-125585262 1.pdf

ARKS-125585262 2.pdf

Review Status:

Satisfied -Name: ARKS-125585262 04/22/2008

Comments:

Attachment:

ARKS-125585262.pdf

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
Approved until withdrawn or revoked	a. Date the filing is received:	CK#530621
APR 04 2008	b. Analyst:	
Arkansas Insurance Department By: LK	c. Disposition:	
	d. Date of disposition of the filing:	$50
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	ARKS-125585262
	h. Subject Codes	

3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Farm Bureau Mutual Ins. Co. of Ark., Inc.	Arkansas	13757	710232167	

RECEIVED
MAR 28 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5.	Company Tracking Number	

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Bill Williams P.O. Box 31, Little Rock, AR 72203	Underwriting Manager	501-228-1463	501-228-1800	bill.williams@afbic.com

7.	Signature of authorized filer	Bill Williams
8.	Please print name of authorized filer	Bill Williams

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

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	Effective Date(s) Requested	New: 06-01-2007 Renewal:
15.	Reference Filing?	☐ Yes ☑ No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	

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

We would like to make a few changes to our Term Grain policy form. Most are of a cosmetic nature to reorganize some of the information boxes. In addition, we would like to make Vandalism and Malicious Mischief a basic covered peril for property while on the premises. V&MM was approved last year as an optional endorsement. The rates will not change.

The underwriting rules pages have been amended to reflect the inclusion of V&MM.

We would like to begin using this new form June 1, 2008.

View Complete Filing Description

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 #:

Amount: $ ~~25.00~~ 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.)**

INSTRUCTIONS FOR TERM GRAIN INSURANCE

(Revised 06-01-2008)

This line of business provides coverage for normal farm storage of crops as they are harvested, planting seed, and farm chemicals and fertilizer. Coverage is also provided for farm products which are in transit. These policies are not designed to replace policies written on contents of commercial driers or commercial storage facilities. If the storage facility the crops are stored in is insured by the Company or if there are any other term grain policies providing coverage at the same location, please list those policies on the application for reinsurance purposes.

At the time coverage is bound, the agent should collect the premium, and submit the application with premium attached. The rates are calculated by the number of days for which coverage is needed. There is a $10.00 minimum premium per item insured.

The applications are pre-numbered and the agent is accountable for all forms provided. If for some reason an application is spoiled, all parts of the application should be stapled together and returned to the Company. The Company is required to account for each pre-numbered policy, therefore, the agent should send in the contracts promptly.

It is important that the agent be as specific as practical when listing the premises location for each property item. Section/Township/Range is preferred. Blanket descriptions such as "on the farm" or "in grain bins in three counties" will not be accepted.

PERILS INSURED AGAINST

1. While on the premises
   a. Fire and lightning;
   b. Windstorm, tornado, hail, explosion;
   c. Theft;
   d. Vandalism and Malicious Mischief.

2. While in transit (limited to 50 miles, unless additional premium charged)
   a. Fire and lightning;
   b. Windstorm, tornado, hail, explosion;
   c. Collision, derailment, overturning or upset of carrying conveyance;
   d. Theft.

COVERAGES

A. Grain and Seed - Insurance under this coverage includes planting seed, threshed grain and seeds of all kinds (except seed cotton), threshed beans, ground feed, manufactured and compound stock food, including silage. Coverage under this section may include products stored in structures with aeration systems, but excluding premises of public elevators, driers and cotton gins.

B. Chemicals and Fertilizers - Insurance under this coverage includes fertilizers, poisons and insecticides.

C. Hay, Straw and Fodder - Insurance under this coverage includes mowed hay, hay while stored in buildings or in stacks or round bales on the premises.

D. Seed Cotton, Cotton, Cotton in Bales or Modules - Insurance under this coverage includes seed cotton (cotton which has not been ginned), cotton, or cotton in bales or modules while in buildings or stacked in the open on the premises described.

DEDUCTIBLES

The deductible for all covered cause of loss is zero dollars ($0) except for loss caused by Vandalism and Malicious Mischief in which case the deductible is $500 per occurrence.

KEY REQUIREMENTS AND REMINDERS ABOUT COTTON COVERAGE:

1. $ 40,000 minimum coverage amount required.
2. 60-day minimum coverage term required.
3. Coverage subject to 72-hour occurrence period. The most we will pay during any occurrence period is the coverage amount shown.
4. The most we will pay during the entire term of coverage for the item insured is 2 times the coverage amount.
5. Coverage does not apply to property on cotton gin premises.

FARM CROP COVERAGE LIMITATIONS

All losses to farm crops from covered perils sustained by the policyholder occurring during any one period of 72 consecutive hours are considered as one occurrence. The most we will pay during any one occurrence period is the coverage amount shown for the farm crop item insured. The aggregate limit payable during the coverage period is two times the coverage amount shown for the farm crop item insured.

VALUATION CLAUSE

Loss settlement will be based on the fair market value or the booked value of the respective crop at the time of loss. We will not provide coverage for loss of any additional rebate and/or subsidy payments of any kind.

TERM GRAIN DAILY RATES

The minimum premium for any item will be $10.00. The rates below are daily rates per $100 of coverage. The transportation peril is limited to a 50 mile radius.

	Frame (Use Frame Rate if stored in open)	**Steel**
Coverage A	.0057	.0020
Coverage B	.0057	.0020
Coverage C	.0072	.0058
Coverage D (Floater)	.0155	

For transportation perils in excess of fifty miles, the premium will be an additional 10% of the total premium.

CALCULATION INSTRUCTIONS (ILLUSTRATION)

1.	Determine Rate - Coverage D - Cotton	.0155	
2.	Determine number of days	(3 months) = 90 days	
3.	Multiply (Rate by Number of Days) and Round to 4 digits	.0155 X 90 =	**1.395**
4.	Determine Coverage	$ 60,000	
5.	Divide Coverage into $100 coverage units	$ 60,000 ÷ $100 =	**600**
6.	Multiply Number of coverage units by rate to determine Premium charged to insured (Round to the nearest penny)	600 x 1.395 =	**$ 837.00**

TERM GRAIN EXCESS INSURANCE ENDORSEMENT

The "Term Grain Excess Insurance Endorsement" (Endorsement E) alters the Term Grain Policy to allow an applicant to insure his grain for an amount in excess of any government loan value or any other insurance, but less than the market value of the grain up to the coverage amount indicated, whichever is less. The endorsement should only be used in those cases where other coverage is provided and the insured should be told of the restrictions in coverage.

To attach the endorsement:

1. Insure the grain for only the amount in excess of the other coverage. Use the same rates as you would use for full coverage.
2. Indicate in Section 2 of the declaration how many bushels and the price per bushel and also indicate that Endorsement E applies.

Example:

Insurance is provided only on such coverages, and at such locations as are shown below.

CONST	COV CODE	COVERAGE AMOUNT	RATE	SURCHARGE	PREMIUM	ITEM DESCRIPTION...
F	A	24,000	.057	----------	13.68	12000 bushels rice @ 2.00 bushel located S28, T18N, R2E, approximately 2 miles West of Anytown, AR Endorsement E Applies

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

FARM BUREAU CENTER - BOX 31 - LITTLE ROCK, ARKANSAS 72203-0031
501-224-4400

. . . FOR USE ON TERM BUSINESS ONLY **NO.**

1. _____
Named Insured

_____
Address

_____
City, State, Zip

POLICY TERM EFFECTIVE AS SHOWN BELOW
MO. DAY YR. Time ☐ AM ☐ PM
POLICY TERM EXPIRES AT 12:01 AM ON DATE SHOWN BELOW
MO. DAY YR.

County Farm Bureau Membership No.
Agent Code
County Name
County Code

And extended to cover the interest of _____

2. Insurance is provided only on such coverages, and at such locations as are shown below: (if more than seven items, use separate application)

ITEM #	CONST.	COV. CODE	COVERAGE AMOUNT	RATE	SURCHARGE	PREMIUM	QUANTITY	PREMISES LOCATION	END E
1					☐ Long Haul ☐ Other			Approved until withdrawn or revoked	
2					☐ Long Haul ☐ Other				
3					☐ Long Haul ☐ Other			APR 0 4 2008	
4					☐ Long Haul ☐ Other				
5					☐ Long Haul ☐ Other			Arkansas Insurance Department	
6					☐ Long Haul ☐ Other			By:	
7					☐ Long Haul ☐ Other				

3. **THIS POLICY INSURES AGAINST DIRECT LOSS AS FOLLOWS:**
   I. While on the premises location described above, coverage is provided for direct loss caused by the following perils:
      (a) Fire and Lightning
      (b) Windstorm, Tornado, Hail, Explosion
      (c) Theft
      (d) Vandalism and Malicious Mischief
   II. While in transit , coverage is provided for direct loss caused by the following perils. Limited to 50 miles from the premises location described above, unless long haul indicated.
      (a) Fire and Lighting
      (b) Windstorm, Tornado, Hail, Explosion
      (c) Collision, Derailment, Overturning or Upset of carrying conveyance
      (d) Theft

PLEASE ANSWER FOR REINSURANCE

LIST POLICY NUMBERS INSURING COMPLEXES OR STORAGE AREAS CONTAINING THIS PROPERTY
LIST POLICY NUMBERS OF OTHER TERM GRAIN POLICIES PROVIDING COVERAGE AT THE SAME LOCATION

4. **COVERAGES: (Use appropriate codes A, B, C or D in coverage code column above.)**
   A. GRAIN AND SEED - Insurance under this coverage includes threshed grain and seeds of all kind (except seed cotton), threshed beans, ground feed, manufactured and compound stock food, including silage. Coverage under this section may include products stored in structures with aeration systems, but excluding premises of public elevators, driers and cotton gins.
   B. CHEMICALS AND FERTILIZERS - Insurance under this coverage includes fertilizers, poisons and insecticides.
   C. HAY, STRAW AND FODDER - Insurance under this coverage includes mowed hay, hay while stored in buildings or hay in stacks or round bales on the premises location described above.
   D. SEED COTTON, COTTON, OR COTTON IN BALES OR MODULES - Insurance under this coverage includes seed cotton (cotton that has not been ginned), cotton, or cotton in bales or modules while in buildings or stacked in the open on the premises location described above. Coverage under this section does not apply to premises of public elevators, driers and cotton gins.
5. **FARM CROP COVERAGE LIMITATIONS:**
   All losses to farm crops from covered perils sustained by the policyholder occurring during any one period of 72 consecutive hours are considered as one occurrence. The most we will pay during any one occurrence period is the coverage amount shown for the farm crop item insured. The aggregate limit payable during the coverage period is two times the coverage amount shown for the farm crop item insured.
6. **VANDALISM AND MALICIOUS MISCHIEF CONDITIONS:**
   Loss must be promptly reported to the company and to local, county, state or federal law enforcement. Damage to or destruction of any structure or container holding the insured property is not covered. Damage by, or at the direction of, you or any of your employees is not covered.
7. **TERM GRAIN EXCESS INSURANCE ENDORSEMENT - (ENDORSEMENT E):**
   The provisions of this endorsement found on the back of this form apply to an item only if the endorsement designation is checked for the respective item above.
8. **DEDUCTIBLE:**
   The deductible for all items shown is zero ($0) dollars, except for loss caused by Vandalism and Malicious Mischief in which case the deductible will be $500.

I UNDERSTAND AND AGREE TO THE COUNTY FARM BUREAU MEMBERSHIP PROVISIONS AND THE WARRANTIES, AGREEMENTS, MEMBERSHIP AND PROXY CONTAINED IN THIS APPLICATION (APPLICANT MAY STRIKE PROXY PROVISIONS IF DESIRED). I CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT (NOTE INFORMATION ON ARSON REPORTING IMMUNITY ACT AND FRAUD WARNING ON THIS APPLICATION). I UNDERSTAND THE COMPANY MAY ORDER A CREDIT BUREAU REPORT ON MYSELF AND ANY OTHER PERSONS LISTED ON MY APPLICATION.

X

Insured's Signature Date Hour

_____
Agent's Signature Date

UNDERWRITING INFORMATION PROCEDURES: As a part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, finances and mode of living. It may also include information concerning drivers and any physical impairments, automobile accidents, traffic violation reports and use of vehicles. Further information about the nature and scope of such a report, if one is made, is available to you from the reporting company. Upon written request, we will provide you with the name and address of the reporting company.

ARSON REPORTING IMMUNITY ACT: The Arson Reporting Immunity Act (123 of 1981 and 415 of 1983) requires us to advise you that if a fire loss occurs, we are required by state law to furnish relevant information relating to the loss to any state or federal law enforcement or other agency which has responsibility for investigation of fires if: (1) an authorized agency requests such information, or (2) after the investigation we have reason to believe the fire was not accidental. However, if this is done you will be notified in writing no later than ninety (90) days after such action has been taken.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance or renewal of an insurance policy is guilty of a crime and may be subject to fines and confinement.

FOR YOUR INFORMATION: If you have any questions about this application or other insurance coverages, please contact your insurance agent. You may contact our state office at P.O. Box 31, Little Rock, AR 72203-0031. Our phone number is (501) 224-4400. Our website is www.afbic.com. Our toll free number for our 24-hour claims call center is 1-866-275-7322. You may also contact: Arkansas Insurance Commission, Consumer Services Division, 1200 West 3rd Street (corner of 3rd and Cross Street), Little Rock, AR 72201-1904. Their toll free number is 1-800-852-5494.

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC. (Hereinafter Mutual Company): Warranties, Agreements, Membership And Proxy Below Are Incorporated And Made Part Of The Application On Reverse Side.I warrant this application to contain a full and true description and statement of the condition, situation, value, encumbrances, occupancy and title to the property proposed to be insured. I agree to notify the Mutual Company of any changes therein. I warrant the answers to each of the questions on this application to be true. I understand fraudulent statements, concealed or misrepresented facts made to obtain this coverage, may cause this application and/or policy to be considered "void" and no coverage will be provided.

It is expressly agreed that the Mutual Company shall not be liable for any loss or damage that may occur to any of the property insured on this application while any premium is past due and unpaid.

I hereby appoint the Board of Directors of Arkansas Farm Bureau Federation my true and lawful attorney to vote for me as my proxy at any meeting of the members of the Mutual Company when I cannot attend in person. I agree that this proxy is effective for an initial term of one year or the duration of the policy, whichever period is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever is shorter, upon each subsequent renewal or reinstatement of my policy. (Applicant may strike this proxy provision if he/she so desires; this proxy provision may be revoked at any time by attending in person any membership meeting of the Mutual Company or by written request to The Secretary of the Mutual Company not less than twenty days before the date of any membership meeting of the Mutual Company.) _____ I choose to strike the proxy provision.

TERM GRAIN POLICY GENERAL PROVISIONS

Coverages

Coverage under this policy applies to property owned by the Policyholder or held in trust or on commission, or being handled for the account of others for which the Policyholder may be legally liable. Coverage is limited to the coverage amount and to the premises locations shown on this policy for insurance.

Coverage Period

Unless otherwise indicated on the application for this policy, no coverage is in effect until 12:01 a.m. on the date shown on this policy for insurance. Coverage expires on the date shown on the policy, or when the bill of lading is signed, or the property is released to any carrier for hire.

Definitions

1. *"Policyholder", "Named Insured", "you" or "your"* means the person first named on the policy, including his/her spouse if living in the same household.
2. *"Company", "Mutual Company", "we", "us" or "our"* means Farm Bureau Mutual Insurance Company of Arkansas, Inc.
3. *"Theft"* means the act of stealing. Theft by any of the Policyholder's relatives, employees or others to whom the property is entrusted to is not covered. Theft does not mean mysterious disappearance, or the vanishing of an item when there is no explainable cause for the disappearance of the property.
4. *"Collision"* means the accidental contact with an object. Collision does not include striking road beds, railroad rails or ties, any stationary object while backing a vehicle for loading or unloading, or the contact of a transporting vehicle and its trailer while loading or unloading.
5. *"Overturning"* or *"Upset"* means the upsetting of a vehicle to such an extent that it comes to rest on its side or top.
6. *"Deductible"* means the amount of a covered loss to be paid by the Named Insured.
7. *"Occurrence"* means an accident, including continuous or repeated exposure to conditions.
8. *"Aggregate limit"* means the maximum amount payable during the full coverage period as indicated on the policy for the respective covered item.
9. *"Vandalism and Malicious Mischief"* means the willful and malicious damage to or destruction of the insured property.

Term Grain Excess Insurance Endorsement - Endorsement E

If an item has Endorsement E designated, and in consideration of the premium charged, the policy Contribution Clause is amended to read: It is expressly stipulated and made a condition of the policy that losses will be settled by paying the amount of loss that is in excess of the amount covered by any governmental loan program or the amount covered by any other insurance, not to exceed:

a. the actual market value of the property insured (at the time of loss) minus the loan value or other insurance proceeds; or
b. the amount stated herein as the coverage amount per bushel or other appropriate measurement for the property, whichever is less.

All other conditions, terms and agreements remain unchanged.

Conditions

1. ***Crop Valuation Clause***
   Loss settlement will be based on the fair market value or the booked value of the respective crop at the time of loss. We will not provide coverage for loss of any additional rebate and/or subsidy payments.
2. ***Seed Value Clause***
   Except for seed which may be segregated and designated as planting seed and shown by the books and records of the Policyholder, the value of all seed insured under this coverage shall be its market value as commercial seed for sale.
3. ***Transit Clause***
   This applies to all coverages. It is hereby agreed that transportation protection applies only to property owned by the Named Insured, and terminates when the bill of lading is signed or the property is released to any carrier for hire.
4. ***Extension of Coverage***
   Under Coverage A, B, C, the policyholder may apply up to ten percent (10%) of the amount specified on the policy to cover the insured property while that property is not on the described premises location. However, this does not include property stored in or being processed in public elevators, driers or gins. This extension of coverage shall in no way be of benefit to any carrier for hire of bailee. It is a condition of this coverage that in the event the insured elects to apply the ten percent (10%) optional provision, this Company shall not be liable for a greater proportion of any loss than would have been the case if similar election were made under optional provisions of all policies covering the same property.
5. ***Contribution Clause***
   This Company shall be liable for no greater proportion thereof than the amount hereby insured bears to one hundred percent (100%) of the actual value of the property described herein at the time when such loss shall happen, nor for more than the proportion which the policy bears to the total insurance thereon.
6. ***Theft Warranty***
   The Policyholder warrants and agrees to give prompt notice to the local police in the event of theft of the insured property.
7. ***Concealment or Fraud***
   This entire policy is void when, either before or after a loss, there have been fraudulent acts or false statements made, or material facts or circumstances concealed or misrepresented, in regard to the insured property, the insurance coverage or the loss. This condition applies to the Policyholder, the Policyholder's spouse, and any member of the Policyholder's household or employee.
8. ***Subrogation***
   The Company is subrogated to all of the Policyholder's rights of recovery for a loss to the extent that payment is made by the Company. The Policyholder shall sign and deliver all related papers and cooperate with the Company in any reasonable manner to secure the rights of the Company.
9. ***Assignment***
   Assignment of this policy is not valid unless the Policyholder gives written consent and the Company accepts the assignment.
10. ***Abandoned Property***
    The Company will not accept any property abandoned by the Policyholder.
11. ***Inspections***
    At the option of the Company, the insured property and the operations of the Policyholder may be inspected by the Company at any time. The Company does not assume any liability by exercising its rights to inspect or audit the insured property.
12. ***Duties After A Loss***
    In the event of loss or damage to the insured property, the Policyholder must:
    a. Notify the Company or the Company's Agent as soon as possible. The notice must give:
       1. Policyholder's name and policy number;
       2. The hour, date, place, cause and other facts about the loss;
       3. Names and address of all witnesses to the loss;
       4. The Policyholder's interest in the damaged property;
       5. Information about other insurance which may cover the loss;
       6. Changes in title of the property during the term of the policy;
       7. An inventory of damaged property.
    b. Protect the insured property from further damage;
    c. Allow the Company to examine the damaged property as often as the Company reasonably requires;
    d. Upon request, provide the Company a complete harvesting and marketing record of each insured property;
    e. Submit to questioning, under oath, if the Company requires. Questioning may be administered by any person named by the Company. The Policyholder must sign any written copy of the questioning.
    f. If more than one person is questioned, the Company has the right to question and receive statements separately from each person and not in the presence of others.
13. ***Waiver or Change of Policy Provisions***
    A waiver or change of any provision of this policy must be in writing by the Company.
14. ***Deductible***
    Each claim for loss or damage will be adjusted separately. A deductible may be withheld for each occurrence of a covered loss. The Company will pay for covered losses in excess of the deductible amount, not to exceed the coverage amount shown on the policy.
15. ***Other Insurance***
    If the Policyholder has other insurance for any loss to which this coverage applies, this insurance will be considered as excess coverage and will apply only after all other insurance has been used.
16. ***Cancellation***
    If the Policyholder cancels coverage during the insurance period, premium for the unexpired time in the policy period will be refunded on a pro rata basis.
    The Company may cancel this policy for one or more of the following reasons:
    a. Non-payment of premium;
    b. Fraud or misrepresentation made by or with the Policyholder's knowledge in obtaining or continuing this policy, or in presenting a claim under this policy;
    c. The occurrence of a material change in the risk which substantially increases any hazard insured against after policy issuance;
    d. Violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy of the property, which substantially increases any hazard insured against under this policy;
    e. A material violation of a material provision of this policy;
    f. Failure to secure and maintain membership with a County Farm Bureau agricultural organization;
    g. For any reason if the policy has been in effect for less than sixty (60) days, and is not a renewal with us.

    If the Policyholder fails to pay any premium which is due during the policy period, the Company may cancel this policy by notifying the policyholder in writing at least ten (10) days before the date of cancellation.
    If the Company cancels the policy for any other reason described above, the Company will notify the policyholder in writing at least (20) days before the date of cancellation.
    Notice of Cancellation will be delivered or mailed to the mailing address shown on the application for the coverage. Proof of mailing will be sufficient proof of notice. The policy period will end on the date and time stated in the notice.
17. ***Mutual Policy Conditions***
    This policy is issued by Farm Bureau Mutual Insurance Company of Arkansas, Inc. ("Mutual Company"). By virtue of this policy being in force, and as a policyholder, the insured is a member of the Mutual Company. The insured is entitled to cast one vote in the election of directors and upon each matter coming to a vote at meetings of the members. The insured may vote in person or by proxy. If the insured votes by proxy, unless previously given by virtue of his/her insurance application, the proxy must be executed and filed with the secretary of the corporation at least ten days before the meeting as to which it is to be effective. The insured's proxy may be revoked at any time by attending in person any membership meeting of the corporation or by written request to the secretary of the corporation not less than twenty days before the date of any membership meeting of the corporation. Unless otherwise specified, any such revocation shall be solely with respect to the meeting which the insured attends or the meeting for which the insured has revoked the proxy in order to cast a vote. Unless revoked as provided herein, the insured's proxy shall be effective for an initial term of one year or the duration of the policy, whichever period is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever is shorter, upon each subsequent renewal or reinstatement of the insured's policy.
    The annual meeting of the members of the Mutual Company shall be held on the dates of, at the time and place of, and in conjunction with the Annual Convention of the Arkansas Farm Bureau Federation.
18. ***Policy Participating and Non-Assessable***
    The distribution of earnings and savings of the Company is subject to the business discretion of the Board of Directors. The insured will be entitled to any dividends which are declared by the Board of Directors, when his/her policy meets the requirements as determined by the Board.
    This policy is non-assessable, meaning that the insured is not subject to any assessment beyond the premiums the Company requires for each policy term or premiums required for additional items insured or coverages requested.

County Farm Bureau Membership

As a prerequisite to the insured's purchase of this policy and any renewal of insurance hereunder, the insured must make application to be a member of and maintain his/her membership in the applicable local county Farm Bureau agricultural organization and affiliated state Farm Bureau agricultural organization (hereinafter collectively "Farm Bureau Federation"). The insured's failure to apply for membership and maintain his/her membership with the applicable Farm Bureau Federation as our sponsoring organization, including but not limited to his/her failure to pay the required membership dues to said Farm Bureau Federation, shall require the cancellation or non-renewal of the insured's policy by the Company. Dues payable to Farm Bureau Federation are in consideration of membership in Farm Bureau Federation and other agricultural related services from Farm Bureau Federation, and are not premiums; and are not consideration of coverage under this policy; and are not payable to the Company.

IN WITNESS WHEREOF: Farm Bureau Mutual Insurance Company of Arkansas, Inc., has caused this policy to be signed by an officer of the company.

Duff Wallace
Vice President/ General Manager

CR

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.
Farm Bureau Center • 10720 Kanis Road • PO Box 31 • Little Rock, AR 72203-0031 • (501) 224-4400

April 15, 2008

Llyweyia Rawlins
Arkansas Insurance Department
1200 West Third
Little Rock, AR 72201

RECEIVED
APR 17 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

RE: Term Grain Policy Filing Addendum

ARKS-125585262

Dear Llyweyia,

As we discussed, I am sending you a follow-up to our recently approved filing for the above policy. We need to add the word 'fuel' in a couple of places on the application form and in the agent's guidelines pages.

I have enclosed copies of the transmittal you previously approved, as well as the updated application and manual pages showing the insertion of the missing word. Thank you for your consideration to handle in this manner.

Sincerely,

Don McClure
Ins. Education & Special Resources Manager

Approved until withdrawn or revoked
APR 22 2008
Arkansas Insurance Department
By: LK

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only
Approved until withdrawn or revoked APR 0 4 2008 Arkansas Insurance Department By: LK

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 #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Farm Bureau Mutual Ins. Co. of Ark., Inc.	Arkansas	13757	710232167	

RECEIVED
MAR 28 2008
PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

5.	Company Tracking Number	

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Bill Williams P.O. Box 31, Little Rock, AR 72203	Underwriting Manager	501-228-1463	501-228-1800	bill.williams@afbic.com

7.	Signature of authorized filer	Bill Williams
8.	Please print name of authorized filer	Bill Williams

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

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	Effective Date(s) Requested	New: 06-01-2007 Renewal:
15.	Reference Filing?	☐ Yes ☑ No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

AID/P&C APR 0 4 2008

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	

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

We would like to make a few changes to our Term Grain policy form. Most are of a cosmetic nature to reorganize some of the information boxes. In addition, we would like to make Vandalism and Malicious Mischief a basic covered peril for property while on the premises. V&MM was approved last year as an optional endorsement. The rates will not change.

The underwriting rules pages have been amended to reflect the inclusion of V&MM.

We would like to begin using this new form June 1, 2008.

View Complete Filing Description

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 #:

Amount: $ ~~25.00~~ 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.)**

TERM GRAIN POLICY GENERAL PROVISIONS

Coverages

Coverage under this policy applies to property owned by the Policyholder or held in trust or on commission, or being handled for the account of others for which the Policyholder may be legally liable. Coverage is limited to the coverage amount and to the premises locations shown on this policy for insurance.

Coverage Period

Unless otherwise indicated on the application for this policy, no coverage is in effect until 12:01 a.m. on the date shown on this policy for insurance. Coverage expires on the date shown on the policy, or when the bill of lading is signed, or the property is released to any carrier for hire.

Definitions

1. *"Policyholder", "Named Insured", "you" or "your"* means the person first named on the policy, including his/her spouse if living in the same household.
2. *"Company", "Mutual Company", "we", "us" or "our"* means Farm Bureau Mutual Insurance Company of Arkansas, Inc.
3. *"Theft"* means the act of stealing. Theft by any of the Policyholder's relatives, employees or others to whom the property is entrusted to is not covered. Theft does not mean mysterious disappearance, or the vanishing of an item when there is no explainable cause for the disappearance of the property.
4. *"Collision"* means the accidental contact with an object. Collision does not include striking road beds, railroad rails or ties, any stationary object while backing a vehicle for loading or unloading, or the contact of a transporting vehicle and its trailer while loading or unloading.
5. *"Overturning"* or *"Upset"* means the upsetting of a vehicle to such an extent that it comes to rest on its side or top.
6. *"Deductible"* means the amount of a covered loss to be paid by the Named Insured.
7. *"Occurrence"* means an accident, including continuous or repeated exposure to conditions.
8. *"Aggregate limit"* means the maximum amount payable during the full coverage period as indicated on the policy for the respective covered item.
9. *"Vandalism and Malicious Mischief"* means the willful and malicious damage to or destruction of the insured property.

Term Grain Excess Insurance Endorsement - Endorsement E

If an item has Endorsement E designated, and in consideration of the premium charged, the policy Contribution Clause is amended to read: It is expressly stipulated and made a condition of the policy that losses will be settled by paying the amount of loss that is in excess of the amount covered by any governmental loan program or the amount covered by any other insurance, not to exceed:

a. the actual market value of the property insured (at the time of loss) minus the loan value or other insurance proceeds; or
b. the amount stated herein as the coverage amount per bushel or other appropriate measurement for the property, whichever is less.

All other conditions, terms and agreements remain unchanged.

Conditions

1. ***Crop Valuation Clause***
   Loss settlement will be based on the fair market value or the booked value of the respective crop at the time of loss. We will not provide coverage for loss of any additional rebate and/or subsidy payments.
2. ***Seed Value Clause***
   Except for seed which may be segregated and designated as planting seed and shown by the books and records of the Policyholder, the value of all seed insured under this coverage shall be its market value as commercial seed for sale.
3. ***Transit Clause***
   This applies to all coverages. It is hereby agreed that transportation protection applies only to property owned by the Named Insured, and terminates when the bill of lading is signed or the property is released to any carrier for hire.
4. ***Extension of Coverage***
   Under Coverage A, B, C, the policyholder may apply up to ten percent (10%) of the amount specified on the policy to cover the insured property while that property is not on the described premises location. However, this does not include property stored in or being processed in public elevators, driers or gins. This extension of coverage shall in no way be of benefit to any carrier for hire of bailee. It is a condition of this coverage that in the event the insured elects to apply the ten percent (10%) optional provision, this Company shall not be liable for a greater proportion of any loss than would have been the case if similar election were made under optional provisions of all policies covering the same property.
5. ***Contribution Clause***
   This Company shall be liable for no greater proportion thereof than the amount hereby insured bears to one hundred percent (100%) of the actual value of the property described herein at the time when such loss shall happen, nor for more than the proportion which the policy bears to the total insurance thereon.
6. ***Theft Warranty***
   The Policyholder warrants and agrees to give prompt notice to the local police in the event of theft of the insured property.
7. ***Concealment or Fraud***
   This entire policy is void when, either before or after a loss, there have been fraudulent acts or false statements made, or material facts or circumstances concealed or misrepresented, in regard to the insured property, the insurance coverage or the loss. This condition applies to the Policyholder, the Policyholder's spouse, and any member of the Policyholder's household or employee.
8. ***Subrogation***
   The Company is subrogated to all of the Policyholder's rights of recovery for a loss to the extent that payment is made by the Company. The Policyholder shall sign and deliver all related papers and cooperate with the Company in any reasonable manner to secure the rights of the Company.
9. ***Assignment***
   Assignment of this policy is not valid unless the Policyholder gives written consent and the Company accepts the assignment.
10. ***Abandoned Property***
    The Company will not accept any property abandoned by the Policyholder.
11. ***Inspections***
    At the option of the Company, the insured property and the operations of the Policyholder may be inspected by the Company at any time. The Company does not assume any liability by exercising its rights to inspect or audit the insured property.
12. ***Duties After A Loss***
    In the event of loss or damage to the insured property, the Policyholder must:
    a. Notify the Company or the Company's Agent as soon as possible. The notice must give:
       1. Policyholder's name and policy number;
       2. The hour, date, place, cause and other facts about the loss;
       3. Names and address of all witnesses to the loss;
       4. The Policyholder's interest in the damaged property;
       5. Information about other insurance which may cover the loss;
       6. Changes in title of the property during the term of the policy;
       7. An inventory of damaged property.
    b. Protect the insured property from further damage;
    c. Allow the Company to examine the damaged property as often as the Company reasonably requires;
    d. Upon request, provide the Company a complete harvesting and marketing record of each insured property;
    e. Submit to questioning, under oath, if the Company requires. Questioning may be administered by any person named by the Company. The Policyholder must sign any written copy of the questioning.
    f. If more than one person is questioned, the Company has the right to question and receive statements separately from each person and not in the presence of others.
13. ***Waiver or Change of Policy Provisions***
    A waiver or change of any provision of this policy must be in writing by the Company.
14. ***Deductible***
    Each claim for loss or damage will be adjusted separately. A deductible may be withheld for each occurrence of a covered loss. The Company will pay for covered losses in excess of the deductible amount, not to exceed the coverage amount shown on the policy.
15. ***Other Insurance***
    If the Policyholder has other insurance for any loss to which this coverage applies, this insurance will be considered as excess coverage and will apply only after all other insurance has been used.
16. ***Cancellation***
    If the Policyholder cancels coverage during the insurance period, premium for the unexpired time in the policy period will be refunded on a pro rata basis.
    The Company may cancel this policy for one or more of the following reasons:
    a. Non-payment of premium;
    b. Fraud or misrepresentation made by or with the Policyholder's knowledge in obtaining or continuing this policy, or in presenting a claim under this policy;
    c. The occurrence of a material change in the risk which substantially increases any hazard insured against after policy issuance;
    d. Violation of any local fire, health, safety, building, or construction regulation or ordinance with respect to any insured property or the occupancy of the property, which substantially increases any hazard insured against under this policy;
    e. A material violation of a material provision of this policy;
    f. Failure to secure and maintain membership with a County Farm Bureau agricultural organization;
    g. For any reason if the policy has been in effect for less than sixty (60) days, and is not a renewal with us.

    If the Policyholder fails to pay any premium which is due during the policy period, the Company may cancel this policy by notifying the policyholder in writing at least ten (10) days before the date of cancellation.
    If the Company cancels the policy for any other reason described above, the Company will notify the policyholder in writing at least (20) days before the date of cancellation.
    Notice of Cancellation will be delivered or mailed to the mailing address shown on the application for the coverage. Proof of mailing will be sufficient proof of notice. The policy period will end on the date and time stated in the notice.
17. ***Mutual Policy Conditions***
    This policy is issued by Farm Bureau Mutual Insurance Company of Arkansas, Inc. ("Mutual Company"). By virtue of this policy being in force, and as a policyholder, the insured is a member of the Mutual Company. The insured is entitled to cast one vote in the election of directors and upon each matter coming to a vote at meetings of the members. The insured may vote in person or by proxy. If the insured votes by proxy, unless previously given by virtue of his/her insurance application, the proxy must be executed and filed with the secretary of the corporation at least ten days before the meeting as to which it is to be effective. The insured's proxy may be revoked at any time by attending in person any membership meeting of the corporation or by written request to the secretary of the corporation not less than twenty days before the date of any membership meeting of the corporation. Unless otherwise specified, any such revocation shall be solely with respect to the meeting which the insured attends or the meeting for which the insured has revoked the proxy in order to cast a vote. Unless revoked as provided herein, the insured's proxy shall be effective for an initial term of one year or the duration of the policy, whichever period is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever is shorter, upon each subsequent renewal or reinstatement of the insured's policy.
    The annual meeting of the members of the Mutual Company shall be held on the dates of, at the time and place of, and in conjunction with the Annual Convention of the Arkansas Farm Bureau Federation.
18. ***Policy Participating and Non-Assessable***
    The distribution of earnings and savings of the Company is subject to the business discretion of the Board of Directors. The insured will be entitled to any dividends which are declared by the Board of Directors, when his/her policy meets the requirements as determined by the Board.
    This policy is non-assessable, meaning that the insured is not subject to any assessment beyond the premiums the Company requires for each policy term or premiums required for additional items insured or coverages requested.

County Farm Bureau Membership

As a prerequisite to the insured's purchase of this policy and any renewal of insurance hereunder, the insured must make application to be a member of and maintain his/her membership in the applicable local county Farm Bureau agricultural organization and affiliated state Farm Bureau agricultural organization (hereinafter collectively "Farm Bureau Federation"). The insured's failure to apply for membership and maintain his/her membership with the applicable Farm Bureau Federation as our sponsoring organization, including but not limited to his/her failure to pay the required membership dues to said Farm Bureau Federation, shall require the cancellation or non-renewal of the insured's policy by the Company. Dues payable to Farm Bureau Federation are in consideration of membership in Farm Bureau Federation and other agricultural related services from Farm Bureau Federation, and are not premiums; and are not consideration of coverage under this policy; and are not payable to the Company.

IN WITNESS WHEREOF: Farm Bureau Mutual Insurance Company of Arkansas, Inc., has caused this policy to be signed by an officer of the company.

Duff Wallace
Vice President/ General Manager

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

FARM BUREAU CENTER - BOX 31 - LITTLE ROCK, ARKANSAS 72203-0031
501-224-4400

. . . FOR USE ON TERM BUSINESS ONLY

NO.

1. _____
Named Insured

_____
Address

_____
City, State, Zip

POLICY TERM EFFECTIVE AS SHOWN BELOW
MO. DAY YR. Time ☐AM ☐PM
POLICY TERM EXPIRES AT 12:01 AM ON DATE SHOWN BELOW
MO. DAY YR.

County Farm Bureau Membership No.
Agent Code
County Name
County Code

And extended to cover the interest of _____

2. Insurance is provided only on such coverages, and at such locations as are shown below: (if more than seven items, use separate application)

ITEM #	CONST.	COV. CODE	COVERAGE AMOUNT	RATE	SURCHARGE	PREMIUM	QUANTITY	PREMISES LOCATION	END E
1					☐Long Haul ☐Other				
2					☐Long Haul ☐Other				
3					☐Long Haul ☐Other				
4					☐Long Haul ☐Other				
5					☐Long Haul ☐Other				
6					☐Long Haul ☐Other				
7					☐Long Haul ☐Other				

3. **THIS POLICY INSURES AGAINST DIRECT LOSS AS FOLLOWS:**
   I. While on the premises location described above, coverage is provided for direct loss caused by the following perils:
      (a) Fire and Lightning
      (b) Windstorm, Tornado, Hail, Explosion
      (c) Theft
      (d) Vandalism and Malicious Mischief
   II. While in transit, coverage is provided for direct loss caused by the following perils. Limited to 50 miles from the premises location described above, unless long haul indicated.
      (a) Fire and Lighting
      (b) Windstorm, Tornado, Hail, Explosion
      (c) Collision, Derailment, Overturning or Upset of carrying conveyance
      (d) Theft

PLEASE ANSWER FOR REINSURANCE

LIST POLICY NUMBERS INSURING COMPLEXES OR STORAGE AREAS CONTAINING THIS PROPERTY
LIST POLICY NUMBERS OF OTHER TERM GRAIN POLICIES PROVIDING COVERAGE AT THE SAME LOCATION

4. **COVERAGES: (Use appropriate codes A, B, C or D in coverage code column above.)**
   A. GRAIN AND SEED - Insurance under this coverage includes threshed grain and seeds of all kind (except seed cotton), threshed beans, ground feed, manufactured and compound stock food, including silage. Coverage under this section may include products stored in structures with aeration systems, but excluding premises of public elevators, driers and cotton gins.
   B. CHEMICALS, FUEL AND FERTILIZERS - Insurance under this coverage includes fuel, fertilizers, poisons and insecticides.
   C. HAY, STRAW AND FODDER - Insurance under this coverage includes mowed hay, hay while stored in buildings or hay in stacks or round bales on the premises location described above.
   D. SEED COTTON, COTTON, OR COTTON IN BALES OR MODULES - Insurance under this coverage includes seed cotton (cotton that has not been ginned), cotton, or cotton in bales or modules while in buildings or stacked in the open on the premises location described above. Coverage under this section does not apply to premises of public elevators, driers and cotton gins.
5. **FARM CROP COVERAGE LIMITATIONS:**
   All losses to farm crops from covered perils sustained by the policyholder occurring during any one period of 72 consecutive hours are considered as one occurrence. The most we will pay during any one occurrence period is the coverage amount shown for the farm crop item insured. The aggregate limit payable during the coverage period is two times the coverage amount shown for the farm crop item insured.
6. **VANDALISM AND MALICIOUS MISCHIEF CONDITIONS:**
   Loss must be promptly reported to the company and to local, county, state or federal law enforcement. Damage to or destruction of any structure or container holding the insured property is not covered. Damage by, or at the direction of, you or any of your employees is not covered.
7. **TERM GRAIN EXCESS INSURANCE ENDORSEMENT - (ENDORSEMENT E):**
   The provisions of this endorsement found on the back of this form apply to an item only if the endorsement designation is checked for the respective item above.
8. **DEDUCTIBLE:**
   The deductible for all items shown is zero ($0) dollars, except for loss caused by Vandalism and Malicious Mischief in which case the deductible will be $500.

I UNDERSTAND AND AGREE TO THE COUNTY FARM BUREAU MEMBERSHIP PROVISIONS AND THE WARRANTIES, AGREEMENTS, MEMBERSHIP AND PROXY CONTAINED IN THIS APPLICATION (APPLICANT MAY STRIKE PROXY PROVISIONS IF DESIRED). I CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT (NOTE INFORMATION ON ARSON REPORTING IMMUNITY ACT AND FRAUD WARNING ON THIS APPLICATION). I UNDERSTAND THE COMPANY MAY ORDER A CREDIT BUREAU REPORT ON MYSELF AND ANY OTHER PERSONS LISTED ON MY APPLICATION.

X
Insured's Signature Date Hour

_____
Agent's Signature Date

UNDERWRITING INFORMATION PROCEDURES: As a part of our underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, finances and mode of living. It may also include information concerning drivers and any physical impairments, automobile accidents, traffic violation reports and use of vehicles. Further information about the nature and scope of such a report, if one is made, is available to you from the reporting company. Upon written request, we will provide you with the name and address of the reporting company.

ARSON REPORTING IMMUNITY ACT: The Arson Reporting Immunity Act (123 of 1981 and 415 of 1983) requires us to advise you that if a fire loss occurs, we are required by state law to furnish relevant information relating to the loss to any state or federal law enforcement or other agency which has responsibility for investigation of fires if: (1) an authorized agency requests such information, or (2) after the investigation we have reason to believe the fire was not accidental. However, if this is done you will be notified in writing no later than ninety (90) days after such action has been taken.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance or renewal of an insurance policy is guilty of a crime and may be subject to fines and confinement.

FOR YOUR INFORMATION: If you have any questions about this application or other insurance coverages, please contact your insurance agent. You may contact our state office at P.O. Box 31, Little Rock, AR 72203-0031. Our phone number is (501) 224-4400. Our website is www.afbic.com. Our toll free number for our 24-hour claims call center is 1-866-275-7322. You may also contact: Arkansas Insurance Commission, Consumer Services Division, 1200 West 3rd Street (corner of 3rd and Cross Street), Little Rock, AR 72201-1904. Their toll free number is 1-800-852-5494.

FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC. (Hereinafter Mutual Company): Warranties, Agreements, Membership And Proxy Below Are Incorporated And Made Part Of The Application On Reverse Side.I warrant this application to contain a full and true description and statement of the condition, situation, value, encumbrances, occupancy and title to the property proposed to be insured. I agree to notify the Mutual Company of any changes therein. I warrant the answers to each of the questions on this application to be true. I understand fraudulent statements, concealed or misrepresented facts made to obtain this coverage, may cause this application and/or policy to be considered "void" and no coverage will be provided.

It is expressly agreed that the Mutual Company shall not be liable for any loss or damage that may occur to any of the property insured on this application while any premium is past due and unpaid.

I hereby appoint the Board of Directors of Arkansas Farm Bureau Federation my true and lawful attorney to vote for me as my proxy at any meeting of the members of the Mutual Company when I cannot attend in person. I agree that this proxy is effective for an initial term of one year or the duration of the policy, whichever period is shorter, and shall be deemed to be automatically reestablished for additional terms of one year or the duration of the policy, whichever is shorter, upon each subsequent renewal or reinstatement of my policy. (Applicant may strike this proxy provision if he/she so desires; this proxy provision may be revoked at any time by attending in person any membership meeting of the Mutual Company or by written request to The Secretary of the Mutual Company not less than twenty days before the date of any membership meeting of the Mutual Company.) _____ I choose to strike the proxy provision.

INSTRUCTIONS FOR TERM GRAIN INSURANCE

(Revised 06-01-2008)

This line of business provides coverage for normal farm storage of crops as they are harvested, planting seed, and farm chemicals and fertilizer. Coverage is also provided for farm products which are in transit. These policies are not designed to replace policies written on contents of commercial driers or commercial storage facilities. If the storage facility the crops are stored in is insured by the Company or if there are any other term grain policies providing coverage at the same location, please list those policies on the application for reinsurance purposes.

At the time coverage is bound, the agent should collect the premium, and submit the application with premium attached. The rates are calculated by the number of days for which coverage is needed. There is a $10.00 minimum premium per item insured.

The applications are pre-numbered and the agent is accountable for all forms provided. If for some reason an application is spoiled, all parts of the application should be stapled together and returned to the Company. The Company is required to account for each pre-numbered policy, therefore, the agent should send in the contracts promptly.

It is important that the agent be as specific as practical when listing the premises location for each property item. Section/Township/Range is preferred. Blanket descriptions such as "on the farm" or "in grain bins in three counties" will not be accepted.

PERILS INSURED AGAINST

1. While on the premises
   a. Fire and lightning;
   b. Windstorm, tornado, hail, explosion;
   c. Theft;
   d. Vandalism and Malicious Mischief.
2. While in transit (limited to 50 miles, unless additional premium charged)
   a. Fire and lightning;
   b. Windstorm, tornado, hail, explosion;
   c. Collision, derailment, overturning or upset of carrying conveyance;
   d. Theft.

COVERAGES

A. Grain and Seed - Insurance under this coverage includes planting seed, threshed grain and seeds of all kinds (except seed cotton), threshed beans, ground feed, manufactured and compound stock food, including silage. Coverage under this section may include products stored in structures with aeration systems, but excluding premises of public elevators, driers and cotton gins.

B. Chemicals, Fuel and Fertilizers - Insurance under this coverage includes fuel, fertilizers, poisons and insecticides.

C. Hay, Straw and Fodder - Insurance under this coverage includes mowed hay, hay while stored in buildings or in stacks or round bales on the premises.

D. Seed Cotton, Cotton, Cotton in Bales or Modules - Insurance under this coverage includes seed cotton (cotton which has not been ginned), cotton, or cotton in bales or modules while in buildings or stacked in the open on the premises described.

DEDUCTIBLES

The deductible for all covered cause of loss is zero dollars ($0) except for loss caused by Vandalism and Malicious Mischief in which case the deductible is $500 per occurrence.

KEY REQUIREMENTS AND REMINDERS ABOUT COTTON COVERAGE:

1. $ 40,000 minimum coverage amount required.
2. 60-day minimum coverage term required.
3. Coverage subject to 72-hour occurrence period. The most we will pay during any occurrence period is the coverage amount shown.
4. The most we will pay during the entire term of coverage for the item insured is 2 times the coverage amount.
5. Coverage does not apply to property on cotton gin premises.

FARM CROP COVERAGE LIMITATIONS

All losses to farm crops from covered perils sustained by the policyholder occurring during any one period of 72 consecutive hours are considered as one occurrence. The most we will pay during any one occurrence period is the coverage amount shown for the farm crop item insured. The aggregate limit payable during the coverage period is two times the coverage amount shown for the farm crop item insured.

VALUATION CLAUSE

Loss settlement will be based on the fair market value or the booked value of the respective crop at the time of loss. We will not provide coverage for loss of any additional rebate and/or subsidy payments of any kind.

TERM GRAIN DAILY RATES

The minimum premium for any item will be $10.00. The rates below are daily rates per $100 of coverage. The transportation peril is limited to a 50 mile radius.

	Frame (Use Frame Rate if stored in open)	**Steel**
Coverage A	.0057	.0020
Coverage B	.0057	.0020
Coverage C	.0072	.0058
Coverage D (Floater)	.0155	

For transportation perils in excess of fifty miles, the premium will be an additional 10% of the total premium.

CALCULATION INSTRUCTIONS (ILLUSTRATION)

1.	Determine Rate - Coverage D - Cotton	.0155	
2.	Determine number of days	(3 months) = 90 days	
3.	Multiply (Rate by Number of Days) and Round to 4 digits	.0155 X 90 =	**1.395**
4.	Determine Coverage	$ 60,000	
5.	Divide Coverage into $100 coverage units	$ 60,000 ÷ $100 =	**600**
6.	Multiply Number of coverage units by rate to determine Premium charged to insured (Round to the nearest penny)	600 x 1.395 =	**$ 837.00**

TERM GRAIN EXCESS INSURANCE ENDORSEMENT

The "Term Grain Excess Insurance Endorsement" (Endorsement E) alters the Term Grain Policy to allow an applicant to insure his grain for an amount in excess of any government loan value or any other insurance, but less than the market value of the grain up to the coverage amount indicated, whichever is less. The endorsement should only be used in those cases where other coverage is provided and the insured should be told of the restrictions in coverage.

To attach the endorsement:

1. Insure the grain for only the amount in excess of the other coverage. Use the same rates as you would use for full coverage.
2. Indicate in Section 2 of the declaration how many bushels and the price per bushel and also indicate that Endorsement E applies.

Example:

Insurance is provided only on such coverages, and at such locations as are shown below.

CONST	COV CODE	COVERAGE AMOUNT	RATE	SURCHARGE	PREMIUM	ITEM DESCRIPTION...
F	A	24,000	.057	----------	13.68	12000 bushels rice @ 2.00 bushel located S28, T18N, R2E, approximately 2 miles West of Anytown, AR Endorsement E Applies