

SERFF Tracking Number: ASPX-125606986 State: Arkansas
 Filing Company: American Reliable Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: FM AR03043ARF01
 TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
 Product Name: SCO - Farm Administration Certificate Policy (FAC)
 Project Name/Number: SCO - Farm Administration Certificate Policy (FAC)/FM AR03043ARF01

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: SCO - Farm Administration SERFF Tr Num: ASPX-125606986 State: Arkansas

Certificate Policy (FAC)

TOI: 03.0 Personal Farmowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 03.0000 Personal Farmowners

Co Tr Num: FM AR03043ARF01

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: SPI AssurantPC

Disposition Date: 04/14/2008

Date Submitted: 04/11/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: SCO - Farm Administration Certificate Policy (FAC)

Status of Filing in Domicile:

Project Number: FM AR03043ARF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/14/2008

State Status Changed: 04/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Reliable Insurance Company requests to amend the currently approved Farm Administration Certificate Policy program in your state. We have amended page 3 of the manual to clearly explain how the computation of the rate is calculated and how the Functional Building Valuation is a benefit to the policyholder. We wish to submit this revised rule, rate and form for the optional coverage of Functional Building Valuation.

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Functional Building Valuation Terms

Rule - Updated Rate & Rule pages are included to describe how this new optional coverage would change the policy as well as the form that will attach to the policy when this coverage is purchased.

Rate - The rate for this coverage is determined by multiplying the applicable dwelling, structure or outbuilding annual premium by 0.25.

Form: Company form A8621E1007- Functional Building Valuation will be used for this coverage. A copy is attached.

Company and Contact

Filing Contact Information

Louis Mueller, Sr. Regulatory Analyst
8655 East Via De Ventura (800) 535-1333 [Phone]
Scottsdale, AZ 85258

Filing Company Information

American Reliable Insurance Company CoCode: 19615 State of Domicile: Arizona
11222 Quail Roost Dr Group Code: 19 Company Type:
Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:
(305) 253-2244 ext. [Phone] FEIN Number: 41-0735002

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	\$50.00	04/11/2008	19503254

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	04/14/2008	04/14/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change in Effective Dates	Note To Reviewer	SPI AssurantPC	04/14/2008	04/14/2008

SERFF Tracking Number: ASPX-125606986 *State:* Arkansas
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Disposition

Disposition Date: 04/14/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

- Effective Date (New) changed from 06/01/2008 to 10/01/2008 and Effective Date (Renewal) changed from 06/01/2008 to 10/01/2008 by Harrington, Becky on 04/14/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Functional Building Valuation	Approved	Yes

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Note To Reviewer

Created By:

SPI AssurantPC on 04/14/2008 10:05 AM

Subject:

Change in Effective Dates

Comments:

We wish to request to change the effective date to 10/1/08 as IT will not be able to have this programed before that time. Please advise if we can change the effective date to 10/1.

Thank you

Lou Mueller

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Functional Building Valuation	A8621E	1007	Endorsement/Amendment/Conditions		0.00	A8621E.PDF

AMERICAN RELIABLE INSURANCE COMPANY

FUNCTIONAL BUILDING VALUATION

This endorsement modifies insurance provided under the following:

FARM ADMINISTRATION CERTIFICATE POLICY

Named Insured:

Policy Number:

SCHEDULE*

"Insured Location" No.	No. And Description Of Building Or Structure	Limit Of Insurance

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

- A. The Limit of Insurance shown in the above Schedule is the only Limit of Insurance applicable to the building or structure described in the above Schedule.
- B. With respect to the building or structure described in the above Schedule, the applicable SECTION I – COVERAGES, 12. LOSS SETTLEMENT is replaced with the following:
 - 1. If you contract for repair or replacement of the loss or damage to restore the building or structure shown in the above Schedule for the same occupancy and use, within 180 days of the damage unless we and you otherwise agree, we will pay the smallest of the following:
 - a. The Limit of Insurance shown in the above Schedule as applicable to the damaged building or structure;
 - b. In the event of:
 - (1) A total loss, the cost to replace the damaged building or structure on the same site, with a less costly building or structure that is functionally equivalent to the damaged building or structure; or
 - (2) A partial loss, the cost to repair or replace the damaged portion of the building or structure with less costly material, if available, in the architectural style that existed before the loss or damage occurred; or
 - c. The amount you actually spend that is necessary to repair or replace the lost or damaged building or structure with less costly material if available.
 - 2. If you do not make a claim under Paragraph 1. above, we will pay the smallest of the following:
 - a. The Limit of Insurance shown in the above Schedule as applicable to the damaged building or structure;
- b. The "market value" of the damaged building or structure, exclusive of the land value, at the time of loss; or
- c. The amount it would cost to repair or replace the damaged building or structure on the same site, with less costly material in the architectural style that existed before the damage occurred, less allowance for physical deterioration and depreciation.
- C. With respect to the building or structure described in the above Schedule, the OTHER INSURANCE under SECTION I – CONDITIONS is replaced by the following:
 - 1. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this Functional Building Valuation insurance. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this Functional Building Valuation insurance bears to the Limits of Insurance of all insurance covering on the same basis.
 - 2. If there is other insurance covering the same loss or damage, other than that described in 1. above, our insurance is excess. But we will not pay more than the applicable Limit of Insurance.
- D. The following Definition is added
 "Market Value", as used in this endorsement, means the price which the property might be expected to realize if offered for sale in a fair market.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/14/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Cover Letter **Review Status:** Approved 04/14/2008

Comments:

Attachment:

Cover Letter.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 #
Assurant, Inc. Group	0019

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Reliable Insurance Company	AZ	19615	41-0735002	

5. Company Tracking Number	FM AR03043ARF01
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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
	Louis Mueller 8655 East Via De Ventura Scottsdale AZ 85258	Sr. Regulatory Analyst	800-535-1333		

7. Signature of authorized filer	
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8. Please print name of authorized filer	Louis Mueller
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Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	03.0 Personal Farmowners
10.	Sub-Type of Insurance (Sub-TOI)	03.0000 Personal Farmowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 06/01/2008 Renewal: 06/01/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved



ASSURANT
Specialty
Property

American Reliable
Insurance Company
8655 E. Via De Ventura, Suite E200
Scottsdale, AZ 85258
T 480.483.8666 F 480.443-3785

www.assurant.com

April 11, 2008

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

Re: American Reliable Insurance
NAIC # 0019-19615 FEIN: 41-0735002
Filing: Rate Filing
Program: Farm Administration Certificate Program
Company Filing No.: FM AR03043ARF01

Dear Commissioner:

American Reliable Insurance Company requests to amend the currently approved Farm Administration Certificate Policy program in your state. We have amended page 3 of the manual to clearly explain how the computation of the rate is calculated and how the Functional Building Valuation is a benefit to the policyholder. We wish to submit this revised rule, rate and form for the optional coverage of Functional Building Valuation. We request an effective date of June 1, 2008 for new business and renewal business.

Functional Building Valuation Terms

- Ø Rule – Updated Rate & Rule pages are included to describe how this new optional coverage would change the policy as well as the form that will attach to the policy when this coverage is purchased.
- Ø Rate - The rate for this coverage is determined by multiplying the applicable dwelling, structure or outbuilding annual premium by 0.25.
- Ø Form: Company form A8621E1007- Functional Building Valuation will be used for this coverage. A copy is attached.

We hope you will be in a position to grant favorable consideration to this submission. Please feel free to contact me at 800-535-1333, Extension 391, if you should have any questions.

We request the option of moving boxes, reformatting text and changing page size to accommodate system program and client needs. The content will remain as approved.

Respectfully yours,

Louis Mueller
Sr. Regulatory Analyst
louis.mueller@assurant.com
Phone: (800)-535-1333, Ext. 391
Fax: (480)-443-3785