

SERFF Tracking Number: CMIC-125626810 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 15725/08/0016
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Personal/Farm Umbrella
Project Name/Number: Automation/N/A

Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Personal/Farm Umbrella SERFF Tr Num: CMIC-125626810 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2021 Personal Umbrella & Excess Co Tr Num: 15725/08/0016 State Status: Fees verified and received
Filing Type: Form Co Status: Submitted & Pending Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
Author: Sheila Andrew Disposition Date: 04/30/2008
Date Submitted: 04/29/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2008 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008 Effective Date (Renewal): 08/01/2008

State Filing Description:

General Information

Project Name: Automation Status of Filing in Domicile: Pending
Project Number: N/A Domicile Status Comments: N/A
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 04/30/2008
State Status Changed: 04/30/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Cameron Mutual Insurance Company (CMIC) submits for review by the Arkansas Insurance Department our new and revised forms for automation of our Personal/Farm Umbrella program. Revised rules to follow under separate cover. We will be using a computer generated application which will be filed under separate cover as soon as print copies are available.

We are not affiliated with any filing organization for this product, so the content of our forms are uniquely our own. We

<i>SERFF Tracking Number:</i>	<i>CMIC-125626810</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Cameron Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>15725/08/0016</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2021 Personal Umbrella & Excess</i>
<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		

have included for your review all revised forms for the Personal/Farm Umbrella Program. Most were revised to reformat the forms and revise the policy numbers to align with our automated system. Additionally, since many of the forms were still using their original hand-typed print copies, we took this opportunity to correct any typing errors or misspellings which we found. I've attached a Summary of Changes under the Supporting Documentation tab outlining all changes that were made to the current forms. New forms as well as the revised forms are included under the Form Schedule tab. The forms are in final printed format.

Special Notes:

- UL 08 84 and UL 08 88 – Two copies of these endorsements have been included – one with a blank signature lines and one with “Signature(s) on File” verbiage. The form with blank line will be signed by the Named Insured(s). After receipt of that form, the form with “Signature(s) on File” will be furnished to insured and agent.

Company and Contact

Filing Contact Information

Sheila Andrew, Research & Compliance Specialist	sandrew@cameron-insurance.com
214 McElwain Drive	(800) 326-6511 [Phone]
Cameron, MO 64442-1321	(816) 632-1022[FAX]

Filing Company Information

Cameron Mutual Insurance Company	CoCode: 15725	State of Domicile: Missouri
214 McElwain Drive	Group Code: 532	Company Type: Property & Casualty
Cameron, MO 64429-1321	Group Name:	State ID Number:
(800) 326-6511 ext. [Phone]	FEIN Number: 44-0447850	

Filing Fees

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

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<i>Product Name:</i>	<i>Personal/Farm Umbrella</i>		
<i>Project Name/Number:</i>	<i>Automation/N/A</i>		
Per Company:	No		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	04/29/2008	19965960

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Product Name:	Personal/Farm Umbrella		
Project Name/Number:	Automation/N/A		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	04/30/2008	04/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	04/30/2008	04/30/2008	Sheila Andrew	04/30/2008	04/30/2008

SERFF Tracking Number: *CMIC-125626810* *State:* *Arkansas*
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TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2021 Personal Umbrella & Excess*
Product Name: *Personal/Farm Umbrella*
Project Name/Number: *Automation/N/A*

Disposition

Disposition Date: 04/30/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal): 08/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: Automation/N/A

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR Personal/Farm Umbrella Summary of Changes	Approved	Yes
Supporting Document	UL101 sample	Approved	Yes
Form	Umbrella New Business Welcome and Information Letter	Approved	Yes
Form	Umbrella Renewal Business Thank You and Information Letter	Approved	Yes
Form	Umbrella Declarations	Approved	Yes
Form	Umbrella Schedule of Underlying Insurance / Schedule A	Approved	Yes
Form	Umbrella Policy Insureds Schedule	Approved	Yes
Form	Umbrella Endorsement Forms Schedule	Approved	Yes
Form	Umbrella Policy Change of Declarations Endorsement	Approved	Yes
Form	Personal Umbrella Policy	Approved	Yes
Form	Punitive Damages Limitation Endorsement	Approved	Yes
Form	Automobile Liability Following Form Endorsement	Approved	Yes
Form	Farm Liability Exclusion and Limitation Endorsement	Approved	Yes
Form	Farm Partnership and Corporation Endorsement	Approved	Yes
Form	Fellow Employee Liability Limitation Endorsement	Approved	Yes
Form	Livestock and Poultry Liability Exclusion	Approved	Yes
Form	Named Insured Endorsement	Approved	Yes
Form	Personal Injury Limitation Endorsement	Approved	Yes
Form	Physical - Sexual Abuse Exclusion Endorsement	Approved	Yes
Form	Teachers' Liability Corporal Punishment Exclusion Endorsement	Approved	Yes
Form	Additional Insured Endorsement	Approved	Yes

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Form	Canine Bite Exclusion	Approved	Yes
Form	Automobile Liability Exclusion	Approved	Yes
	Endorsement		
Form	Designated Premises Exclusion	Approved	Yes
	Endorsement		
Form	Contamination or Pollution Exclusion	Approved	Yes
	Endorsement		
Form	Exclusion of Named Driver Endorsement	Approved	Yes
Form	Designated Premises or Project Limitation	Approved	Yes
	of Coverage Endorsement		
Form	Watercraft Exclusion Endorsement	Approved	Yes
Form	Uninsured and Underinsured Boater's	Approved	Yes
	Coverage Exclusion Endorsement		
Form	Exclusion of Named Driver Endorsement	Approved	Yes
	(Watercraft)		
Form	Contractual Liability Limitation	Approved	Yes
	Endorsement		
Form	Asbestos Exclusion Endorsement	Approved	Yes
Form	Designated Products Exclusion	Approved	Yes
	Endorsement		
Form	Personal Umbrella Limits of Liability	Approved	Yes
	Changes Endorsement		
Form	Arkansas Umbrella Changes (Personal)	Approved	Yes
Form	Arkansas Changes - Cancellation and	Approved	Yes
	Nonrenewal (Farm)		

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Product Name: Personal/Farm Umbrella
Project Name/Number: Automation/N/A

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/30/2008
Submitted Date 04/30/2008

Respond By Date

Dear Sheila Andrew,

This will acknowledge receipt of the captioned filing.

Objection 1

- Umbrella Declarations (Form)

Comment: Company name should appear on the Dec page.

Objection 2

- Umbrella Policy Change of Declarations Endorsement (Form)

Comment: The company name should be shown on this form.

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/30/2008
Submitted Date 04/30/2008

Dear Becky Harrington,

Comments:

Response 1

Comments: Good afternoon Becky!!

As we have more than one company, the company name field is a variable field that prints based upon the company entry code.

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Project Name/Number: Automation/N/A

The company name, address and telephone number print in the upper left hand corner of the Declarations (UL101) and all Dec Schedules (UL103, UL105, UL107 & UL108).

Under the supporting documents tab, I've attached a "UL101 sample" with some of the variable fields filled in to better show how the printed dec will look when completed.

Please let me know if you have any questions or if further information is needed.

Related Objection 1

Applies To:

- Umbrella Declarations (Form)

Comment:

Company name should appear on the Dec page.

Related Objection 2

Applies To:

- Umbrella Policy Change of Declarations Endorsement (Form)

Comment:

The company name should be shown on this form.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: UL101 sample

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Sheila Andrew

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Umbrella New Business Welcome and Information Letter	ULNEW	08 08	Disclosure/ New Notice		0.00	ULNEW.pdf
Approved	Umbrella Renewal Business Thank You and Information Letter	ULRENEW	08 08	Disclosure/ New Notice		0.00	ULRENEW.pdf
Approved	Umbrella Declarations	UL101	08-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 801 (03-02) Previous Filing #:		UL101.pdf
Approved	Umbrella Schedule of Underlying Insurance / Schedule A	UL103	08-08	Declaration New s/Schedule		0.00	UL103.pdf
Approved	Umbrella Policy Insureds Schedule	UL105	08-08	Declaration New s/Schedule		0.00	UL105.pdf
Approved	Umbrella Endorsement Forms Schedule	UL107	08-08	Declaration New s/Schedule		0.00	UL107.pdf
Approved	Umbrella Policy Change of Declarations Endorsement	UL108	08-08	Declaration New s/Schedule		0.00	UL108.pdf
Approved	Personal Umbrella Policy	UL 08 10	08 08	Policy/Coverage Replaced Form	Replaced Form #:0.00 810 (4-92) Previous Filing #:		UL 08 10.pdf
Approved	Punitive Damages Limitation	UL 08 60	08 08	Endorsement/Amendment/Condition Replaced	Replaced Form #:0.00 860 2-93 Previous Filing #:		UL 08 60.pdf

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 Project Name/Number: Automation/N/A

Approval	Endorsement	UL	08	08	Endorsement/Amendment/Conditions	Replaced Form #:	Previous Filing #:	PDF File
Approved	Automobile Liability Following Form Endorsement	UL 08 61	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 UL-861 (03-02)		UL 08 61.pdf
Approved	Farm Liability Exclusion and Limitation Endorsement	UL 08 62	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 862 11-89		UL 08 62.pdf
Approved	Farm Partnership and Corporation Endorsement	UL 08 63	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 863 8-93		UL 08 63.pdf
Approved	Fellow Employee Liability Limitation Endorsement	UL 08 64	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 864 11-89		UL 08 64.pdf
Approved	Livestock and Poultry Liability Exclusion	UL 08 65	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 UL-865 (12-06)		UL 08 65.pdf
Approved	Named Insured Endorsement	UL 08 67	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 UL-867 (03-02)		UL 08 67.pdf
Approved	Personal Injury Limitation Endorsement	UL 08 68	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 868 11-89		UL 08 68.pdf
Approved	Physical - Sexual Abuse Exclusion Endorsement	UL 08 70	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 870 11-89		UL 08 70.pdf
Approved	Teachers' Liability Corporal Punishment Exclusion Endorsement	UL 08 71	08	08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 871 11-89		UL 08 71.pdf

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Approved	Additional Insured Endorsement	UL 08 73	08 08	Endorsement/Amendment/Conditions	New	0.00	UL 08 73.pdf
Approved	Canine Bite Exclusion	UL 08 74	08 08	Endorsement/Amendment/Conditions	New	0.00	UL 08 74.pdf
Approved	Automobile Liability Exclusion Endorsement	UL 08 76	08 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 UL-876 (03-02) Previous Filing #:	UL 08 76.pdf
Approved	Designated Premises Exclusion Endorsement	UL 08 78	08 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 UL-878 (03-02) Previous Filing #:	UL 08 78.pdf
Approved	Contamination or Pollution Exclusion Endorsement	UL 08 79	08 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 879 2-93 Previous Filing #:	UL 08 79.pdf
Approved	Exclusion of Named Driver Endorsement	UL 08 84	08 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 UL-884 (9-93) Previous Filing #:	UL 08 84.pdf
Approved	Designated Premises or Project Limitation of Coverage Endorsement	UL 08 85	08 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 UL-885 (03-02) Previous Filing #:	UL 08 85.pdf
Approved	Watercraft Exclusion Endorsement	UL 08 86	08 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 UL-886 (9-96) Previous Filing #:	UL 08 86.pdf
Approved	Uninsured and Underinsured Boater's Coverage Exclusion	UL 08 87	08 08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 UL-887 (10-96) Previous Filing #:	UL 08 87.pdf

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Endorsement

Approved	Exclusion of Named Driver Endorsement (Watercraft)	UL 08 88 08 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 UL-888 (01-97) Previous Filing #:	UL 08 88.pdf
Approved	Contractual Liability Limitation Endorsement	UL 08 90 08 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 UL-890 (03-02) Previous Filing #:	UL 08 90.pdf
Approved	Asbestos Exclusion Endorsement	UL 08 91 08 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 UL-891 (03-02) Previous Filing #:	UL 08 91.pdf
Approved	Designated Products Exclusion Endorsement	UL 08 93 08 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 UL-893 (03-02) Previous Filing #:	UL 08 93.pdf
Approved	Personal Umbrella Limits of Liability Changes Endorsement	UL 08 96 08 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 UL-896 (03-02) Previous Filing #:	UL 08 96.pdf
Approved	Arkansas Umbrella Changes (Personal)	UL 08 30 08 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 830 (8-89) Previous Filing #:	UL 08 30.pdf
Approved	Arkansas Changes - Cancellation and Nonrenewal (Farm)	UL 08 35 08 08	Endorseme New nt/Amendm ent/Condi ons	0.00	UL 08 35.pdf

Cameron Mutual Insurance Company
214 McElwain Drive
Cameron, Missouri 64429-1321
(816) 632-6511
www.cameron-insurance.com
POLICY NUMBER

WELCOME TO THE **CAMERON INSURANCE COMPANIES!** We are pleased to serve your Umbrella insurance needs. Our company is committed to providing you high quality insurance protection and superior service.

CIC is a growing organization serving its policyholders for more than a century. In addition to Umbrella, we provide protection for a full range of insurance needs: Auto, Homeowners, Dwelling, Businessowners, Commercial Properties, Liability, Farmowners, and Inland Marine.

If you should have any questions about your insurance plan or if you wish to make a change to your policy, please contact your **CIC** agent.

IMPORTANT INFORMATION ABOUT YOUR POLICY....

- + Declarations Page. This shows such items as your name, address, the policy term, policy limits, list of coverage forms, premium amounts, and other individualized information.
- + Coverage and Endorsement Forms. This is the section of your Umbrella policy that provides policy and coverage information. Please read it carefully.
- + Billing. Any premiums due will be billed separately. **Please pay from that bill rather than this policy.**

PRIVACY NOTICE

We collect nonpublic personal information about you from the following sources:

- * Information we receive from you on applications or other forms;
- * Information about your transactions with us, our affiliates or others; and
- * Information we receive from consumer reporting agencies.

We restrict access to nonpublic personal information about you to those individuals and entities who need to know such information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

ULNEW 08 08

Cameron Mutual Insurance Company
214 McElwain Drive
Cameron, Missouri 64429-1321
(816) 632-6511
www.cameron-insurance.com
POLICY NUMBER

Thank you for continuing your association with **Cameron Insurance Companies**. We appreciate the confidence you have shown in us by renewing your policy.

Should you need clarification or have any questions concerning your policy, please contact your **CIC** agent.

IMPORTANT INFORMATION ABOUT YOUR POLICY....

- + Declarations Page. This shows such items as your name, address, the coverages provided, the policy term, policy limits, list of coverage forms, premium amounts, and other individualized information.
- + Coverage and Endorsement Forms. This is the section of your Umbrella policy that provides policy and coverage information. Please read it carefully.
- + Billing. Any premiums due will be billed separately. **Please pay from that bill rather than this policy.**

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We restrict access to nonpublic personal information about you to those individuals and entities who need to know such information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

ULRENEW 08 08

Named Insured:

Mailing
Address:

Named Insured Is
Business of Named Insured Is

Agent:
Address:

Is effective from to

Limit of Liability Each Occurrence Aggregate
Self Insured Retention

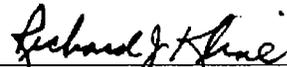
Insurance is provided for only those coverages indicated below by a premium charge and other coverages only when endorsed herein or added hereto.

<u>Form</u>	<u>Date</u>	<u>Premium</u>	<u>Description</u>
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Policy Premium

Total Premium

THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT



Countersigned by - Authorized Representative

POLICY INSUREDS

Named Insured:

Named Insureds

UMBRELLA ENDORSEMENT FORMS

Named Insured:

<u>Form</u>	<u>Date</u>	<u>Premium</u>	<u>Description</u>
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**UMBRELLA POLICY
CHANGE OF DECLARATIONS ENDORSEMENT**

Policy Number: _____

Agent:
Address:

Named Insured and Address:

Number:

Policy Period: Covers From _____ To _____

Effective Date of This Endorsement: _____

This policy is changed as follows:

Premium

PERSONAL UMBRELLA POLICY

AGREEMENT

In return for payment of the premium and subject to all the terms of this policy, we agree with you as follows:

DEFINITIONS

Throughout this policy, "you" and "your" refer to the "named insured" shown in the Declarations and the spouse if a resident of the same household, and "we", "us" and "our" refer to the Company providing this insurance. In addition, certain words and phrases, in boldfaced type when used, are defined as follows:

1. "**Business**" means any trade, profession or occupation, other than "**farming**".
2. "**Business property**" means property where a business is conducted and property rented in whole or in part to others, or held for such rental.
3. "**Farm employee**" means an employee of any **insured** whose duties are principally in connection with the farming operations of the **insured** but does not include a resident employee or an employee while engaged in any insured's business pursuits other than farming.
4. "**Farming**" means the operation of an agricultural or aquacultural enterprise, and includes the operation of roadside stands, on your farm premises, maintained solely for the sale of farm products produced principally by you. Unless specifically indicated in the **primary insurance** policy Declarations, "**farming**" does not include:
 - a. Retail activity other than that described above; or
 - b. Mechanized processing operations.
5. "**Insured**" means you and the following residents of your household:
 - a. your relatives;
 - b. any other person under the age of 21 who is in the care of any person named above.

"**Insured**" also means:

- c. with respect to **motor vehicles** and watercraft, any other person or organization using a **motor vehicle** or watercraft, with your permission, provided the person or organization and the **motor vehicles** or watercraft are covered by your **primary insurance**. A person or organization is not an **insured** if employed or otherwise engaged in **motor vehicle** or watercraft:

selling;	repairing;	parking;
leasing;	servicing;	docking; or
renting;	storing;	moving; and
 - d. with respect to animals, any person or organization legally responsible for animals owned by you or any person included in 5a. or 5b. A person or organization having custody of the animals in the course of any **business**, or without permission of the owners, is not an **insured**.
6. "**Motor vehicle**" means a motorized land vehicle designed for travel on public roads or subject to motor vehicle registration. **Motor vehicle** includes a go-cart, motorized golf cart, motorized bicycle, snowmobile or other motorized land vehicle designed for recreational use off public roads, while off an **insured** location defined in a **primary insurance** policy.
 7. "**Occurrence**" means an accident, incident or event, including repeated exposure to conditions, which results in **personal injury** or **property damage** neither expected or intended from the standpoint of the **insured**.
 8. "**Personal injury**" means:

bodily injury;	mental anguish;	malicious prosecution;
mental injury;	shock;	humiliation;
death;	false arrest;	libel;
sickness;	false imprisonment;	slander;
disease;	wrongful eviction;	non-deliberate discrimination;
disability;	wrongful detention;	defamation of character; or
		invasion of privacy.

9. **"Primary insurance"** means the policies shown in the Declarations.
10. **"Property damage"** means injury to or destruction of tangible property, including its loss of use.
11. **"Relative"** means a **relative** of the named insured who is a resident of the same household.
12. **"Retained Limit"** means the amount shown in the declarations if primary insurance does not cover the occurrence.

COVERAGE

Subject to the policy's Exclusions and Limits of Liability, we furnish you worldwide **personal injury** and **property damage** liability insurance protection. Only **personal injury** or **property damage** occurring during the policy period and not otherwise excluded, is covered.

EXCLUSIONS

We do not provide coverage for:

1. A **motor vehicle** unless it is covered by **primary insurance** shown in the Declarations. Our coverage is no broader than the **primary insurance**, except for our liability limit.
2. **Business** pursuits or **business property** of an **insured** unless covered by **primary insurance** described in the Declarations. Our coverage is no broader than the **primary insurance**, except for our liability limit.
3. The ownership, maintenance, operation, use, loading or unloading of any recreational vehicle or motorcycle owned by the named insured unless it is covered by **primary insurance** shown in the Declarations. Our coverage is no broader than the **primary insurance**, except our liability limit.
4. The ownership, rental, lease, maintenance, use loading or unloading of any aircraft.
5. No-fault, uninsured motorists or underinsured motorists benefits or coverage due you, any **insured** or any other person.
6. The rendering of or failure to render professional services.
7. **Personal injury** to any person, including a farm employee, eligible to receive any benefits required to be provided or voluntarily provided under any worker's or workmen's compensation, non-occupational disability or occupational disease law.
8. Acts committed by or at the direction of the **insured** with intent to cause **personal injury** or **property damage**. This exclusion does not apply to **personal injury** resulting from a legal act committed to protect persons or property.
9. **Property damage** to:
 - a. property owned by an **insured**; or
 - b. aircraft or watercraft rented to, used by, or in the care of any **insured**; or
 - c. property rented to, used or occupied by, or in the care of any **insured** to the extent that you have agreed to provide insurance.
10. Liability arising from membership on a board of directors or as an officer of an organization, except a charitable, religious or civic non-profit one.
11. Any **insured** under this policy who is also an insured under a nuclear energy liability policy or would be an insured but for its termination upon exhaustion of its limit of liability. A nuclear energy liability policy is a policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada, or any of their successors.
12. **Personal injury** or **property damage** due to the discharge, dispersal, release or escape into or upon land, the atmosphere, body of water or water course of pollutants.

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

13. **Personal injury or property damage** arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance(s) as defined by the Federal Food and Drug Law at 21 U.S.C.A Sections 811 and 812. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the orders of a licensed physician.
14. **Personal injury or property damage** arising out of sexual molestation, corporal punishment or physical or mental abuse inflicted upon any person by or at the direction of an **insured**, an **insured's** employee or any other person involved in any capacity.
15. **Personal injury or property damage** arising out of the transmission of a communicable disease by an insured.
16. **Personal injury or property damage** due to war, whether or not declared, civil war, insurrection, rebellion, or revolution, or any act or condition incident to any of the foregoing, with respect to liability assumed by the insured under any contract or agreement.
17. **Personal injury to :**
 - a. you;
 - b. your relatives residing in your household; or
 - c. any person under age 21 in your household who is in your care or the care of a resident relative.
18. **Personal injury or property damage** arising out of the ownership, maintenance, operation, use, loading or unloading of any motor vehicle or watercraft while being used in any prearranged or organized racing, speed or demolition contest, or in any stunting activity, or in practice or preparation of any such event.
19. **Personal injury or property damage** arising out of the ownership, maintenance, operation, use, loading or unloading of any watercraft owned by, rented to or in the care, custody or control of the **insured** while away from the premises, if 26 feet or more in overall length or powered by an inboard/outboard motor totaling more than 50 horsepower or powered by one or more outboard motors with more than 25 total horsepower unless it is covered by **primary insurance** shown in the Declarations. Our coverage is no broader than the **primary insurance**, except for our liability limit.

LIMITS OF LIABILITY

Regardless of the number of insureds, claims or injured persons, the most we pay as damages resulting from one **occurrence** shall not exceed our limit of liability stated in the Declarations, subject to the following:

1. If **primary insurance** and this policy cover an **occurrence** which results in **personal injury or property damage**, we pay damages which exceed the total applicable **primary insurance** limits.
2. If **primary insurance** is not in effect or its liability limits are less than shown in the Declarations, we pay damages we would have paid if **primary insurance** had been in effect or its limits had not been lessened.
3. If a primary insurer does not pay because of bankruptcy or insolvency or the insured's failure to comply with a provision of **primary insurance** after an **occurrence**, we pay damages which exceed the insured's **primary insurance** liability limits in the Declarations.
4. If **primary insurance** does not cover an **occurrence** which results in **personal injury or property damage**, but the **occurrence** is covered by this policy, we pay damages which exceed the insured's retained limit shown in the Declarations.

DEFENSE OF SUITS NOT COVERED BY OTHER INSURANCE

If **primary insurance** does not cover **personal injury or property damage** covered by the policy, we will:

1. defend the **insured** against a claim or suit for damages. We may investigate and settle any claim or suit that we decide is appropriate;
2. pay costs taxed against the **insured** in any suit we defend;

3. pay interest on the entire judgment which accrues after entry of the judgement and before we pay or tender, or deposit in court, that part of the judgment which does not exceed the limit of liability that applies;
4. pay premiums on bonds required in a suit defended by us, but not for bond amounts greater than our limit of liability. We are not obligated to apply for or furnish any bond;
5. pay reasonable expenses incurred by any **insured** at our request, including actual loss of earnings (but not loss of other income) up to \$50 per day for assisting us in the investigation or defense of any claim or suit.

We pay amount incurred, except settlement of claims or suits for damages, in addition to our liability limit. The **insured** shall promptly repay us for damages we paid within the retained limit.

If we are prevented by law, or otherwise, from carrying out this provision, we pay amounts incurred with our consent.

CONDITIONS

1. **Duties After Loss.** In case of an **occurrence**, the **insured** shall perform the following duties that apply. You shall cooperate with us in seeing that these duties are performed:
 - a. give written notice to us or our agent as soon as practicable, which sets forth:
 - 1) the identity of the policy and **insured**;
 - 2) reasonably available information on the time, place and circumstances of the **occurrence**; and
 - 3) names and addresses of any claimants and available witnesses;
 - b. forward to us every notice, demand, summons or other process relating to the **occurrence**;
 - c. at our request, assist in:
 - 1) making settlement;
 - 2) the enforcement of any right of contribution or indemnity against any person or organization who may be liable to any **insured**;
 - 3) the conduct of suits and attend hearings and trials;
 - 4) securing and giving evidence and obtaining the attendance of witnesses.
2. **Defense; Settlement.** Except as provided in the DEFENSE OF SUITS NOT COVERED BY OTHER INSURANCE section, we are not required to take charge of the investigation, defense or settlement of a claim or suit. We have the right at any time to join the **insured** or the primary insurers in the investigation, defense and settlement of a claim or suit. If the **primary insurance** limit is paid, we have the option to defend a claim or suit. We may investigate and settle any claim or suit that we decide is appropriate.
3. **Appeals.** We may appeal a judgment in excess of the applicable **primary insurance** limit or the retained limit. We pay all costs, taxes, expenses and incidental interest. Our liability for **personal injury** or **property damage** does not exceed our liability limit for one **occurrence**, plus the cost and expense of the appeal.
4. **Suit Against Us.** No action shall be brought against us:
 - a. unless the **insured** has complied with the policy provisions; and
 - b. until the obligation of the **insured** has been determined by final judgment or agreement signed by us.No one shall have a right to join us as a party to an action against any **insured**.
5. **Other Insurance.** This insurance is excess over other insurance (except insurance purchased to apply in excess of the sum of the **primary insurance** limit and our liability limit).
6. **Our Right to Recover Payment.** If payment is made by us, we will join the **insured** and any primary insurer in exercising the insured's rights of recovery against any party.

The **insured** shall not prejudice such rights after loss. Recoveries shall be applied in the following order:

- a. to repay the parties (including the **insured**) who paid in excess of our liability limit;
- b. to repay us the amount we paid;
- c. to repay the parties (including the **insured**) to whom this insurance is excess, if they are entitled to any remainder.

A different distribution may be made to settle a claim or suit if all parties agree.

Reasonable expenses of obtaining recovery shall be divided among all parties in the ratio of their losses for which recovery is sought.

7. **Cancellation.**

- a. You may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- b. We may cancel this policy as stated below by mailing or delivering to you written notice of the date cancellation takes effect.
 - 1) When cancellation is for nonpayment of premium, we may cancel at any time by letting you know at least ten days before the date cancellation takes effect.
 - 2) When this policy has been in effect for less than sixty days and is not a renewal with us, we may cancel for any reason by letting you know at least thirty days before the date cancellation takes effect.
 - 3) When this policy has been in effect for sixty days or more, or at any time if it is a renewal with us, we may cancel by letting you know at least thirty days before the date cancellation takes effect.
- c. We will mail or deliver our notice to your last mailing address known to us.
- d. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- e. If this policy is cancelled, we will send you any premium refund due. If we cancel, the refund will be pro rata. If you cancel, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
- f. If notice is mailed, proof of mailing will be sufficient proof of notice.

8. **Nonrenewal.**

- a. We may elect not to renew this policy by mailing or delivering to you, at the last mailing address known to us, written notice of nonrenewal, stating the actual reason for nonrenewal, at least thirty days prior to the effective date of the nonrenewal.
- b. If notice is mailed, proof of mailing will be sufficient proof of notice.

9. **Maintenance of Underlying Insurance.**

You will maintain your **primary insurance** policies in full force with no change to more restrictive limits or conditions. If you fail to comply with this condition, your coverage will continue as if your underlying policies had not been altered. If you acquire an additional motor vehicle, boat, or real property, you must notify us as soon as possible.

10. **Changes.** The terms of this policy may be changed or waived only by endorsement we issue.
11. **Assignment.** Your rights and duties under this policy may not be assigned without our written consent. However, if you or a resident of your household dies, we cover:
 - a. with respect to your property, the person having temporary custody of the property until a qualified legal representative is appointed; or
 - b. the legal representative of the deceased but only with respect to the property of the deceased covered under this policy at the time of death.
12. **Bankruptcy.** Bankruptcy or insolvency of any **insured** shall not relieve us of our obligations under this policy.

13. Concealment of Fraud. We do not provide coverage for an **insured** who purposely conceals or misrepresents any material fact or circumstance relating to this insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUNITIVE DAMAGES LIMITATION ENDORSEMENT

This policy does not apply to Punitive or Exemplary Damages awarded against the insured but this exclusion does not apply insofar as coverage is available to the **Insured** under the underlying insurance listed in the Schedule of Underlying Insurance.

THIS ENDORSEMENT DOES NOT APPLY TO OCCURRENCES HAPPENING IN ANY OF THE FOLLOWING STATES:

ALABAMA, GEORGIA, MICHIGAN, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE AND TEXAS.

ARKANSAS EXCEPTION: For purposes of this endorsement "**punitive damages or exemplary damages**" means damages that may be imposed to punish a wrongdoer and to deter others from similar conduct.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTOMOBILE LIABILITY FOLLOWING FORM ENDORSEMENT

This insurance does not apply to any liability arising out of the ownership, operation, maintenance, use, loading or unloading or entrustment to others of an "auto" as defined in the policy listed in the Schedule of Underlying Insurance.

This exclusion does not apply if such liability is covered by valid and collectible underlying insurance as listed in the Schedule of Underlying Insurance for the full limits shown, and then only for the liability for which coverage is afforded under the underlying insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FARM LIABILITY EXCLUSION AND LIMITATION ENDORSEMENT

It is agreed and understood that this policy shall not apply to any claim, loss or suit:

1. Arising out of:
 - a. The rendering of or failure to render any professional service; or
 - b. Damage to real property of others rented to, occupied or used by, leased to, or in the care, custody or control of an **Insured**.
2. Except to the extent that coverage is provided by valid and collectible **scheduled underlying insurance**, at the full limits of liability shown in the Schedule of Underlying Insurance and then only for those hazards for which coverage is provided by said **scheduled underlying insurance** to:
 - a. The **products-completed operations hazard**;
 - b. Personal injury;
 - c. Liability assumed by the **Insured** in an **insured contract**;
 - d. The ownership, maintenance, operation, use, loading or unloading of any **automobile**;
 - e. Any business or business property (other than farms) of an **Insured**, provided this exclusion shall not apply to the use of private passenger automobiles for business purpose other than as public or livery conveyance;
 - f. **Bodily injury** by accident or disease, including death at any time resulting therefrom, to any employee of the **Insured** arising out of and in the course of his or her employment by the **Insured** or to any obligation of the **Insured** to indemnify another because of damages arising out of such injury; or
 - g. The ownership, maintenance, operation, use, loading or unloading of any recreational motor vehicle owned by any **Insured**, if such loss occurs away from premises owned by, rented to or controlled by the **Named Insured**; but this provision 2.g. does not apply to golf carts while used for golfing purposes.

For purpose of this endorsement "**recreational motor vehicle**" means:

- 1) any golf cart or snowmobile; or
- 2) if not subject to motor vehicle registration, any other land motor vehicle designed for recreational use off public roads.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FARM PARTNERSHIP AND CORPORATION ENDORSEMENT

It is agreed that Definition 5. "insured" is replaced by the following:

1. When the named insured, as stated in the Declarations is an individual, "**Insured**" means you, and also means the following members of your household:
 - a. your spouse,
 - b. your relatives, and
 - c. any other person under the age of 21 who is in the care of any person specified above.
2. When the "**named insured**", as stated in the Declarations, is a partnership or joint venture formed for the purposes of farming, "**insured**" also means your members and your partners and their spouses, listed as additional insureds in any underlying policy listed in the Schedule of Underlying Insurance of this policy, but only with respect to the conduct of your "**farming**" operations.
3. When the "**named insured**", as stated in the Declarations, is an organization other than a partnership or joint venture, formed for the purposed of farming, "**insured**" also means:
 - a. your executive officers and directors, listed as additional insureds in any underlying policy listed in the Schedule of Underlying Insurance of this policy, but only with respect to their duties as your officers and directors; and
 - b. your stockholders, listed as additional insureds in any underlying policy listed in the Schedule of Underlying Insurance of this policy, but only with respect to their liability as stockholders.

No person or organization is an "**insured**" with respect to the conduct of any current or past partnership, joint venture or organization that is not shown as a "**named insured**" in the Declarations.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FELLOW EMPLOYEE LIABILITY LIMITATION ENDORSEMENT

For the purpose of this endorsement only, the unqualified word "**Insured**" shall not include an employee of the **named insured** and the policy does not apply with respect to bodily injury or death of an employee caused by another employee of the same employer, and arising out of the course of such employment, except to the extent that liability is covered by valid and collectible Underlying Insurance at the full limits of liability as set forth in the Schedule of Underlying Insurance.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIVESTOCK AND POULTRY LIABILITY - EXCLUSION

The following provisions apply with respect to the coverage provided under this policy. All other terms and conditions of this policy remain unchanged.

Definition(s):

The following definitions are added:

"Livestock" means cattle, sheep, swine, goats, llamas, alpacas, horses, mules, donkeys and hybrids thereof.

"Poultry" means fowl kept by you.

Exclusion(s):

This policy does not cover "bodily injury", "property damage", or "medical payments" arising out of ownership, use of or entrustment to others of any "livestock" or "poultry" owned by or in the care, custody or control of the "insured".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED ENDORSEMENT

The entity named in the schedule below is added as a "**named insured**" under this policy.

Naming this entity as a "**named insured**" does not increase the Company's Limits of Liability as specified in the policy Declarations. The "**named insured**" coverage provided to this entity under this policy will not be broader than coverage provided in the underlying policy.

SCHEDULE *

Name and address of additional "**named insured**":

* If no entry appears above, information required to complete this schedule may be shown on a separate schedule or Declarations supplement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERSONAL INJURY LIMITATION ENDORSEMENT

It is agreed and understood that this policy shall not apply to **personal injury** to any claim, loss or **suit**, except to the extent that coverage is provided by valid and collectible **scheduled underlying insurance**, at the full limits of liability shown in the Schedule of Underlying Insurance but not less than \$500,000, and then only for those hazards for which coverage is provided by said **scheduled underlying insurance**.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL - SEXUAL ABUSE EXCLUSION ENDORSEMENT

It is agreed that no coverage shall apply to any claim, demand and causes of action arising out of or resulting from either physical abuse, sexual abuse or licentious, immoral or sexual behavior intended to lead to, or culminating in any sexual act, whether caused by, or at the instigation of, or at the direction of, or omission by, the insured, his employees, patrons or any causes whatsoever.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TEACHERS' LIABILITY CORPORAL PUNISHMENT
EXCLUSION ENDORSEMENT**

It is agreed that this policy excludes coverage as respects all liability arising directly or indirectly out of Teaching Activities.

"Teaching Activities" means acts or omissions of an **Insured** in connection with his or her occupation as a member of the faculty or teaching staff of any public or private school or college including, but not limited to corporal punishment administered to pupils by or at the direction of the **Insured**.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

The following is added to the definition of "**insured**":

Any Additional Insured under any underlying policy listed in the Schedule of Underlying Insurance of this policy will automatically be an "**insured**" under this policy. However, Additional Insured coverage provided under this policy will not be broader than coverage provided by the underlying policy.

If coverage provided to the Additional Insured is required by a written contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance required by the contract, less any amounts payable by any underlying policy.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANINE BITE EXCLUSION

The following provisions apply with respect to the coverage provided under this policy:

EXCLUSION

Under this policy's bodily injury, property damage and medical payments coverage exclusions, the following exclusion is added:

This insurance does not apply to "bodily injury", "property damage" or "medical payments" arising out of the ownership, care, custody or control of a canine.

All other terms of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTOMOBILE LIABILITY EXCLUSION ENDORSEMENT

This insurance does not apply to any liability arising out of the ownership, operation, maintenance, use, loading or unloading or entrustment to others of an "auto" as defined in the policy listed in the Schedule of Underlying Insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED PREMISES EXCLUSION ENDORSEMENT

This insurance does not apply to any liability arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule below or any property located on those premises;
2. Operations on those premises or elsewhere which are necessary or incidental to the ownership, maintenance or use of those premises; or
3. Goods or products manufactured at or distributed from those premises.

SCHEDULE

Description and Location Premises:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CONTAMINATION OR POLLUTION EXCLUSION ENDORSEMENT
(Absolute)**

This policy shall not apply to:

1. The contamination of any environment by pollutants that are introduced at any time, anywhere, in any way;
2. Any bodily injury, personal injury, property damage, costs or other loss or damage arising out of such contamination, including but not limited to, cleaning up, remedying or detoxifying such contamination; or
3. Payment of sums related to (1) the investigation or defense of any loss, injury or damage or (2) payment of any cost, fine or penalty or (3) payment of any expense involving a claim or suit related to 1. or 2. above.

As used in this endorsement, the following terms will have the following meanings:

1. "**Contamination**" means any unclean or unsafe or damaging or injurious or unhealthful condition arising out of the presence of pollutants, whether permanent or transient in any environment;
2. "**Environment**" includes any person, any manmade object or feature, animals, crops and vegetation, land, bodies of water, underground water or water table supplies, air and any other feature of the earth or its atmosphere, whether or not altered, developed or cultivated, including, but not limited to any of the above, owned, controlled, or occupied by the insured;
3. "**Pollutants**" means smoke, vapors, soot, fumes, acids, sound, alkalies, chemicals, liquids, solids, gases, thermal pollutants, and all other irritants or contaminants.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT

This endorsement, effective _____, forms a part of

Policy Number:

Issued to:

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing this policy in force, it is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising from accidents which occur while any auto or "miscellaneous type vehicle" is being operated or used by, or with the permission of, or under the care, custody or control of

I reject Uninsured Motorist coverage for the above-named individual as an operator of any auto or "miscellaneous type vehicle".

It is further agreed that a photocopy or photostat copy of this Restriction shall be considered as effective and valid as the original when attached to the above-numbered policy and any subsequent reissue of said policy.

Accepted _____
(signature(s) on file)
(signature(s) required of all Named Insureds)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT

This endorsement, effective _____, forms a part of

Policy Number:

Issued to:

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing this policy in force, it is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising from accidents which occur while any auto or "miscellaneous type vehicle" is being operated or used by, or with the permission of, or under the care, custody or control of

I reject Uninsured Motorist coverage for the above-named individual as an operator of any auto or "miscellaneous type vehicle".

It is further agreed that a photocopy or photostat copy of this Restriction shall be considered as effective and valid as the original when attached to the above-numbered policy and any subsequent reissue of said policy.

Accepted

(signature(s) required of all Named Insureds)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED PREMISES OR PROJECT LIMITATION OF COVERAGE
ENDORSEMENT**

As respects premises owned, maintained or used by the insured or projects performed by or on behalf of the insured, this insurance applies only to "bodily injury", "property damage", "personal injury" and "advertising injury" arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule below and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

SCHEDULE

Premises:

Project:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATERCRAFT EXCLUSION ENDORSEMENT

This endorsement, effective _____, forms a part of

Policy Number: _____

Issued to: _____

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing this policy in force, it is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising out of ownership, maintenance, operation, use, loading or unloading of any watercraft listed below.

All other provision of this policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**UNINSURED AND UNDERINSURED BOATER'S
COVERAGE EXCLUSION ENDORSEMENT**

It is agreed that this policy does not provide coverage for uninsured or underinsured Boater's Coverage to anyone, including an insured or any other person.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF NAMED DRIVER ENDORSEMENT (WATERCRAFT)

This endorsement, effective _____, forms a part of

Policy Number:

Issued to:

Company: **Shown on the Declarations Page**

In consideration of the **Company** issuing or continuing this policy in force, it is agreed that the insurance afforded by this policy shall not apply with respect to any claim arising from accidents which occur while any watercraft is being operated or used by, or with the permission of, or under the care, custody or control of

I reject Uninsured Boaters coverage for the above-named individual as an operator of any watercraft.

It is further agreed that a photocopy or photostat copy of this Restriction shall be considered as effective and valid as the original when attached to the above-numbered policy and any subsequent reissue of said policy.

Accepted

(signature(s) required of all Named Insureds)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTUAL LIABILITY LIMITATION ENDORSEMENT

This insurance does not apply to any liability assumed by the insured under any contract or agreement whether written or oral except:

1. Lease of premises; or
2. Easement agreement, except in connection with the construction or demolition operations on or adjacent to a railroad; or
3. Indemnification of a municipality as required by ordinance, except in connection with work for the municipality; or
4. Sidetrack agreement or any easement or license agreement in connection with vehicle or pedestrian private railroad crossings at grade; or
5. Elevator maintenance agreement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASBESTOS EXCLUSION ENDORSEMENT

This insurance does not apply to any liability arising out of:

1. Inhaling, ingesting or prolonged physical exposure to asbestos or goods or products containing asbestos; or
2. The use of asbestos in constructing or manufacturing any good, product or structure; or
3. The removal of asbestos from any good, product or structure; or
4. The manufacture, sale, transportation, storage or disposal of asbestos or goods or products containing asbestos.

The coverage afforded by this policy does not apply to payment for the investigation or defense of any loss, injury or damage or any cost, fine or penalty or for any expense or claim or suit related to any of the above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED PRODUCTS EXCLUSION ENDORSEMENT

This insurance does not apply to any liability arising out of goods or products manufactured, sold, handled, distributed or disposed of by or on behalf of the insured that are designated in the Schedule below.

SCHEDULE

Designated Product(s):

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PERSONAL UMBRELLA LIMITS OF LIABILITY CHANGES
ENDORSEMENT**

The **Limits of Liability** section of your umbrella policy is deleted and replaced by the following:

1. Regardless of the number of:

- a. Insureds under this policy;**
- b. Persons or organizations who sustain bodily injury, property damage, personal injury or advertising injury;**
- c. Claims made or suits brought on account of bodily injury, property damage, personal injury or advertising injury;**
- d. Coverages under which loss is insured in this policy;**

we shall only be liable for loss in excess of:

- a. The primary limit as listed in the Schedule of Underlying Insurance, for loss covered by a primary policy(ies) and this policy, or;**
- b. The retained limit, for loss not covered by a primary policy(ies) but otherwise covered by this policy.**

We will pay loss only up to the limit of liability shown in the Declarations; however, we will pay only to the extent the aggregate limit has not been used up due to previous payment of losses.

2. Drop down coverage:

If the primary limit is reduced by payment of claims for injury or damage occurring after the inception date of this policy, this policy will drop down and cover excess of the reduced primary insurance or if the primary aggregate is totally used up, this policy will apply as primary. This drop down feature:

- a. Will not increase our limit of liability as stated in the Declarations and;**
- b. Will not apply to the extent the primary aggregate limit has been used up prior to the inception date of this policy.**

3. Policy aggregate limit:

The aggregate limit stated in the declarations of this policy is the most we will pay for loss(es) occurring during the policy term.

4. If there is a primary policy with a policy period that is non-concurrent with the policy period of this policy, the primary limit as listed in the Schedule of Underlying Insurance will be reduced or exhausted by payments for:

- a. Bodily injury or property damage which occurs during the policy period for this policy shown in the Declarations; or**
- b. Personal injury or advertising injury for offenses that are committed during the policy period for this policy shown in the Declarations.**

The aggregate limit, as described in Paragraph 3. above, for this policy applies separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the limits of liability.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS UMBRELLA CHANGES

This endorsement modifies insurance provided under the Umbrella Policy.

The CANCELLATION Condition is replaced by the following:

CANCELLATION

- A.** You may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- B.** We may cancel this policy by mailing or delivering to you written notice of cancellation at least:
 - 1.** 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - 2.** 30 days before the effective date of cancellation if we cancel for any other reason, if this policy has been in effect for less than 60 days.
- C.** We will mail or deliver our notice to your last mailing address known to us.
- D.** Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- E.** If this policy is cancelled, we will send you any premium refund due. If we cancel, the refund will be pro rata. If you cancel, the refund may be less than pro rata and we will retain no less than \$100 of the premium. The cancellation will be effective even if we have not made or offered a refund.
- F.** If notice is mailed, proof of mailing will be sufficient proof of notice.
- G.** Cancellation of policies in effect more than 60 days:
 - 1.** If this policy has been in effect more than 60 days or is a renewal policy, we may cancel only for one or more of the following reasons:
 - a.** Nonpayment of premium;
 - b.** Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the 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 its occupancy which substantially increases any hazard insured against under the policy;
 - e.** Nonpayment of membership dues in those cases where our by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the policy; or
 - f.** A material violation of a material provision of the policy.
 - 2.** If we cancel for nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to you at least 10 days before the effective date of cancellation.

If we cancel for any other reason, we will mail or deliver written notice of cancellation to you at least 20 days prior to the effective date of cancellation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

PERSONAL UMBRELLA POLICY

A. The Cancellation Condition is replaced by the following:

7. Cancellation.

- a. The first named insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- b. We may cancel this policy by mailing or delivering to the first named insured written notice of cancellation at least:
 - 1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - 2) 30 days before the effective date of cancellation if we cancel for any other reason.
- c. We will mail or deliver our notice to the first named insured's last mailing address known to us.
- d. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- e. If this policy is cancelled, we will send the first named insured any premium refund due. If we cancel, the refund will be pro rata. If the first named insured cancels, the refund may be less than pro rata and we will retain no less than \$100 of the premium. The cancellation will be effective even if we have not made or offered a refund.
- f. If notice is mailed, proof of mailing will be sufficient proof of notice.
- g. **Cancellation of Policies in Effect More Than 60 Days:**
 - 1) If this policy has been in effect for more than 60 days or is a renewal policy, we may cancel only for one or more of the following reasons:
 - a) Nonpayment of premium;
 - b) Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the 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 its occupancy which substantially increases any hazard insured against under the policy;
 - e) Nonpayment of membership dues in those cases where our by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the policy; or
 - f) A material violation of a material provision of the policy.
 - 2) If we cancel for nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first named insured at least 10 days before the effective date of cancellation.

If we cancel for any other reason, we will mail or deliver written notice of cancellation to the first named insured at least 20 days prior to the effective date of cancellation.

B. The **Nonrenewal** Condition is replaced by the following:

8. Nonrenewal.

- a.** We may elect not to renew this policy by mailing or delivering to the first named insured at the last mailing address known to us, written notice of nonrenewal, stating the actual reason for nonrenewal, at least 60 days prior to the effective date of the nonrenewal.
- b.** If notice is mailed, proof of mailing will be sufficient proof of notice.

SERFF Tracking Number: CMIC-125626810 State: Arkansas
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 15725/08/0016
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2021 Personal Umbrella & Excess
Product Name: Personal/Farm Umbrella
Project Name/Number: Automation/N/A

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/30/2008

Comments:

Attachment:
PCT Arkansas Personal-Farm Umbrella Forms 15725-08-0016.pdf

Satisfied -Name: AR Personal/Farm Umbrella
Summary of Changes **Review Status:** Approved 04/30/2008

Comments:

Attachment:
Arkansas Personal-Farm Umbrella Summary of Changes 08-01-2008.pdf

Satisfied -Name: UL101 sample **Review Status:** Approved 04/30/2008

Comments:

Attachment:
UL101 sample.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:				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3.	Group Name	Group NAIC #			
		0532			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

5. Company Tracking Number	15725/08/0016
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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
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Sheila P. Andrew		

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

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2021 Personal Umbrella & Excess
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12.	Company Program Title (Marketing title)	Personal/Farm Umbrella
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: August 1, 2008 Renewal: August 1, 2008
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	April 29, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	15725/08/0016
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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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Cameron Mutual Insurance Company (CMIC) submits for review by the Arkansas Insurance Department our new and revised forms for automation of our Personal/Farm Umbrella program. Revised rules to follow under separate cover. We will be using a computer generated application which will be filed under separate cover as soon as print copies are available.

We are not affiliated with any filing organization for this product, so the content of our forms are uniquely our own. We have included for your review all revised forms for the Personal/Farm Umbrella Program. Most were revised to reformat the forms and revise the policy numbers to align with our automated system. Additionally, since many of the forms were still using their original hand-typed print copies, we took this opportunity to correct any typing errors or misspellings which we found. I've attached a Summary of Changes under the Supporting Documentation tab of the SERFF filing outlining all changes that were made to the current forms. New forms as well as the revised forms are included under the Form Schedule tab of the SERFF filing. The forms are in final printed format.

Special Notes:

- UL 08 84 and UL 08 88 – Two copies of these endorsements have been included – one with a blank signature lines and one with "Signature(s) on File" verbiage. The form with blank line will be signed by the Named Insured(s). After receipt of that form, the form with "Signature(s) on File" will be furnished to insured and agent.

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]
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SERFF EFT
Amount: \$50

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 #	15725/08/0017			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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	Umbrella New Business Welcome and Information Letter	ULNEW 08 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Umbrella Renewal Business Thank You and Information Letter	ULRENEW 08 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Umbrella Declarations	UL101 08-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	801 (03-02)	
04	Umbrella Schedule of Underlying Insurance / Schedule A	UL103 08-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Umbrella Policy Unsureds Schedule	UL104 08-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Umbrella Endorsement Forms Schedule	UL107 08-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Umbrella Policy Change of Declarations Endorsement	UL108 08-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Personal Umbrella Policy	UL 08 10 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	810 (4-92)	
09	Arkansas Umbrella Changes (Personal)	UL 08 30 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	830 (8-89)	
10	Arkansas Changes - Cancellation and Nonrenewal (Farm)	UL 08 35 08 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Punitive Damages Limitation Endorsement	UL 08 60 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	860 2-93	
12	Automobile Liability Following Form Endorsement	UL 08 61 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-861 (03-02)	
13	Farm Liability Exclusion and Limitation Endorsement (Farm)	UL 08 62 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	862 11-89	
14	Farm Partnership and Corporation Endorsement (Farm)	UL 08 63 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	863 8-93	
15	Fellow Employee Liability Limitation Endorsement (Farm)	UL 08 64 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	864 11-89	
16	Livestock and Poultry Liability (Farm) - Exclusion	UL 08 65 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-865 (12-06)	

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 #	15725/08/0017			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	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
17	Named Insured Endorsement	UL 08 67 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-867 (03-02)	
18	Personal Injury Limitation Endorsement (Farm)	UL 08 68 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	868 11-89	
19	Physical - Sexual Abuse Exclusion Endorsement	UL 08 70 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	870 11-89	
20	Teachers' Liability Corporal Punishment Exclusion	UL 08 71 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	871 11-89	
21	Additional Insured Endorsement	UL 08 73 08 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Canine Bite Exclusion	UL 08 74 08 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
23	Automobile Liability Exclusion Endorsement	UL 08 76 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-876 (03-02)	
24	Designated Premises Exclusion Endorsement	UL 08 78 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL 878 (03-02)	
25	Contamination or Pollution Exclusion Endorsement	UL 08 79 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	879 2-93	
26	Exclusion of Named Driver Endorsement	UL 08 84 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-884 (9-93)	
27	Designated Premises or Project Limitation of Coverage Endorsement (Farm)	UL 08 85 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-885 (03-02)	
28	Watercraft Exclusion Endorsement	UL 08 86 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-886 (9-96)	
29	Uninsured and Underinsured Boater's Coverage Exclusion	UL 08 87 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-887 (10-96)	
30	Exclusion of Named Driver Endorsement (Watercraft)	UL 08 88 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-888 (01-97)	
31	Contractual Liability Limitation Endorsement (Farm)	UL 08 90 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-890 (03-02)	
32	Asbestos Exclusion Endorsement	UL 08 91 08 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UL-891 (03-02)	

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 #	15725/08/0017
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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
33	Designated Products Exclusion Endorsement (Farm)	UL 08 93 08 08	[] New [X] Replacement [] Withdrawn	UL-893 (03-02)	
34	Personal Umbrella Limits of Liability Changes Endorsement	UL 08 96 08 08	[] New [X] Replacement [] Withdrawn	UL-896 (03-02)	
35			[] New [] Replacement [] Withdrawn		
36			[] New [] Replacement [] Withdrawn		
37			[] New [] Replacement [] Withdrawn		
38			[] New [] Replacement [] Withdrawn		
39			[] New [] Replacement [] Withdrawn		
40			[] New [] Replacement [] Withdrawn		
41			[] New [] Replacement [] Withdrawn		
42			[] New [] Replacement [] Withdrawn		
43			[] New [] Replacement [] Withdrawn		
44			[] New [] Replacement [] Withdrawn		
45			[] New [] Replacement [] Withdrawn		
46			[] New [] Replacement [] Withdrawn		
47			[] New [] Replacement [] Withdrawn		
48			[] New [] Replacement [] Withdrawn		
49			[] New [] Replacement [] Withdrawn		

Cameron Mutual Insurance Company (CMIC)
Arkansas Personal/Farm Umbrella
Summary of Changes - Effective August 1, 2008

Form Name	Form Number	Edition Date	Form Replaced Changes Made
Umbrella Declarations	UL101	08-08	<u>Replaced Form # 801 (03-02)</u> <ul style="list-style-type: none"> Replaced form to allow for system automation
Personal Umbrella Policy	UL 08 10	08 08	<u>Replaced Form # 810 (4-92)</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system Page 1 of 6 Definitions - replaced definition of "farming" to be consistent with the underlying farm policy definition. Page 5 of 6 Conditions - 7. Cancellation - updated cancellation provisions
Arkansas Umbrella Changes (Personal)	UL 08 30	08 08	<u>Replaced Form # 830 8-89</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Punitive Damages Limitation Endorsement	UL 08 60	08 08	<u>Replaced Form # 860 2-93</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Automobile Liability Following Form Endorsement	UL 08 61	08 08	<u>Replaced Form # UL-861 (03-02)</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Farm Liability Exclusion and Limitation Endorsement (Farm)	UL 08 62	08 08	<u>Replaced Form # 862 11-89</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Farm Partnership and Corporation Endorsement (Farm)	UL 08 63	08 08	<u>Replaced Form # 863 8-93</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system Revised to remove the schedule of these individuals, making this a standard rather than variable form Revised definition to be consistent with the underlying farm policy definition
Fellow Employee Liability Limitation Endorsement (Farm)	UL 08 64	08 08	<u>Replaced Form # 864 11-89</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Livestock and Poultry Liability (Farm)	UL 08 65	08 08	<u>Replaced Form # UL-865 (12-06)</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Named Insured Endorsement	UL 08 67	08 08	<u>Replaced Form # UL-867 (03-02)</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system Revised the title to more accurately reflect content of form Clarified that "named insured" does not increase company's limits of liability under this policy or provide broader coverage than underlying policy.
Personal Injury Limitation Endorsement (Farm)	UL 08 68	08 08	<u>Replaced Form # 868 11-89</u> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system

Cameron Mutual Insurance Company (CMIC)
Arkansas Personal/Farm Umbrella
Summary of Changes - Effective August 1, 2008

Physical - Sexual Abuse Exclusion Endorsement	UL 08 70	08 08	<p>Replaced Form # <u>870 11-89</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Teachers' Liability Corporal Punishment Exclusion Endorsement	UL 08 71	08 08	<p>Replaced Form # <u>871 11-89</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Automobile Liability Exclusion Endorsement	UL 08 76	08 08	<p>Replaced Form # <u>UL-876 (03-02)</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Designated Premises Exclusion Endorsement	UL 08 78	08 08	<p>Replaced Form # <u>UL-878 (03-02)</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Contamination or Pollution Exclusion Endorsement	UL 08 79	08 08	<p>Replaced Form # <u>879 2-93</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Exclusion of Named Driver Endorsement	UL 08 84	08 08	<p>Replaced Form # <u>UL-884 (9-93)</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system Revised to allow more flexibility in the use of our company forms. We have replaced all references to Cameron Mutual Insurance Company with the Company. Company being noted as Shown on the Declarations Page. Two copies of this endorsement have been included – one with a blank signature line and one with “Signature(s) on File” verbiage. The form with blank line(s) will be signed by all Named Insured(s). After receipt of that form, the form with “Signature(s) on File” will be furnished to the insured(s) and agent.
Designated Premises or Project Limitation of Coverage Endorsement (Farm)	UL 08 85	08 08	<p>Replaced Form # <u>UL-885 (03-02)</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system
Watercraft Exclusion Endorsement	UL 08 86	08 08	<p>Replaced Form # <u>UL-886 (9-96)</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system Revised to allow more flexibility in the use of our company forms. We have replaced all references to Cameron Mutual Insurance Company with the Company. Company being noted as Shown on the Declarations Page.
Uninsured and Underinsured Boater's Coverage Exclusion Endorsement	UL 08 87	08 08	<p>Replaced Form # <u>UL-887 (10-96)</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system This will be a mandatory rather than an optional form
Exclusion of Named Driver Endorsement (Watercraft)	UL 08 88	08 08	<p>Replaced Form # <u>UL-888 (01-97)</u></p> <ul style="list-style-type: none"> Reformatted form and revised policy number to align with automated system Revised to allow more flexibility in the use of our company forms. We have replaced all references to Cameron Mutual Insurance Company with the Company. Company being noted as Shown on the Declarations Page. Two copies of this endorsement have been included – one with a blank signature line and one with “Signature(s) on File” verbiage. The form with blank line(s) will be signed by all Named Insured(s). After receipt of that form, the form with “Signature(s) on File” will be furnished to the insured(s) and agent.

Cameron Mutual Insurance Company (CMIC)
Arkansas Personal/Farm Umbrella
Summary of Changes - Effective August 1, 2008

Contractual Liability Limitation Endorsement (Farm)	UL 08 90	08 08	<u>Replaced Form # UL-890 (03-02)</u> <ul style="list-style-type: none">• Reformatted form and revised policy number to align with automated system
Asbestos Exclusion Endorsement (Personal)	UL 08 91	08 08	<u>Replaced Form # UL-891 (03-02)</u> <ul style="list-style-type: none">• Reformatted form and revised policy number to align with automated system
Designated Products Exclusion Endorsement (Farm)	UL 08 93	08 08	<u>Replaced Form # UL-893 (03-02)</u> <ul style="list-style-type: none">• Reformatted form and revised policy number to align with automated system
Personal Umbrella Limits of Liability Changes Endorsement	UL 08 96	08 08	<u>Replaced Form # UL-896 (03-02)</u> <ul style="list-style-type: none">• Reformatted form and revised policy number to align with automated system• Added 4. to outline handling of non-concurrent policy periods in regard to limits

