

SERFF Tracking Number: FARL-125611524 State: Arkansas  
First Filing Company: Farmland Mutual Insurance Company, ... State Tracking Number: EFT \$100  
Company Tracking Number: A-2008DLWL-7DQL8F  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Agricultural Output, Commercial Output & Commercial Inland Marine  
Project Name/Number: A-2008DLWL-7DQL8F/A-2008DLWL-7DQL8F

## Filing at a Glance

Companies: Farmland Mutual Insurance Company, Nationwide Agribusiness Insurance Company  
Product Name: Agricultural Output, Commercial SERFF Tr Num: FARL-125611524 State: Arkansas  
Output & Commercial Inland Marine

TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$100  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: A-2008DLWL-7DQL8F State Status: Fees verified and received  
Filing Type: Form Co Status: Submitted Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Debby Wensel Disposition Date: 04/21/2008  
Date Submitted: 04/16/2008 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New): 04/21/2008  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 04/21/2008

State Filing Description:

## General Information

Project Name: A-2008DLWL-7DQL8F Status of Filing in Domicile:  
Project Number: A-2008DLWL-7DQL8F Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 04/21/2008 Deemer Date:  
State Status Changed: 04/21/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
CL1045 0108

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: FARL-125611524 State: Arkansas  
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Project Name/Number: A-2008DLWL-7DQL8F/A-2008DLWL-7DQL8F

Debby Wensel, Filings Analyst dwensel@nationwide.com  
1100 Locust Street (515) 508-3658 [Phone]  
Des Moines, IA 50391-3030 (515) 508-3694[FAX]

**Filing Company Information**

Farmland Mutual Insurance Company CoCode: 13838 State of Domicile: Iowa  
1100 Locust Street Group Code: 140 Company Type: Mutual  
Dept 3030  
Des Moines, IA 50391-3030 Group Name: State ID Number:  
(515) 508-3618 ext. [Phone] FEIN Number: 42-0618271  
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Nationwide Agribusiness Insurance Company CoCode: 28223 State of Domicile: Iowa  
1100 Locust Street Group Code: 140 Company Type: Stock  
Dept 3030  
Des Moines, IA 50391-3030 Group Name: State ID Number:  
(515) 508-3618 ext. [Phone] FEIN Number: 42-1015537  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 X 2 companies  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmland Mutual Insurance Company	\$100.00	04/16/2008	19619078
Nationwide Agribusiness Insurance Company	\$0.00	04/16/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/21/2008	04/21/2008

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## Disposition

Disposition Date: 04/21/2008  
Effective Date (New): 04/21/2008  
Effective Date (Renewal): 04/21/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Supporting Documentation	Approved	Yes
Form	POLICYHOLDER DISCLOSURE	Approved	Yes
Form	NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM	Withdrawn	Yes
Form	NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM	Withdrawn	Yes
Form	NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM	Withdrawn	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	POLICYHOLDER DISCLOSURE	CL1045 0108	0108	Disclosure/ New Notice			CL 1045 0108.pdf
Withdrawn	NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM	AGOP021 0108	0108	Disclosure/ Withdrawn Notice	Replaced Form #: Previous Filing #:		AGOP021 0108.pdf
Withdrawn	NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM	COPB068 0108	0108	Disclosure/ Withdrawn Notice	Replaced Form #: Previous Filing #:		COPB068 0108.pdf
Withdrawn	NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM	IMCB346 0108	0108	Disclosure/ Withdrawn Notice	Replaced Form #: Previous Filing #:		IMCB346 0108.pdf

Insurance Company:  
Quote Number:  
Named Insured:

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. See the next page for a further description of an act of terrorism as provided under the Act.

### **ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of your billing notice. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

**Insurers should include the following in a Notice prepared for policies that are subject to Standard Fire Policy statutes with respect to losses resulting from terrorism:**

In the state of \_\_\_\_, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, if you reject the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In this state, the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated below. This premium is due whether or not you reject the offer described above for terrorism coverage.

One of the following premiums is due:

If you accept this offer, the premium for terrorism coverage is \$\_\_\_\_\_

If you reject this offer, the premium for terrorism (fire only) coverage is \$\_\_\_\_\_

\_\_\_\_\_ I accept this offer of terrorism coverage and acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any covered losses resulting from certified acts of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage.

\_\_\_\_\_ I hereby reject this offer of terrorism coverage. I understand that an exclusion of certified terrorism losses will be made part of this policy. I also acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any covered fire losses resulting from certified acts of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage.

**Insurers should include the following premium statement in a Notice prepared for policies that are not subject to Standard Fire Policy statutes with respect to losses resulting from terrorism:**

The portion of your annual premium that is attributable to coverage for acts of terrorism, as defined in the Act, is:

\$\_\_\_\_\_

\_\_\_\_\_ I accept this offer of terrorism coverage and acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any covered losses resulting from certified acts of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage.

\_\_\_\_\_ I hereby reject this offer of terrorism coverage. I understand that an exclusion of certified terrorism losses will be made part of this policy.

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States government generally pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**Policyholder's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

The following excerpt from the Act is provided for your information:

According to Section 102(1) of the Terrorism Risk Insurance Act, as amended, "The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States ---- (i) to be an act of terrorism; (ii) to be a violent act or an act that is dangerous to (I) human life; (II) property; or (III) infrastructure; (iii) to have resulted in damage within the United States, or outside the United States in the case of (I) an air carrier or vessel described in paragraph (5)(B); or (II) the premises of a United States mission; and (iv) to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion." Section 102(1)(B) states, "No act shall be certified by the Secretary as an act of terrorism if (I) the act is committed as part of the course of war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000." Section 102(1)(C) and (D) specify that the determinations are final and not subject to judicial review and that the Secretary of the Treasury cannot delegate the determination to anyone.

Client Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_  
Policy/Quote Number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

**NOTICE – OFFER OF TERRORISM COVERAGE  
NOTICE - DISCLOSURE OF PREMIUM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. See the next page for a further description of an act of terrorism as provided under the Act.

**ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of your billing notice. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. If you choose to reject this coverage, due to specific state requirements indicated below, a premium charge may still apply. The premium for terrorism as stated in the **DISCLOSURE** is subject to change with adjustments to the base policy premium, including audit.

In the state(s) of *California, Georgia, Idaho, Illinois, Iowa, Missouri, New York, North Carolina, Oregon, Virginia, Washington, West Virginia, and Wisconsin*, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, **if you reject** the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In these state(s), the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated in the **DISCLOSURE**. This premium is due whether or not you reject the offer described above for terrorism coverage.

Client Number: \_\_\_\_\_

**DISCLOSURE OF PREMIUM**

If you **accept** this offer, the premium for terrorism coverage is: \$ \_\_\_\_\_

In the state(s) listed above that require fire following coverage, **if you reject this offer**, the premium for this coverage is: \$ \_\_\_\_\_

**You may choose to reject this offer by completing and signing the rejection statement below and returning this form to us.** If you reject this offer, your policy will be written to exclude the described coverage.

\_\_\_\_\_ I hereby **reject** this offer of coverage. I understand that an exclusion of certified terrorism losses will be made part of this policy.

\_\_\_\_\_  
Policyholder's Signature Date

\_\_\_\_\_  
Print Name

## **DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under this formula, the United States government generally pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

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Client Number: \_\_\_\_\_

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See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. If you choose to reject this coverage, due to specific state requirements indicated below, a premium charge may still apply. The premium for terrorism as stated in the **DISCLOSURE** is subject to change with adjustments to the base policy premium, including audit.

In the state(s) of *California, Georgia, Idaho, Illinois, Iowa, Missouri, New York, North Carolina, Oregon, Virginia, Washington, West Virginia, and Wisconsin*, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, **if you reject** the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In these state(s), the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated in the **DISCLOSURE**. This premium is due whether or not you reject the offer described above for terrorism coverage.

**DISCLOSURE OF PREMIUM**

If you **accept** this offer, the premium for terrorism coverage is: \$\_\_\_\_\_

In the state(s) listed above that require fire following coverage, **if you reject this offer**, the premium for this coverage is: \$\_\_\_\_\_

**You may choose to reject this offer by completing and signing the rejection statement below and returning this form to us.** If you reject this offer, your policy will be written to exclude the described coverage.

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\_\_\_\_\_  
Policyholder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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---

Policyholder's Signature

Date

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Print Name

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/21/2008

**Comments:**

**Attachments:**

F777.pdf  
Interline F778 FFS.pdf

**Satisfied -Name:** Supporting Documentation **Review Status:** Approved 04/21/2008

**Comments:**

**Attachments:**

Interline Letter.pdf  
CW Filing Memorandum.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>				
	a. Date the filing is received:				
	b. Analyst:				
	c. Disposition:				
	d. Date of disposition of the filing:				
	e. Effective date of filing:				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

<b>3. Group Name</b>	<b>Group NAIC #</b>
Nationwide Insurance	140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nationwide Agribusiness Insurance Company	Iowa	28223	42-1015537	14
Farmland Mutual Insurance Company	Iowa	13838	42-0618271	14

<b>5. Company Tracking Number</b>	<b>A-2008DLWL-7DQL8F</b>
-----------------------------------	--------------------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Debby Wensel	Forms Analyst	(515) 508-3658	(515) 508-3694	dwensel@nationwide.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Debby Wensel		

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

<b>9. Type of Insurance (TOI)</b>	Agricultural Output, Commercial Output & Inland Marine
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Agricultural Output, Commercial Output & Inland Marine
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: Upon Approval                      Renewal: Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	April 16, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	A-2008DLWL-8DQL8F
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Re: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY FEIN# 42-1015537 NAIC#140-28223  
FARMLAND MUTUAL INSURANCE COMPANY FEIN# 42-0618271 NAIC# 140-13838  
Agricultural Output, Commercial Output & Commercial Inland Marine  
Form Revision  
Company Filing Number: A-2008DLWL-DQL8F  
Proposed Effective Date: Upon Approval New and Renewal

Enclosed as a filing for our Companies is a form revision to our approved Agricultural Output, Commercial Output and Commercial Inland Marine Programs. The attached Filing Memorandum explains in detail the purpose of this filing.

If you have any questions or need additional information, please telephone me collect at (515) 508-3658, by fax at (515) 508-3694 or by e-mail at [dwensel@nationwide.com](mailto:dwensel@nationwide.com).

Thank you for your time and consideration.

Sincerely,

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
FARMLAND MUTUAL INSURANCE COMPANY

Debby Wensel  
Forms Analyst



**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>A-2007DLWL-DQL8F</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	CL1045 0108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	AGOP 021 0108 COPB068 0108 IMCB346 0108	
02	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	AGOP021 0108	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	COPB068 0108	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	IMCB346 0108	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

April 16, 2008

Re: NATIONWIDE AGRIBUSINESS INSURANCE COMPANY NAIC# 140-28223 FEIN# 42-1015537  
FARMLAND MUTUAL INSURANCE COMPANY NAIC# 140-13838 FEIN# 42-0618271  
Commercial Agricultural Output, Commercial Output & Commercial Inland Marine  
Form Revision  
Company Filing Number: A-2008DLWL-7DQL8F  
Proposed Effective Date: Upon Approval New and Renewal

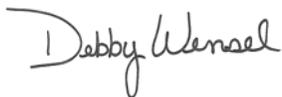
Enclosed as a filing for our companies is a form revision to our approved programs listed above.  
The attached Filing Memorandum explains in detail the changes being made with this filing.

If you have any questions or need additional information, please telephone me collect at (515) 508-3658, by  
fax at (515) 508-3694 or by e-mail at [dwensel@nationwide.com](mailto:dwensel@nationwide.com).

Thank you for your time and consideration.

Sincerely,

NATIONWIDE AGRIBUSINESS INSURANCE COMPANY  
FARMLAND MUTUAL INSURANCE COMPANY

A handwritten signature in cursive script that reads "Debby Wensel". The signature is written in black ink and is positioned above the typed name and title.

Debby Wensel  
Forms Analyst

FARMLAND MUTUAL INSURANCE COMPANY  
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

**FORMS FILING MEMORANDUM**  
**AAIS Agricultural Output Program**  
**Commercial Output Program**  
**Commercial Inland Marine**

With this forms filing, we are withdrawing the Terrorism Disclosure endorsement for the AAIS Commercial Agricultural Output Program, Commercial Output Program and Inland Marine in response to the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007 as follows:

**Withdraw**

**AGOP021 0108 - NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM -**

This form replaced the prior edition form AGOP021 0107, however, we will be using the AAIS Notice-offer of Terrorism Coverage – Disclosure Of Premium – Form **CL1045 0108** instead in order to meet the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007. **All states**

**COPB068 0108 NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM -**

This form replaced the prior edition form COPB068 0107, however, we will be using the AAIS Notice-offer of Terrorism Coverage – Disclosure Of Premium – Form **CL1045 0108** instead in order to meet the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007. **All States**

**IMCB346 0108 - NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM -**

This premium disclosure application form replaced the prior edition disclosure application form IMCB346 0107, however, we will be using the AAIS Notice-offer of Terrorism Coverage – Disclosure Of Premium – Form **CL1045 0108** instead in order to meet the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007. **All States**