

SERFF Tracking Number: SHEL-125628820 State: Arkansas
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1367519 \$50
Company Tracking Number: 03M10208
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)
Product Name: DF
Project Name/Number: Aufranc/

Filing at a Glance

Company: Shelter Mutual Insurance Company

Product Name: DF

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: SHEL-125628820

SERFF Status: Closed

Co Tr Num: 03M10208

Co Status:

Authors: Brian Marcks, Sue Burlingame

Date Submitted: 05/01/2008

State: Arkansas

State Tr Num: #1367519 \$50

State Status: Fees verified and received

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

Disposition Date: 05/09/2008

Disposition Status: Approved

Effective Date Requested (New): 10/19/2008

Effective Date Requested (Renewal): 10/19/2008

Effective Date (New): 10/19/2008

Effective Date (Renewal): 10/19/2008

State Filing Description:

General Information

Project Name: Aufranc

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/09/2008

State Status Changed: 05/09/2008

Corresponding Filing Tracking Number:

Filing Description:

The following Dwelling Fire forms have either been revised or added:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Form B-422.42-B, Dwelling Policy Earthquake Endorsement (Extension of Dwelling, Other Structures, and Personal Property Coverages) has been revised to emphasize that coverage for land rebuilding and stabilization is not provided

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and we added an example of how the percentage deductible applies.

Form B-549.3-B, Construction Theft Endorsement has been revised by removing the 180 day coverage limitation.

New Form B-612.1-B, Repair or Replacement Cost Coverage for Personal Property will now be available.

Rates and rules for these forms are being filed simultaneously in a separate filing (03M10108).

Company and Contact

Filing Contact Information

Brian Marcks, Coordinator of Insurance BCMarcks@shelterinsurance.com
 Department Affairs
 1817 West Broadway (573) 214-4165 [Phone]
 Columbia, MO 65218 (573) 446-7317[FAX]

Filing Company Information

Shelter Mutual Insurance Company CoCode: 23388 State of Domicile: Missouri
 1817 West Broadway Group Code: Company Type:
 Columbia, MO 65218 Group Name: State ID Number:
 (573) 445-8441 ext. [Phone] FEIN Number: 43-0613000

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	05/01/2008	

SERFF Tracking Number: SHEL-125628820 *State:* Arkansas
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1367519	\$50.00	04/30/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	05/09/2008	05/09/2008

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Disposition

Disposition Date: 05/09/2008

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Effective Date (Renewal): 10/19/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Dwelling Policy Earthquake Endorsement (Extension of Dwelling, Other Structures, and Personal Property Coverages)	Approved	Yes
Form	Construction Theft Endorsement	Approved	Yes
Form	Repair or Replacement Cost Coverage for Personal Property	Approved	Yes

SERFF Tracking Number: SHEL-125628820 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dwelling Policy Earthquake Endorsement (Extension of Dwelling, Other Structures, and Personal Property Coverages)	B-422.42-B		Endorsement/Amendment/Conditions	Replaced Form #:0.00 B-422.16-B Previous Filing #:		B422-42B.pdf
Approved	Construction Theft Endorsement	B-549.3-B		Endorsement/Amendment/Conditions	Replaced Form #:0.00 B-549.2-B Previous Filing #:		B-549.3-B.pdf
Approved	Repair or Replacement Cost Coverage for Personal Property	B-612.1-B		Endorsement/Amendment/Conditions		0.00	B-612.1-B.pdf

DWELLING POLICY **EARTHQUAKE** ENDORSEMENT
(EXTENSION OF DWELLING, OTHER STRUCTURES, and PERSONAL PROPERTY COVERAGES)

WHAT WE INSURE UNDER THIS EXTENSION OF COVERAGES

For the additional premium paid, **we** agree to extend Dwelling Coverage, Other Structures Coverage, and Personal Property Coverage to accidental direct physical loss caused by **earthquake**, subject to all the terms and conditions of those coverages except as modified by this endorsement.

EXCLUSIONS TO THIS EXTENSION OF COVERAGES

For claims made under this endorsement **we** will apply all exclusions related to any applicable coverage except exclusion 2 under the heading: "**EXCLUSIONS**". The following exclusions are added and will also apply to claims made under this endorsement:

ADDITIONAL EXCLUSIONS APPLICABLE TO DWELLING COVERAGE AND OTHER STRUCTURES COVERAGE

We do not cover any loss or damage if it would not have occurred in the absence of any event or condition listed below. That loss or damage is excluded from coverage regardless of:

- (a) the proximate cause of that event or condition;
- (b) the efficient proximate cause of that event or condition;
- (c) the fact that other events or conditions, which are not excluded, caused the loss or damage;
- (d) the fact that other events or conditions, which are not excluded, contributed to the loss or damage;
- (e) the sequence of the events or conditions that caused the loss or damage;
- (f) whether the events and conditions that caused the loss or damage occurred suddenly or gradually;
- (g) whether the loss or damage is isolated or widespread;
- (h) whether the loss or damage arises from natural forces or human forces or a combination of such forces; or
- (i) whether the loss or damage was caused by internal forces, external forces, or a combination of such forces.

1. Movement of materials that support, or surround, a structure, unless it is caused directly by an **earthquake**.
2. The sinking, rising, shifting, expanding, or contracting, of earth, or any other supporting or surrounding material, unless it is caused directly by an **earthquake**.
3. Landslides, sinking of ground, subsidence, or erosion, unless it is caused directly by an **earthquake**.
4. Flood or tidal wave, irrespective of its cause and irrespective of the fact that an **earthquake** contributed to its cause.
5. Volcanic explosions, lava flow, mudflow, or mudslides, irrespective of its cause and irrespective of the fact that an **earthquake** contributed to its cause.
6. Movement of materials surrounding covered property resulting from improper construction or compaction, or improper site selection, irrespective of the fact that an **earthquake** contributed to its movement.

We do cover accidental direct physical loss caused by fire, if that fire occurs subsequent to any of these causes.

We do not cover damage caused by any **earthquake** or aftershock that occurs after the expiration of this policy.

We do not cover any cost:

1. required to replace, rebuild, stabilize, or otherwise restore, supporting, or surrounding, material, irrespective of the fact that an **earthquake** necessitated such replacement, rebuilding, stabilization or restoration;
2. associated with any repair technique designed to compensate for, or prevent, the instability of supporting, or surrounding, material, irrespective of the fact that an **earthquake** necessitated such repair technique.

HOW WE WILL SETTLE CLAIMS MADE UNDER THIS EXTENSION OF COVERAGES

We will settle all claims made under this endorsement in accordance with the section of the policy headed: "**CONDITIONS, 2. How Losses Are Settled**" except that **we** will apply the deductibles set out in this endorsement and not those set out in the policy.

DEDUCTIBLES THAT APPLY TO THIS EXTENSION OF COVERAGES

The deductibles stated in the policy and all provisions related to that deductible do not apply to claims made under this endorsement.

When paying claims made under this endorsement, **we** will apply a separate **earthquake deductible** to all claims paid under each specific coverage. This is a different method of applying deductibles than that used under other portions of this policy and is used only for **earthquake** related claims.

(For example: if the limit of Dwelling Coverage were \$100,000, the limit of Other Structures Coverage \$10,000, the limit of Personal Property coverage \$55,000; and the deductible percentage shown in the Declarations for this endorsement were 15%; a separate **earthquake deductible** for Dwelling Coverage claims of \$15,000 would be applied; a separate **earthquake deductible** for Other Structures Coverage claims of \$1,500 would be applied; and a separate **earthquake deductible** of \$8,250 for Personal Property claims would be applied.)

ADDITIONAL DEFINITIONS USED IN THIS EXTENSION OF COVERAGES

All of the definitions stated in the policy apply to claims made under this endorsement and, in addition, the following definitions are added:

1. **Earthquake** means seismic event consisting of one or more scientifically measurable tremors or shocks. All such tremors or shocks that occur within any period of seventy-two hours constitute a single **earthquake** under the terms of this endorsement.
2. **Earthquake deductible** means the specified percentage of the coverage amount shown in the Declarations related to this endorsement.

B-422.42-B

CONSTRUCTION THEFT ENDORSEMENT

For an additional premium, the policy is amended as follows:

1. **We** cover loss by theft from a dwelling under construction of materials and supplies for use in its construction while on the **residence premises**. Coverage includes theft of materials and supplies that have become a permanent part of the dwelling.
2. Exclusion. Coverage does not apply to loss:
 - (a) caused by theft, wrongful conversion, secretion or infidelity of the **insured**;
 - (b) caused by theft, wrongful conversion, secretion or infidelity of **your** employees or person to whom **your** property is entrusted;
 - (c) caused by or resulting from mysterious disappearance discovered through inventory or loss by other unaccountable shortages; or
 - (d) to tools and equipment used in building construction.
3. Loss Deductible. **We** will pay only that part of a covered loss over any deductible shown on the Declarations.
4. Conditions. Proof of loss of theft must be shown by **you** before being entitled to benefits under this coverage. **You** must give immediate notice to the appropriate law enforcement officers. No reward for recovery shall be offered by **you** except at **your** own cost.
5. Cancellation. The cancellation conditions of this policy are changed to include: If **you** request cancellation, the premium charged for this endorsement is fully earned at the inception of the term and no premium will be returned. If cancellation is at **our** request, the return premium will be prorated.
6. Limitation. This endorsement ends when the term of the current policy which contains this endorsement ends.

All other provisions of this policy apply.

REPAIR OR REPLACEMENT COST COVERAGE FOR PERSONAL PROPERTY

For the additional premium **you** paid, **we** have added the following provision to **your** policy under the heading: **“How Losses Are Settled”**:

- (c) If **we** paid the **actual cash value** due under the Personal Property Coverage and **you** incurred costs in excess of that amount for repairing or replacing the damaged property with property of like kind and quality, **we** will reimburse **you** for those additional costs, up to the limits of this policy, provided the costs were:
 - (a) incurred within two years from the date of the covered loss; and
 - (b) included in the amount that **we** agreed was the cost of repair or replacement when **we** calculated the **actual cash value** paid.

B-612.1-B

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status:

Approved

05/09/2008

Comments:

Please see attachment.

Attachment:

ARPCTD-1 _Mutual Dwelling Fire_.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-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">New Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Renewal Business</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Shelter Insurance Companies	123

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Shelter Mutual Insurance Company	MO	23388	43-0613000	

5. Company Tracking Number	03M10208
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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
	Brian Marcks	Coordinator of Insurance Dept. Affairs	573-214-4165	573-446-7317	BCMarcks@Shelterinsurance.com
	1817 West Broadway Columbia, MO 65218				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Brian Marcks		

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

9.	Type of Insurance (TOI)	1.0
10.	Sub-Type of Insurance (Sub-TOI)	1.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Dwelling Fire
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: 10/19/2008 Renewal: 10/19/2008

Property & Casualty Transmittal Document---

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	May 1, 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

20.	This filing transmittal is part of Company Tracking #	03M10208
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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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The following forms have either been revised or added:

Form B-422.42-B, DWELLING POLICY EARTHQUAKE ENDORSEMENT (EXTENSION OF DWELLING, OTHER STRUCTURES, and PERSONAL PROPERTY COVERAGES) has been revised.

Form B-549.3-B, Construction Theft Endorsement has been revised by removing the 180 day coverage limitation.

A new form introduced where Repair or Replacement coverage can be purchased for Personal Property.

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]
<p>Check #: 1367519 Amount: \$50</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.