

SERFF Tracking Number: SHEL-125646748 State: Arkansas
Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1368558 \$100
Company Tracking Number: 03M20A208
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: HOPS
Project Name/Number: Lammers/

Filing at a Glance

Company: Shelter Mutual Insurance Company

Product Name: HOPS

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI
Combinations

Filing Type: Rule

SERFF Tr Num: SHEL-125646748 State: Arkansas

SERFF Status: Closed

Co Tr Num: 03M20A208

Co Status:

Authors: Brian Marcks, Sue
Burlingame

Date Submitted: 05/21/2008

State Tr Num: #1368558 \$100

State Status: Fees received

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

Disposition Date: 05/28/2008

Disposition Status: Filed

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: Lammers

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 05/28/2008

State Status Changed: 05/27/2008

Corresponding Filing Tracking Number:

Filing Description:

With this filing, we are limiting the maximum payment on losses on the Dwelling and Other Building Structures in our Homeowners - Platinum Shield program, to 125% of the Dwelling and Other Structures Coverage on the Declarations.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

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 Product Name: HOPS
 Project Name/Number: Lammers/

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: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|--------|----------------|---------------|
| Shelter Mutual Insurance Company | \$0.00 | 05/21/2008 | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 1368558 | \$100.00 | 05/14/2008 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Becky Harrington | 05/28/2008 | 05/28/2008 |

SERFF Tracking Number: *SHEL-125646748*

State: *Arkansas*

Filing Company: *Shelter Mutual Insurance Company*

State Tracking Number: *#1368558 \$100*

Company Tracking Number: *03M20A208*

TOI: *04.0 Homeowners*

Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*

Product Name: *HOPS*

Project Name/Number: *Lammers/*

Disposition

Disposition Date: 05/28/2008

Effective Date (New): 10/19/2008

Effective Date (Renewal): 10/19/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125646748 State: Arkansas
 Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1368558 \$100
 Company Tracking Number: 03M20A208
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HOPS
 Project Name/Number: Lammers/

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|---|--------------------|----------------------|
| Supporting Document | HPCS-Homeowners Premium Comparison Survey | | No |
| Supporting Document | NAIC loss cost data entry document | | No |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | | No |
| Supporting Document | Uniform Transmittal Document-Property &Filed Casualty | | Yes |
| Rate | Manual Page | Filed | Yes |

SERFF Tracking Number: *SHEL-125646748* *State:* *Arkansas*
Filing Company: *Shelter Mutual Insurance Company* *State Tracking Number:* *#1368558 \$100*
Company Tracking Number: *03M20A208*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *HOPS*
Project Name/Number: *Lammers/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125646748 State: Arkansas
 Filing Company: Shelter Mutual Insurance Company State Tracking Number: #1368558 \$100
 Company Tracking Number: 03M20A208
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: HOPS
 Project Name/Number: Lammers/

Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|---------------|-------------------|-------------|---|
| Filed | Manual Page | GR-3 | Replacement | AR PS GR 10-19-2008-Loss Settlement.pdf |

COVERAGES

1. STANDARD AMOUNTS AND DESCRIPTION OF COVERAGES

The following is a general description of policy limits and coverages provided.

The policy should be consulted for exact contract coverages, conditions and exclusions. Additional amounts of coverage may be purchased where indicated.

A. Section I Coverages - Property Damage

1) Basic Limits

| <u>Coverage</u> | <u>Items</u> | <u>Amount</u> | <u>Additional Limits Available</u> |
|-----------------|---|---------------|------------------------------------|
| A | Dwelling | Base Coverage | |
| B | Other Structures | 10% of A | Yes |
| C | Personal Property | 75% of A | Yes |
| D | Additional Living Expense and Loss of Rents | 50% of A | Yes |

2) Covered Perils

Coverages A and B - Accidental direct physical loss with certain exclusions.

| Coverage C - | Perils |
|---------------------------------|---|
| Fire or Lightning | Falling objects |
| Windstorm or Hail | Weight of ice, snow or sleet |
| Explosion | Collapse of buildings or any part of a building |
| Riot or Civil Commotion | Sudden and accidental tearing apart, cracking, burning or bulging |
| Aircraft | Accidental discharge or overflow of water or steam |
| Vehicles | Freezing |
| Smoke | Sudden and accidental loss caused by artificially generated electrical currents |
| Vandalism or Malicious Mischief | |
| Theft or Attempted Theft | |
| Breakage of Glass | |
| Volcanic Eruption | |

3) Loss Settlement

The maximum payment on losses to the Dwelling and Other Building Structures is limited to 125% of the limits of the Dwelling and Other Structures Coverage on the declarations. This includes loss to roof surfacing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Filed 05/28/2008

Comments:

Please see attachment.

Attachment:

AR PS Transmittal.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 | 03M20A208 |
|-----------------------------------|------------------|

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 1817 West Broadway Columbia, MO. 65218 | Coordinator of Insurance Dept. Affairs | 573-214-4165 | 573-446-7317 | bcmarcks @shelterinsurance.com |
| | | | | | |

| | | |
|----|---------------------------------------|--------------|
| 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) | 04.0 |
| 10. | Sub-Type of Insurance (Sub-TOI) | 04.0000 |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | N/A |
| 12. | Company Program Title (Marketing title) | Homeowners Platinum Shield |
| 13. | Filing Type | <input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. | Effective Date(s) Requested | New: 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 21, 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 # | 03M20A208 |
|------------|--|-----------|

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

With this filing we are limiting the maximum payment on losses on the Dwelling and Other Building Structures to 125% of the Dwelling and Other Structures Coverage on the declaration. This change can be found on manual page GR-3.

| | |
|---|---|
| 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 #: 1368558 Amount: \$100.00</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.