

SERFF Tracking Number: ARKS-125663279 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: #53861 \$50
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY
Product Name: n/a SERFF Tr Num: ARKS-125663279 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #53861 \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Disposition Date: 06/02/2008
Date Submitted: 05/22/2008 Disposition Status: Approved
Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/02/2008
State Status Changed: 06/02/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com

SERFF Tracking Number: ARKS-125663279 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL State Tracking Number: #53861 \$50
INSURANCE COMPANY
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied
Lines)
Product Name: n/a
Project Name/Number: /

NA (123) 555-4567 [Phone]

NA, AR 00000

Filing Company Information

22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

CoCode: 22098

State of Domicile: Arkansas

No Address

Group Code:

Company Type:

City, AR 99999

Group Name:

State ID Number:

(999) 999-9999 ext. [Phone]

FEIN Number: 99-9999999

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/02/2008	06/02/2008

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Disposition

Disposition Date: 06/02/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125663279		Yes

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Rate Information

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Product Name: n/a

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Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125663279

06/03/2008

Comments:

Attachment:

ARKS-125663279.pdf



**GRAIN DEALERS MUTUAL
INSURANCE COMPANY**

6201 CORPORATE DRIVE • INDIANAPOLIS, INDIANA 46278 • PHONE 317-388-4500 • FAX 317-295-9434
WEBSITE: www.graindealers.com

ARKS-12566327R

53861
50.00

May 19, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

NAIC #082 22098
Commercial Property
Assisted Living Centers
Form CP 000 12a (Ed 06/08)

Attention: Property & Casualty Division

Dear Property & Casualty Division:

Grain Dealers Mutual Insurance Company, a member of the Insurance Services Office, hereby files its Commercial Property Assisted Living Centers Form CP 000 12a (Ed 06/08).

We are requesting the enclosed form be available for all policies written on or after October 1, 2008.

Enclosed is an extra copy of this filing and a self-addressed, postage-paid envelope for your convenience in notifying us of your approval.

Respectfully,

Pamela L. Holliday

Pamela L. Holliday
State Filings Coordinator
phollida@graindealers.com

PLH/po

Enc. Duplicate #1

Approved until withdrawn
or revoked

JUN 02 2008

Arkansas Insurance Department

By: *AK*

RECEIVED

MAY 22 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p> <p style="font-size: 1.2em; font-weight: bold;">Approved until withdrawn or revoked</p> <p style="font-size: 1.5em; font-weight: bold;">JUN 02 2008</p> <p style="font-weight: bold;">Arkansas Insurance Department</p> <p>By: <i>[Signature]</i></p>
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2. Insurance Department Use only	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Grain Dealers Group	082

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Grain Dealers Mutual Insurance Company	IN	22098	35-0344630	N/A

RECEIVED

MAY 22 2008

5. Company Tracking Number	N/A
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PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Pamela L. Holliday 6201 Corporate Drive Indianapolis, IN 46278	State Filings Coordinator	800.428.7081 ext 4515	888.436.1902	phollida@graindealers.com

7. Signature of authorized filer	<i>Pamela L. Holliday</i>
8. Please print name of authorized filer	Pamela L. Holliday

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

9. Type of Insurance (TOI)	Commercial Property
10. Sub-Type of Insurance (Sub-TOI)	Commercial Property
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	Commercial Property
12. Company Program Title (Marketing title)	Commercial Property
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: 10/01/08 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	

17. Reference Organization # & Title	
18. Company's Date of Filing	May 19, 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 #	N/A
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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]

We are filing our Commercial Property Assisted Living Centers Form (CP 000 12a (Ed 06/08)).

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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Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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Effective March 1, 2007

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

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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 #	N/A			
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	Commercial Property Assisted Living Centers	CP 000 12a (Ed 06/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL PROPERTY ***Assisted Living Centers***

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

The following Coverage Extensions and Additional Coverages are being added to the Building and Personal Property Coverage Form subject to the terms and conditions applicable to property coverage in this policy.

I. COVERAGE EXTENSIONS

A. Appurtenant Structures

1. The property covered under paragraph A.1. is extended to include any structures on or within 100 feet of the described premises.
2. The most we will pay under this extension is the lesser of:
 - a. 10% of the Building Limit for the designated premises shown in the Declarations, or
 - b. \$25,000.
3. This extension does not apply to buildings and structures otherwise described in the Declarations.

B. Fire Department Service Charge

1. The amount we will pay under paragraph A.4.c is increased to \$2,500

C. Newly Acquired or Constructed Property

1. The amount we will pay under paragraph A.5.a.(1) for new Buildings is increased to \$500,000.
2. The amount we will pay under paragraph A.5.a.(2) for new Business Personal Property is increased to \$250,000.

D. Mini-Computer Media Coverage

Under **A. Coverage, 4. Additional Coverages, f. Electronic Data**, paragraph (4) is amended to increase the most we will pay under the Additional Coverage-Electronic Data to **\$10,000**.

E. Personal Effects and Property of Others Including Residents

Paragraph A.5.b. Is deleted in its entirety and replaced as follows.

You may extend the insurance that applies to Your Business Personal Property to apply to:

- (1) Personal effects owned by you, your officers, your partners or members, your managers, or your employees. This extension does not apply to loss or damage by theft.
- (2) Personal property of others, including residents, in your care, custody or control.

The most we will pay for loss or damage under this extension is \$10,000 at each described premises. Our payment for loss of or damage to personal property of others including residents will only be for the account of the owner of the property.

F. Valuable Papers and Records - Cost of Research

1. The amount we will pay under paragraph A.5.c. is increased to \$10,000.

G. Property Off-Premises

1. The insurance coverage provided under paragraph A.5.d. is extended to include Property in Transit as defined and otherwise excluded in paragraph (2).
2. The amount we will pay under paragraph A.5.d. is increased to \$25,000.

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H. Outdoor Property

1. The property covered under paragraph A.5.e. is extended to include canopies.
2. The Covered Causes of Loss in paragraph A.5.e. for Signs (other than signs attached to buildings) will be the same as provided in the applicable Causes of Covered Loss Form as shown in the Declarations.
3. The amount we will pay under paragraph A.5.e. is increased to \$5,000.
 - a. The amount we will pay for any one tree, shrub, or plant is increased to \$500.
4. All loss:
 - a. Caused by one or more persons; or
 - b. Involving a single act or series of related acts; is considered one occurrence.
 - c. You must keep records of all money and securities so we can verify the amount of any loss or damage.
5. The deductible clause will apply to this Additional Coverage.

II. ADDITIONAL COVERAGE

A. Money and Securities

1. We will pay for loss of money and securities used in your business while at a bank or savings institution, within your living quarters or the living quarters of your partners or any employee having use and custody of the property, at the described premises, or in transit between any of these places, resulting directly from:
 - a. Theft, meaning any act of stealing;
 - b. Disappearance; or
 - c. Destruction
2. In addition to the Exclusions and Limitations applicable to property coverage, we will not pay for loss:
 - a. Resulting from accounting or arithmetical errors or omissions;
 - b. Due to the giving or surrendering of property in any exchange or purchase; or
 - c. Of property contained in any money operated device unless the amount of money deposited in it is recorded by a continuous recording instrument in the device.
3. The most we will pay for loss in any one occurrence is:
 - a. \$5,000 Inside the Premises for money and securities while:
 - (1) In or on the described premises; or
 - (2) Within a bank or savings institution;
 - b. \$2,000 Outside the Premises for money and securities while anywhere else.

B. Accounts Receivable

1. You may extend the insurance that applies to Business Personal Property to apply to accounts receivable. We will pay:
 - a. All amounts due from your customers that you are unable to collect;
 - b. Interest charges on any loan required to offset amounts you are unable to collect pending our payment of these amounts;
 - c. Collection expenses in excess of your normal collection expenses that are made necessary by loss or damage; and
 - d. Other reasonable expenses that you incur to re-establish your records of accounts receivable;that result from direct physical loss or damage by any Covered Cause of Loss to your records of accounts receivable.
2. The most we will pay under the Coverage Extension for loss or damage in any one occurrence at the described premises is \$25,000.

For accounts receivable not at the described premises, the most we will pay is \$2,500.
3. The following additional exclusions apply to this Coverage Extension:
 - a. We will not pay for loss or damage caused by or resulting from electrical or magnetic injury, disturbance or erasure of electronic recordings that is caused by or results from:
 - (1) Programming errors or faulty machine instructions;
 - (2) Faulty installation or maintenance of data processing equipment or component parts;

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But we will pay for direct loss of damage caused by lightning.

b. We will not pay for:

- (1) Loss or damage caused by or resulting from alteration, falsification, concealment or destruction of records of accounts receivable done to conceal the wrongful giving, taking or withholding of money, securities or other property.

This exclusion applies only to the extent of the wrongful giving, taking or withholding.

- (2) Loss or damage caused by or resulting from bookkeeping, accounting or billing errors or omissions.
- (3) Any loss or damage that requires any audit of records or any inventory computation to prove its factual existence.

4. The deductible clause will apply to this Additional Coverage.

C. Fire Extinguisher Recharging Expense

1. The insured may apply up to \$2,500 for costs incurred for recharging portable fire extinguishers or fixed fire extinguishing systems if they are discharged while attempting to extinguish fire threatening property insured under this policy.
2. The deductible clause does not apply to this Additional Coverage.

D. Crime Reward

1. The Company agrees to pay an amount equal to 10% of the loss up to \$10,000 to anyone, other than the insured, providing information that leads to a conviction for a crime, to the property insured under this policy.
2. The deductible clause does not apply to this Additional Coverage.

E. Lock and Key Replacement

1. The Insured may apply up to \$1,000 for the cost of replacing any locking devices

used to secure Covered Property at the premises described in the Declarations due to direct physical loss of or damage caused by or resulting from any Covered Cause of Loss.

2. The deductible clause does not apply to this Additional Coverage.

F. Back Up of Sewers, Drains or Sumps

1. The insured may apply up to \$5,000 for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by water that backs up or overflows from a sewer, drain or sump.
2. This Additional Coverage does not alter or apply to the definitions and limitations for Fungus, Wet Rot, Dry Rot, and Bacteria as provided in the Causes of Covered Loss Form shown in the Declarations.
3. The deductible clause will apply to this Additional Coverage.

G. Fine Arts

1. The insured may apply up to \$10,000 for direct physical loss of or damage to Fine Arts at the premises described in the Declarations caused by or resulting from any Covered Cause of Loss.
 - a. The most we will pay for any one item is \$2,500.
2. This Additional Coverage will not apply to articles separately described and specifically insured in this or other insurance.
3. The deductible clause will apply to this Additional Coverage.

H. Mechanical Breakdown

You may apply up to \$15,000 of the building limit for direct damage to Covered Property caused by an Accident to an Object. The Object must be:

1. Owned by you or in your care, custody or control; and
 - a. At the described premises. Accident means a sudden and accidental breakdown of the Object or a part of the Object. At the time the breakdown occurs, it must manifest itself by physical damage to the Object that necessitates repair or replacement.

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b. None of the following is an Accident:

- (1) Depletion, deterioration, corrosion or erosion;
- (2) Wear and tear;
- (3) Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;
- (4) Breakdown of any vacuum tube, gas tube or brush;
- (5) Breakdown of any "computer", including "computer(s)" used to operate production type machinery or equipment;
- (6) Breakdown of any structure or foundation supporting the Object or any of its parts
- (7) The functioning of any safety or protective device; or
- (8) The explosion of gases or fuel within the furnace of any Object or within the flues or passages through which the gases of combustion pass.

c. Object means any of the following equipment:

- (1) Boiler and Pressure Vessels
 - (a) Steam heating boilers and condensate return tanks used with them;
 - (b) Hot water heating boilers and expansion tanks used with them;
 - (c) Hot water supply boilers;
 - (d) Other fired or unfired vessels used for maintenance or service of the described premises but not used for processing or manufacturing;
 - (e) Steam boiler piping, valves, fittings, raps and separators, but only if they:
 - (i) Are on your premises or between parts of your premises;
 - (ii) Contain steam or condensate of steam; and

(iii) Are not part of any other vessel or apparatus;

(f) Feed water piping between any steam boiler and a feed pump or injector.

(2) Air Conditioning Units - Any air conditioning unit that has a capacity of 60,000 Btu or more, including:

(a) Inductors, convectors and coils that make use of a refrigerant and form part of a cooling, humidity control or space heating system;

(b) Interconnecting piping, valves and fittings containing only a refrigerant, water, brine or other solution;

(c) Vessels heated directly or indirectly that:

(i) Form part of an absorption type system: and

(ii) Function as a generator, regenerator or concentrator;

(d) Compressors, pumps, fans and blowers used solely with the system together with their driving electric motors; and

(e) Control equipment used solely with the system.

d. Object does not mean:

(1) As Boiler and Pressure Vessels:

(a) Equipment that is not under internal vacuum or internal pressure other than weight of contents;

(b) Boiler settings;

(c) Insulating or refractory material; or

(d) Electrical, reciprocation or rotating apparatus within or forming a part of the boiler or vessel.

(2) As Air Conditioning Units, any:

(a) Vessel, cooling tower, reservoir or other source of cooling water for a condenser or compressor,

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or any water piping leading to or from that source; of

(b) Wiring or piping leading to or from the unit.

e. We will not pay for an Accident to any Object while being tested.

2. The deductible clause will apply to this Additional Coverage.

I. Spoilage Coverage

The Spoilage Coverage form is attached with a \$5,000 Limit of Insurance.

J. Business Income and Extra Expense- Including Emergency Evacuation Expense

You may extend the insurance provided by this Coverage Form to apply to the Business Income (and Extra Expense) and Utility Services - Time Element Forms. Extra Expense includes emergency evacuation expense. This extension applies only if loss or damage is caused by a Covered Cause of Loss.

The most we will pay for loss or damage under this Extension is \$50,000. However, this Extension is in addition to any Business Income and Extra Expense limit shown in the Declarations.

The deductible clause does not apply to this extension.

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