

SERFF Tracking Number: FARL-125709775 State: Arkansas
 First Filing Company: Farmland Mutual Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: A-2008DAVW-7FVPN6
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0004 Manufacturers Output
 Liability
 Product Name: Commercial Output Program
 Project Name/Number: Revised Form Filing - COPB075 /A-2008DAVW-7FVPN6

Filing at a Glance

Companies: Farmland Mutual Insurance Company, Nationwide Agribusiness Insurance Company
 Product Name: Commercial Output Program SERFF Tr Num: FARL-125709775 State: Arkansas
 TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
 Sub-TOI: 05.0004 Manufacturers Output Co Tr Num: A-2008DAVW-7FVPN6 State Status: Fees verified and received
 Filing Type: Form Co Status: Submitted Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Author: Deb Weerd Disposition Date: 06/27/2008
 Date Submitted: 06/26/2008 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: Revised Form Filing - COPB075 Status of Filing in Domicile: Authorized
 Project Number: A-2008DAVW-7FVPN6 Domicile Status Comments:
 Reference Organization: n/a Reference Number: n/a
 Reference Title: n/a Advisory Org. Circular: n/a
 Filing Status Changed: 06/27/2008
 State Status Changed: 06/27/2008 Deemer Date:
 Corresponding Filing Tracking Number: A-2008DAVW-7FVPN6

Filing Description:

This forms filing we are submitted replaces COPB075 0505 edition. We have changed language to clarify intent. We are asking for an effective date of 8/1/08 for new and renewal business.

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Company and Contact

Filing Contact Information

Deb Vande Weerd, State Filing Analyst dvandewe@nationwide.com
 1100 Locust Street (515) 508-3447 [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

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 filing x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmland Mutual Insurance Company	\$50.00	06/26/2008	21115113
Nationwide Agribusiness Insurance Company	\$0.00	06/26/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/27/2008	06/27/2008

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Disposition

Disposition Date: 06/27/2008
Effective Date (New): 08/01/2008
Effective Date (Renewal): 08/01/2008
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
Form	Controlled Atmosphere Storage & Chemical Injury Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Controlled Atmosphere Storage & Chemical Injury Coverage	COPB075	0508	Endorsement/Amendment/Conditions	Replaced Form #: COPB075 0505 Previous Filing #:		COPB075 0508.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CONTROLLED ATMOSPHERE STORAGE AND CHEMICAL INJURY
COVERAGE**

This endorsement modifies insurance provided under the following:

Commercial Output Program-Property Coverage Part CO-1000

SCHEDULE

Limits of Insurance

Blanket Limit At All Scheduled Locations:

\$ _____ Per Occurrence/\$ _____ Annual Aggregate

Blanket Limit At All Unscheduled Locations:

\$ _____ Per Occurrence/\$ _____ Annual Aggregate

Deductible

The deductible is 10% of the amount of the loss or damage subject to a minimum deductible of \$25,000 unless a different deductible is shown below:

DEFINITIONS

As it relates to this endorsement, the following is added to the **DEFINITIONS** sections:

“Chemical Injury” means any loss or damage caused by or resulting from exposure of “perishable stock” to a chemical or chemicals normally associated with processing, packing or climatic controlled storage, but only if such exposure occurs during processing, packing or climate controlled storage and is the direct result of:

- a. An error or omission by “you” or “your” employee; or
- b. A malfunction of equipment.

PROPERTY COVERED

As it relates to this endorsement only, Property Covered means:

- 1. The type of “perishable stock” described in the Schedule at all covered locations and newly acquired locations as described in the schedule that is:
 - a. Property owned by “you”, or;
 - b. Property of Others that is held under a storage contract or specific agreement.

PERILS COVERED

As it relates to this endorsement, the following is added to PERILS COVERED:

- A. "We will pay for damage to "perishable stock" at premises shown in the Schedule and newly acquired locations "you" lease, rent or borrow, caused directly by or resulting from:
1. Unintended and improper temperature or humidity or mixture of gas levels (such as Carbon Dioxide, Oxygen, and Nitrogen) in controlled atmosphere storage or refrigerated space; resulting from:
 - a. An accidental and specifically identified error or omission by:
 - (1) "You"
 - (2) "Your" employee; or
 - (3) The owner or employee of non-owned facilities providing "you" controlled atmosphere storage under written contract; or
 - b. Malfunction of refrigerating, controlled atmosphere or humidity control apparatus or equipment, only while such equipment or apparatus is at the storage premises.
 2. "Chemical injury" to "perishable stock" during processing, packing or storage; resulting from:
 - a. An accidental and specifically identified error or omission by
 - (1) "You"; or
 - (2) "Your" employee.
 - b. Malfunction of equipment used to introduce or control the application of chemicals.

COVERAGE EXTENSIONS

As it relates to this endorsement, COVERAGE EXTENSIONS do not apply to this endorsement.

SUPPLEMENTAL COVERAGES

As it relates to this endorsement, SUPPLEMENTAL COVERAGES do not apply to this endorsement.

SUPPLEMENTAL MARINE COVERAGES

As it relates to this endorsement, SUPPLEMENTAL MARINE COVERAGES do not apply to this endorsement.

PERILS EXCLUDED

The following Exclusions are added to the PERILS EXCLUDED section 1. :

- i. Dishonest or criminal act by "you", any of "your partners", employees, directors, trustees, authorized representatives or anyone to whom "you" entrust the "perishable stock" for any purpose (other than a bailee for hire):
 - (1) Whether acting alone or in collusion with others; and
 - (2) Whether or not occurring during the hours of employment

This exclusion does not apply to acts of destruction by "your" employees.

- j. Any substandard condition of disease, fungus or defect in the “perishable stock” prior to being placed in storage regardless of Cause, including but not limited to bitter pit, brown core, stem cavity browning, boron deficiency cork, cork Spot, drought spot, internal breakdown, internal browning, Jonathan spot, ordinary scald, senescent scald, superficial scald, soft scald, soggy breakdown, water core, black end, boron deficiency pitting, core breakdown and green stain.
- k. Delay in placing the “perishable stock” in storage, subject to usual storage conditions, in accordance with standard industry procedures. But this exclusion does not apply to storage delays due to direct physical loss of or damage to property identified in the Schedule of this endorsement, caused by or resulting from perils insured against under this policy.
- l. “Perishable stock” stored longer than the normal storage life of such “perishable stock” or twelve months, whichever is less.
- m. Fungus, viruses, insects, rodents or other animals.
- n. The intentional use of agricultural chemicals other than as specified by the manufacturer or the intentional violation of any Federal, State or local regulation regarding the use of such chemicals.
- o. The disconnection of any refrigerating, cooling or humidity control system from the source of power.
- p. The deactivation of electrical power caused by the manipulation of any switch or other device used to control the flow of electrical power or current.
- q. The inability of an Electrical Utility Company or other power source to provide sufficient power due to:
 - (1) Lack of fuel; or
 - (2) Governmental order.
- r. The inability of a power source at the covered location indicated in the schedule to provide sufficient power due to lack of generating capacity to meet demand.
- s. The expense of any product recall.
- t. Damage to “perishable stock” from exposure to chemicals prior to being harvested.
- u. Contamination from the release of refrigerant, including but not limited to ammonia.
- v. Damage resulting from atmospheric settings intended by the insured that are later determined to be incorrect for the type of “perishable stock”.
- w. An accident that is covered under any Boiler and Machinery, Systems Breakdown, Equipment Breakdown or similar coverage form or endorsement.
- x. Damage resulting from the application of any chemical containing Captan, Methylcyclopropene (MCP) or any generic equivalent.

As it relates to this endorsement, 2.r. of the PERILS EXCLUDED section is deleted.

As it relates to this endorsement, 2.d. of the PERILS EXCLUDED section is deleted and replaced with the following:

- d. **Contamination or Deterioration**—“We” do not pay for loss caused by contamination or deterioration, involving corrosion, decay, fungus, mildew, mold, rot, rust, or any quality, fault or weakness in covered property that causes it to damage or destroy itself except for coverage provided under this endorsement for “perishable stock”.

But if contamination or deterioration results in a “Specified Peril” or breakage of building glass, “we” cover the loss or damage caused by that “specified peril” or breakage of building glass.

This exclusion does not apply to loss caused by corrosion, decay, fungus, mildew, mold, rot, or rust to “computers” that results from direct physical damage by a covered peril to the air conditioning system that services “your” “computers”.

HOW MUCH WE PAY

The following is added to the HOW MUCH WE PAY section as it relates to this endorsement:

The most “we” will pay under this endorsement for loss or damage in any one occurrence is the applicable limit shown in the Schedule of this endorsement. The applicable annual aggregate limit is the most “we” will pay for all covered losses under this endorsement during the policy period. The Limits described above do not apply or include business income coverage.

Expenses to Reduce Damage

“We” will also pay necessary expenses incurred to reduce further damage to “perishable stock”. The amount “we” pay for this expense is limited to the amount that would have otherwise been payable under A. of PERILS COVERED above.

OTHER CONDITIONS

The following are added to the OTHER CONDITIONS section:

16. **Maintenance Program**—“You” must maintain a “maintenance program”. If “you” fail to adhere to a “maintenance program” the insurance provided by this coverage part will be automatically be suspended at the scheduled location(s).

A “maintenance program” means a written program administered by “you” that provides for annual inspections, regular maintenance, and testing of controlled atmosphere detection, transmission, and notification equipment with supporting records maintained by “you”.

17. **Duties in the Event of Loss**—“You” must notify “us” immediately or within 72 hours upon discovery of any incident that “you” believe could reasonably result in loss or damage to “perishable stock” whether or not covered by this coverage part including the following:
 - a. Failure of any mechanical device or any of its components relating to atmospheric conditions, temperature or humidity;
 - b. Any deviation from the intended mix of atmospheric conditions, temperature or humidity.
 - c. Any other condition which could result in loss or damage to “perishable stock”.

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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 06/27/2008

Comments:
Attachment:
P & C Transmittal Doc.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: 60%; 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> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	<i>Edwin G. Vonde Waard</i>
8. Please print name of authorized filer	_____

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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 (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]

Check #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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
01			<input 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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	