

SERFF Tracking Number: ARKS-125713341 State: Arkansas
Filing Company: 22098 - GRAIN DEALERS MUTUAL INSURANCE COMPANY State Tracking Number: #54473 \$50
Company Tracking Number:
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
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-125713341 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #54473 \$50
Made/Occurrence
Sub-TOI: 17.0021 Personal Umbrella and Excess Co Tr Num: State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom, Betty Montesi
Author: Disposition Date: 07/01/2008
Date Submitted: 06/26/2008 Disposition Status: Approved
Effective Date Requested (New): Effective Date (New): 09/01/2008
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: 07/01/2008
State Status Changed: 07/01/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

NA NA, NA@NA.com

SERFF Tracking Number: ARKS-125713341

State: Arkansas

Filing Company: 22098 - GRAIN DEALERS MUTUAL
INSURANCE COMPANY

State Tracking Number: #54473 \$50

Company Tracking Number:

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI:

17.0021 Personal Umbrella and Excess

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

SERFF Tracking Number: ARKS-125713341

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17.0021 Personal Umbrella and Excess

Product Name: n/a

Project Name/Number: /

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: ARKS-125713341

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17.0021 Personal Umbrella and Excess

Product Name: n/a

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	07/01/2008	07/01/2008

SERFF Tracking Number: ARKS-125713341

State: Arkansas

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INSURANCE COMPANY

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI:

17.0021 Personal Umbrella and Excess

Product Name: n/a

Project Name/Number: /

Disposition

Disposition Date: 07/01/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125713341 State: Arkansas
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INSURANCE COMPANY

Company Tracking Number:

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess

Product Name: n/a

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125713341		Yes

SERFF Tracking Number: ARKS-125713341

State: Arkansas

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Product Name: n/a

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Rate Information

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SERFF Tracking Number: ARKS-125713341

State: Arkansas

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INSURANCE COMPANY

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI:

17.0021 Personal Umbrella and Excess

Product Name: n/a

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125713341

07/01/2008

Comments:

Attachment:

ARKS-125713341.pdf



**GRAIN DEALERS MUTUAL
INSURANCE COMPANY**

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

54473

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BH
HG

ARKS-125713341

June 23, 2008

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

NAIC #082220982

~~Personal Umbrella~~

Amendatory Endorsement
Form PU 00 01 09 08

Attention: Property & Casualty Division

Dear Property & Casualty Division:

Grain Dealers Mutual Insurance Company, a member of the Insurance Services Office, hereby files its Amendatory Endorsement Form PU 00 01 09 08. This endorsement amends ISO Form DL 98 01 10 06.

We are requesting the enclosed form be available for all policies written on or after September 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
po

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

PLH/po

Enc. Duplicate #1

Approved until withdrawn
or revoked

JUL 01 2008

Arkansas Insurance Department
By: *ABL*

RECEIVED

JUN 26 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

Effective March 1, 2007

17. Reference Organization # & Title	
18. Company's Date of Filing	June 23, 2008
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 #	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 a new Personal Umbrella Amendatory Endorsement (to ISO form DL 98 01 10 06).

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.

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	Amendatory Endorsement	PU 00 01 09 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		



GRAIN DEALERS MUTUAL
INSURANCE COMPANY

Amendatory Endorsement to Personal Umbrella Liability Policy
Known as DL 98 01 10 06

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement

I. Definitions

O. "Retained limit" means:

1. The sum of the limits of any "underlying insurance" and any other insurance that applies to an "occurrence" or offense which:
 - a. Are available to an "insured"; or
 - b. Would have been available except for the bankruptcy or insolvency of an insurer providing "underlying insurance"; or
2. The deductible, if any, as stated in the Declarations, if the "occurrence" or offense:
 - a. Is covered by this policy; and
 - b. Is not covered by "underlying insurance" or any other insurance.

P. "Underlying insurance" means any policy providing the "insured" with primary liability insurance covering one or more of the types of liability listed in the Declarations for:

1. Every residence you own or rent; and
 2. Every "auto", "recreational motor vehicle" and watercraft owned by, rented to or regularly furnished to you or a "family member",
- the amounts shown in the Declarations as Retained Policy Limits are the minimum amounts to be maintained as primary liability insurance.

IV. Maintenance Of Underlying Insurance

You and "family members" must maintain the "underlying insurance" at limits no less than the Retained Policy Limits shown in the Declarations and with no change to more restrictive conditions during the term of this policy. If any "underlying insurance" is canceled or not renewed and not replaced, you must notify us at once.

If you and "family members" fail to maintain "underlying insurance" or if the limits are less than the minimum amounts described in "underlying insurance", we will not be liable under this policy for more than we would have been liable if that "underlying insurance" was in effect for the full amounts shown in the Declarations as Retained Policy Limits.