

<i>SERFF Tracking Number:</i>	<i>SHEL-125677406</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Shelter Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>2 CKS. \$100</i>
<i>Company Tracking Number:</i>	<i>03MG10108</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>DF</i>		
<i>Project Name/Number:</i>	<i>Aufranc/</i>		

## Filing at a Glance

Companies: Shelter Mutual Insurance Company, Shelter General Insurance Company

Product Name: DF	SERFF Tr Num: SHEL-125677406	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: 2 CKS. \$100
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num: 03MG10108	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Authors: Brian Marcks, Sue Burlingame	Disposition Date: 07/02/2008
	Date Submitted: 06/05/2008	Disposition Status: Approved
Effective Date Requested (New): 10/19/2008		Effective Date (New): 10/19/2008
Effective Date Requested (Renewal): 10/19/2008		Effective Date (Renewal): 10/19/2008

State Filing Description:

ck # 1011828 \$50 and ck # 1369697 \$50 TOTAL \$100

## General Information

Project Name: Aufranc	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/02/2008	
State Status Changed: 06/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

At the request of our reinsurer, we are filing two new forms (Form B-827-B and B-829-B) for our Dwelling Fire program that add exclusions under the Comprehensive Personal Liability Protection section and the Landlords Liability Protection section.

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
 First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: 2 CKS. \$100  
 Company Tracking Number: 03MG10108  
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: DF  
 Project Name/Number: Aufranc/

## 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  
 -----

Shelter General Insurance Company CoCode: 23361 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: 43-6031499  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50 per company.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	06/05/2008	
Shelter General Insurance Company	\$0.00	06/05/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1369697	\$50.00	05/30/2008
1011828	\$50.00	05/30/2008

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: DF  
 Project Name/Number: Aufranc/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	07/02/2008	07/02/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	06/18/2008	06/18/2008	Brian Marcks	07/02/2008	07/02/2008
Pending Industry Response	Becky Harrington	06/09/2008	06/09/2008	Brian Marcks	06/17/2008	06/17/2008

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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Company Tracking Number: 03MG10108  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: DF  
Project Name/Number: Aufranc/

## Disposition

Disposition Date: 07/02/2008  
Effective Date (New): 10/19/2008  
Effective Date (Renewal): 10/19/2008  
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

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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 Company Tracking Number: 03MG10108  
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: DF  
 Project Name/Number: Aufranc/

Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form (revised)</b>	Addition of Exclusions	Approved	Yes
<b>Form</b>	Addition of Exclusions		Yes
<b>Form</b>	Addition of Exclusions		Yes
<b>Form (revised)</b>	Addition of Exclusions	Approved	Yes
<b>Form</b>	Addition of Exclusions		Yes
<b>Form</b>	Addition of Exclusions		Yes

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: DF  
Project Name/Number: Aufranc/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/18/2008  
Submitted Date 06/18/2008

Respond By Date

Dear Brian Marcks,

This will acknowledge receipt of the captioned response.

Objection 1

No Objections

Comment: Please amend the pollution exclusion provision, so as not to be applicable to bodily injury and property damage caused by a heat, smoke, or fumes from a hostile fire. A hostile fire shall mean one that becomes uncontrollable or breaks out from where it was intended to be.

Please feel free to contact me if you have questions.

Sincerely,  
Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/02/2008  
Submitted Date 07/02/2008

Dear Becky Harrington,

**Comments:**

### Response 1

Comments: Reference is made to your note of June 18. Attached are revised forms which include a definition of hostile fire and an amendment to the pollutant definition as it relates to a hostile fire. Please substitute Forms B-827.3-B and B-

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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 Product Name: DF  
 Project Name/Number: Aufranc/

829.3-B for Forms B-827.2-B and B-829.2-B submitted June 17.

Please let me know if you have questions.

**Related Objection 1**

Comment:

Please amend the pollution exclusion provision, so as not to be applicable to bodily injury and property damage caused by a heat, smoke, or fumes from a hostile fire. A hostile fire shall mean one that becomes uncontrollable or breaks out from where it was intended to be.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Addition of Exclusions	B-827.3-B		Endorsement/Amendment/Conditions	New		0	B-827.3-B.pdf
<b>Previous Version</b>							
Addition of Exclusions	B-827.2-B		Endorsement/Amendment/Conditions	New		0	B-827.2-B.pdf
Addition of Exclusions	B-827-B		Endorsement/Amendment/Conditions	New		0	B-827-B.pdf
Addition of Exclusions	B-829.3-B		Endorsement/Amendment/Conditions	New		0	B-829.3-B.pdf
<b>Previous Version</b>							
Addition of Exclusions	B-829.2-B		Endorsement/Amendment/Conditions	New		0	B-829.2-B.pdf
Addition of Exclusions	B-829-B		Endorsement/Amendment/Conditions	New		0	B-829-B.pdf

No Rate/Rule Schedule items changed.

*SERFF Tracking Number:* SHEL-125677406

*State:* Arkansas

*First Filing Company:* Shelter Mutual Insurance Company, ...

*State Tracking Number:* 2 CKS. \$100

*Company Tracking Number:* 03MG10108

*TOI:* 01.0 Property

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

*Product Name:* DF

*Project Name/Number:* Aufranc/

Sincerely,

Brian Marcks, Sue Burlingame

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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Company Tracking Number: 03MG10108  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: DF  
Project Name/Number: Aufranc/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/09/2008  
Submitted Date 06/09/2008

Respond By Date

Dear Brian Marcks,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Addition of Exclusions (Form)
- Addition of Exclusions (Form)

Comment: Please provide additional information regarding the property damage exclusion related to the sale of property owned by any insured.

Does the policy contain a definition for pollutant?

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/17/2008  
Submitted Date 06/17/2008

Dear Becky Harrington,

### Comments:

#### Response 1

Comments: Reference is made to your note of June 9 regarding the captioned filing. I forwarded your note to the Law Department for their review and following are their responses to your questions/comments in the same order as they appeared in your note.

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: DF  
Project Name/Number: Aufranc/

1. The property damage exclusion related to the sale of property owned by any insured is designed to eliminate our liability for the insured's misrepresentation about the condition of covered premises at the time those premises are sold.

A common example is water leakage. Buyer disclosure forms (questionnaires), that are now required in most states when a home is sold, are filled out by the home owner and they ask such things as: "Does the basement leak?". If the homeowner answers "no" when in fact it does, he/she will likely be liable to the buyer for damages connected to that misrepresentation.

After the sale (when the basement leaks) the buyer sues the former owner (the insured) claiming that he/she either intentionally misrepresented the fact or negligently did so (i.e. didn't read the question or "forgot" about the leaks). In those cases courts have held that the homeowners' insurance carrier is liable to pay the damages (and legal fees) UNLESS THE POLICY EXCLUDES LIABILITY COVERAGE FOR THOSE KINDS OF CLAIMS. So we do. Our HO3 (as approved in Arkansas) contains the same exclusion (number 24).

2. We have added a definition of pollutant. Attached are revised forms (B-827.2-B and B-829.2-B) to be substituted for the ones (B-827-B and B-829-B) submitted in our original filing.

If you have questions or need additional information, please let me know.

#### **Related Objection 1**

Applies To:

- Addition of Exclusions (Form)
- Addition of Exclusions (Form)

Comment:

Please provide additional information regarding the property damage exclusion related to the sale of property owned by any insured.

Does the policy contain a definition for pollutant?

#### **Changed Items:**

No Supporting Documents changed.

#### **Form Schedule Item Changes**

Form Name	Form	Edition	Form Type	Action	Action	Readability Attach
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SERFF Tracking Number: SHEL-125677406 State: Arkansas  
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 Company Tracking Number: 03MG10108  
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: DF  
 Project Name/Number: Aufranc/

	Number	Date	Specific Data	Score	Document
<i>Addition of Exclusions</i>	B-827.2-B			0	B-827.2-B.pdf
<b>Previous Version</b>					
<i>Addition of Exclusions</i>	B-827-B			0	B-827-B.pdf
<i>Addition of Exclusions</i>	B-829.2-B			0	B-829.2-B.pdf
<b>Previous Version</b>					
<i>Addition of Exclusions</i>	B-829-B			0	B-829-B.pdf

*SERFF Tracking Number:* SHEL-125677406

*State:* Arkansas

*First Filing Company:* Shelter Mutual Insurance Company, ...

*State Tracking Number:* 2 CKS. \$100

*Company Tracking Number:* 03MG10108

*TOI:* 01.0 Property

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

*Product Name:* DF

*Project Name/Number:* Aufranc/

No Rate/Rule Schedule items changed.

Sincerely,

Brian Marcks, Sue Burlingame

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
 First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: 2 CKS. \$100  
 Company Tracking Number: 03MG10108  
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: DF  
 Project Name/Number: Aufranc/

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Addition of Exclusions	B-827.3-B		Endorsement/Amendment/Conditions	New	0.00	B-827.3-B.pdf
Approved	Addition of Exclusions	B-829.3-B		Endorsement/Amendment/Conditions	New	0.00	B-829.3-B.pdf

## ADDITION OF EXCLUSIONS - ARKANSAS

The following definitions are added:

**Hostile fire** means a fire that becomes uncontrollable or breaks out from where it was intended to be.

**Pollutant** means any solid, liquid, gaseous, or thermal, irritant or contaminant. It includes vapor, acids, alkalis, gasoline and other oil and petroleum products, chemicals, and **waste**. It also includes smoke, soot, and fumes, except those emanating from a **hostile fire**.

**Waste** means discarded materials whether or not they are held in a container and includes material held for recycling, reconditioning, or reclamation.

In the section of **your** policy headed “**COMPREHENSIVE PERSONAL LIABILITY PROTECTION**”, the following exclusions are added under the subheading: “**UNDER PERSONAL LIABILITY AND MEDICAL PAYMENTS TO OTHERS**”. **We** do not cover:

8. **Bodily injury** or **property damage** arising out of, or caused, in whole or in part, by asbestos, radon, fungus, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
9. Any legal obligation of any **insured** for indemnification or contribution due because of **bodily injury** or **property damage** caused, in whole or in part, by asbestos, radon, fungus, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
10. Any loss, cost or expense arising out of any governmental direction or request that any **insured** test for, monitor, clean up, remove, abate, contain, treat or neutralize asbestos, radon, fungus, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
11. **Property damage** arising out of the intentional or negligent misrepresentation or non-disclosure of any material fact related to the sale, or attempted sale, of property owned by any **insured**.

## ADDITION OF EXCLUSIONS - ARKANSAS

The following definitions are added:

**Hostile fire** means a fire that becomes uncontrollable or breaks out from where it was intended to be.

**Pollutant** means any solid, liquid, gaseous, or thermal, irritant or contaminant. It includes vapor, acids, alkalis, gasoline and other oil and petroleum products, chemicals, and **waste**. It also includes smoke, soot, and fumes, except those emanating from a **hostile fire**.

**Waste** means discarded materials whether or not they are held in a container and includes material held for recycling, reconditioning, or reclamation.

In the section of **your** policy headed “**LANDLORDS LIABILITY PROTECTION**”, exclusion 5 under the subheading: “**UNDER LIABILITY AND MEDICAL PAYMENTS TO OTHERS**” is removed and the following exclusions are added there. **We** do not cover:

5. **Bodily injury** or **property damage** arising out of, or caused, in whole or in part, by asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
6. Any legal obligation of any **insured** for indemnification or contribution due because of **bodily injury** or **property damage** caused, in whole or in part, by asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
7. Any loss, cost or expense arising out of any governmental direction or request that any **insured** test for, monitor, clean up, remove, abate, contain, treat or neutralize asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
8. **Property damage** arising out of the intentional or negligent misrepresentation or non-disclosure of any material fact related to the sale, or attempted sale, of property owned by any **insured**.

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TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: DF  
Project Name/Number: Aufranc/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 07/02/2008

**Comments:**

Please see attachment.

**Attachment:**

ARPCTD-1 \_MG Dwelling Fire\_.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Shelter Insurance Companies	123

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Shelter Mutual Insurance Company	MO	23388	43-0613000	
Shelter General Insurance Company	MO	23361	43-6031499	

<b>5. Company Tracking Number</b>	<b>03MG10108</b>
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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				
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Brian Marcks		

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

<b>9.</b>	Type of Insurance (TOI)	1.0
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	1.0002
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	Dwelling Fire
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 10/19/2008      Renewal: 10/19/2008

## Property & Casualty Transmittal Document---

15.	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	<b>Reference Organization</b> (if applicable)	N/A
17.	<b>Reference Organization # &amp; Title</b>	N/A
18.	<b>Company's Date of Filing</b>	June 5, 2008
19.	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	<b>This filing transmittal is part of Company Tracking #</b>	03MG10108
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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At the request of our reinsurer, we are filing two new forms (Form B-827-B and B-829-B) for our Dwelling Fire program that add exclusions under the Comprehensive Personal Liability Protection section and the Landlords Liability Protection section.

22.	<b>Filing Fees</b> (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><b>Check #:</b> 1369697 and 1011828  <b>Amount:</b> 100.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></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.

SERFF Tracking Number: SHEL-125677406 State: Arkansas  
 First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: 2 CKS. \$100  
 Company Tracking Number: 03MG10108  
 TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
 Product Name: DF  
 Project Name/Number: Aufranc/

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Addition of Exclusions	06/17/2008	B-827.2-B.pdf
No original date	Form	Addition of Exclusions	06/04/2008	B-827-B.pdf
No original date	Form	Addition of Exclusions	06/17/2008	B-829.2-B.pdf
No original date	Form	Addition of Exclusions	06/04/2008	B-829-B.pdf

## ADDITION OF EXCLUSIONS - ARKANSAS

The following definitions are added:

**Pollutant** means any solid, liquid, gaseous, or thermal, irritant or contaminant. It includes smoke, vapor, soot, fumes, acids, alkalis, gasoline and other oil and petroleum products, chemicals, and **waste**.

**Waste** means discarded materials whether or not they are held in a container and includes material held for recycling, reconditioning, or reclamation.

In the section of **your** policy headed “**COMPREHENSIVE PERSONAL LIABILITY PROTECTION**”, the following exclusions are added under the subheading: “UNDER PERSONAL LIABILITY AND MEDICAL PAYMENTS TO OTHERS”. **We** do not cover:

8. **Bodily injury** or **property damage** arising out of, or caused, in whole or in part, by asbestos, radon, fungus, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
9. Any legal obligation of any **insured** for indemnification or contribution due because of **bodily injury** or **property damage** caused, in whole or in part, by asbestos, radon, fungus, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
10. Any loss, cost or expense arising out of any governmental direction or request that any **insured** test for, monitor, clean up, remove, abate, contain, treat or neutralize asbestos, radon, fungus, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
11. **Property damage** arising out of the intentional or negligent misrepresentation or non-disclosure of any material fact related to the sale, or attempted sale, of property owned by any **insured**.

## ADDITION OF EXCLUSIONS

In the section of **your** policy headed “**COMPREHENSIVE PERSONAL LIABILITY PROTECTION**”, the following exclusions are added under the subheading: “UNDER PERSONAL LIABILITY AND MEDICAL PAYMENTS TO OTHERS”. **We** do not cover:

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9. Any legal obligation of any **insured** for indemnification or contribution due because of **bodily injury** or **property damage** caused, in whole or in part, by asbestos, radon, fungus, lead, chemicals, petroleum products, or any other substance or material containing any pollutant.
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**Pollutant** means any solid, liquid, gaseous, or thermal, irritant or contaminant. It includes smoke, vapor, soot, fumes, acids, alkalis, gasoline and other oil and petroleum products, chemicals, and **waste**.

**Waste** means discarded materials whether or not they are held in a container and includes material held for recycling, reconditioning, or reclamation.

In the section of **your** policy headed “**LANDLORDS LIABILITY PROTECTION**”, exclusion 5 under the subheading: “**UNDER LIABILITY AND MEDICAL PAYMENTS TO OTHERS**” is removed and the following exclusions are added there. **We** do not cover:

5. **Bodily injury** or **property damage** arising out of, or caused, in whole or in part, by asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
6. Any legal obligation of any **insured** for indemnification or contribution due because of **bodily injury** or **property damage** caused, in whole or in part, by asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
7. Any loss, cost or expense arising out of any governmental direction or request that any **insured** test for, monitor, clean up, remove, abate, contain, treat or neutralize asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any **pollutant**.
8. **Property damage** arising out of the intentional or negligent misrepresentation or non-disclosure of any material fact related to the sale, or attempted sale, of property owned by any **insured**.

## ADDITION OF EXCLUSIONS

In the section of **your** policy headed “**LANDLORDS LIABILITY PROTECTION**”, exclusion 5 under the subheading: “UNDER LIABILITY AND MEDICAL PAYMENTS TO OTHERS” is removed and the following exclusions are added there. **We** do not cover:

5. **Bodily injury** or **property damage** arising out of, or caused, in whole or in part, by asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any pollutant.
6. Any legal obligation of any **insured** for indemnification or contribution due because of **bodily injury** or **property damage** caused, in whole or in part, by asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any pollutant.
7. Any loss, cost or expense arising out of any governmental direction or request that any **insured** test for, monitor, clean up, remove, abate, contain, treat or neutralize asbestos, radon, **fungus/fungi, spores**, lead, chemicals, petroleum products, or any other substance or material containing any pollutant.
8. **Property damage** arising out of the intentional or negligent misrepresentation or non-disclosure of any material fact related to the sale, or attempted sale, of property owned by any **insured**.