

SERFF Tracking Number: ARKS-125760500 State: Arkansas
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #549709 \$50
Company of Arkansas, Inc.
Company Tracking Number:
TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: Binder
Project Name/Number: /

Filing at a Glance

Company: 13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Product Name: Binder	SERFF Tr Num: ARKS-125760500	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: #549709 \$50
Sub-TOI: 04.0005 Other Homeowners	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author:	Disposition Date: 08/06/2008
	Date Submitted: 08/04/2008	Disposition Status: Approved
Effective Date Requested (New): 08/30/2008		Effective Date (New): 08/30/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 08/30/2008

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: 08/06/2008	
State Status Changed: 08/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Revised certificate/binder	

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125760500 State: Arkansas
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #549709 \$50
Company of Arkansas, Inc.
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TOI: 04.0 Homeowners Sub-TOI: 04.0005 Other Homeowners
Product Name: Binder
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NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

13757 - Farm Bureau Mutual Insurance CoCode: 13757 State of Domicile: Arkansas
Company of Arkansas, Inc.
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-125760500

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance
Company of Arkansas, Inc.

State Tracking Number: #549709 \$50

Company Tracking Number:

TOI: 04.0 Homeowners

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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	Becky Harrington	08/06/2008	08/06/2008

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Disposition

Disposition Date: 08/06/2008

Effective Date (New): 08/30/2008

Effective Date (Renewal): 08/30/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125760500

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125760500		Yes
Form	Certificate Binder	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Certificate Binder	FM4521	08/08	Certificate	Replaced	Replaced Form #:		

Previous Filing #:

SERFF Tracking Number: ARKS-125760500

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance

State Tracking Number: #549709 \$50

Company of Arkansas, Inc.

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Rate Information

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State: Arkansas

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State Tracking Number: #549709 \$50

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Product Name: Binder

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125760500

08/06/2008

Comments:

Attachment:

ARKS-125760500.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

Approved until withdrawn or revoked

AUG 04 2008

Arkansas Insurance Department

By: *DA*

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition: **RECEIVED**

d. Date of disposition of the filing:

e. Effective date of filing: **AUG 04 2008**

New Business

Renewal Business

f. State Filing #: **PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT**

g. SERFF Filing #:

h. Subject Codes

3. Group Name **Group NAIC #**

Farm Bureau Mutual Insurance Co. of AR, Inc. 13757

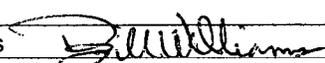
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Farm Bureau Mutual Ins. Co. of AR, Inc.		13757	710232167	

5. Company Tracking Number

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Bill Williams, CPCU	Underwriting Manager	501-228-1463	501-228-1800	Bill.Williams@afbic.com

7. Signature of authorized filer

8. Please print name of authorized filer *Bill Williams* 

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

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0005 Other Homeowners
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 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: August 30, 2008 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	July 30, 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 #

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

We have revised some of the wording on our Mutual Lines Insurance Binder. The changes from the last filing in February 2007 are highlighted for your convenience.

- 1-The binder is now on our company letterhead.
- 2-We have changed some of the wording in the body of the document.
- 3-We have given the mortgagee/ lienholder 20 days of coverage after cancellation in order to find replacement coverage.
- 4-We have added a place for the agent to add his/her county office information.

We hope to use this binder effective August 30, 2008.

[View Complete Filing Description](#)

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 #: 0000549709

Amount: \$50.00

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.)

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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 #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Farm Bureau Mutual Ins. Co. of AR, Inc. Certificate of Insurance/ Binder	FM4521 (08/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FM4521 (02/07)	
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

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FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

10720 Kanis Road • P.O. Box 31 • Little Rock, AR 72203-0031 • (501) 224-4400

CERTIFICATE OF INSURANCE/ BINDER

TO: _____

LOAN NUMBER: _____

ADDRESS: _____

NAMED INSURED: _____

ADDRESS: _____

POLICY NUMBER: _____

PROPERTY TO INSURE: _____

PROPERTY LOCATION: _____

INCEPTION DATE: _____

INCEPTION TIME: _____

COVERAGE AMT: _____

DEDUCTIBLE AMT: _____

PREMIUM AMT: _____

PREMIUM PAYOR: Insured Lending Institution

This CERTIFICATE OF INSURANCE/ BINDER is evidence that HAZARD INSURANCE is in force with FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC. for the amount set forth on the property shown above. Said insurance contains a MORTGAGE or LOSS PAYEE clause in favor of the above shown lending institution, and/or its assigns as their interest may appear. It is understood and agreed that this CERTIFICATE OF INSURANCE/ BINDER is issued at the request of the lending institution, in lieu of a policy of insurance.

This CERTIFICATE OF INSURANCE/ BINDER shall remain in force for ninety (90) days from the inception date, or when, if earlier, it is replaced by a policy of the Company. This CERTIFICATE OF INSURANCE/ BINDER shall be void if coverage shall cease otherwise, and the lending institution is so notified and given twenty (20) days notice: In no event shall this CERTIFICATE of INSURANCE/ BINDER continue in force beyond ninety (90) days from the inception date shown above.

This CERTIFICATE OF INSURANCE/ BINDER is issued subject to all the terms and conditions of the policy being applied for.

This document shall not be valid unless signed by a duly authorized agent of FARM BUREAU MUTUAL INSURANCE COMPANY OF ARKANSAS, INC.

AGENT'S SIGNATURE

DATE

Agent's Name: _____

County Farm Bureau: _____

County Office Address: _____

City, State Zip Code _____

Agent's Phone Number: _____