

SERFF Tracking Number: ARKS-125760507 State: Arkansas  
Filing Company: 18325 - Southern Farm Bureau Casualty Insurance Company State Tracking Number: #522663 \$50  
Company Tracking Number:  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: n/a  
Project Name/Number: /

## Filing at a Glance

Company: 18325 - Southern Farm Bureau Casualty Insurance Company

Product Name: n/a	SERFF Tr Num: ARKS-125760507	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: #522663 \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author:	Disposition Date: 08/07/2008
	Date Submitted: 08/04/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 08/30/2008
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: 08/07/2008	
State Status Changed: 08/07/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

## Company and Contact

### Filing Contact Information

NA NA, NA@NA.com  
NA (123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125760507 State: Arkansas  
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Insurance Company  
Company Tracking Number:  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: n/a  
Project Name/Number: /

NA, AR 00000

**Filing Company Information**

18325 - Southern Farm Bureau Casualty Insurance Company	CoCode: 18325	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-125760507

State: Arkansas

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Insurance Company

State Tracking Number: #522663 \$50

Company Tracking Number:

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Project Name/Number: /

## 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	Alexa Grissom	08/07/2008	08/07/2008

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## Disposition

Disposition Date: 08/07/2008

Effective Date (New): 08/30/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125760507

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	ARKS-125760507		Yes

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## Rate Information

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Insurance Company

State Tracking Number: #522663 \$50

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Product Name: n/a

Project Name/Number: /

## Supporting Document Schedules

<b>Unsatisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Approved	08/07/2008
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**Comments:**

<b>Satisfied -Name:</b>	ARKS-125760507	<b>Review Status:</b>		08/07/2008
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**Comments:**

**Attachment:**

ARKS-125760507.pdf

ARKS-125760507

# 522663 AG  
50.00

Property & Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance Dept. Use Only**  
 AUG 07 2008  
 Arkansas Insurance Department  
 By: *[Signature]*  
 Approved until withdrawn or revoked  
 2008  
 Arkansas Insurance Department  
 By:

**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: **RECEIVED**  
 New Business  
 Renewal Business

f. State Filing #: **AUG 04 2008**

g. SERFF Filing #:

h. Subject Codes: **PROPERTY AND CASUALTY DIVISION  
 ARKANSAS INSURANCE DEPARTMENT**

**3. Group Name** \_\_\_\_\_ **Group NAIC #** \_\_\_\_\_

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Southern Farm Bureau Casualty Ins. Co.	Mississippi	18325	640288243	

**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, 10720 Kanis Road, Little Rock, AR 72211	Underwriting Manager	501-228-1463	501-228-1800	Bill.Williams@afbic.com

**7. Signature of authorized filer** *Bill Williams*

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

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

<b>9. Type of Insurance (TOI)</b>	19.0 Personal Auto
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0001 Private Passenger Auto (PPA)
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<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. Effective Date(s) Requested</b>	New: 08-30-08   Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	July 30, 2008
<b>19. Status of filing in domicile</b>	<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 the wording on our Casualty Binder for Insurance. The changes have been highlighted for your convenience.

We have added our Company Letterhead

added the inception date and inception time of the binder

Changed some wording in the document wording

Given the lienholder 20 days of coverage after cancellation to acquired replacement coverage.

We would like 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 #: 0000522663

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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	Southern Farm Bureau Casualty Ins. Co. Certificate of Ins. Binder	MV1013 (08/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MV1013 (05/97)	
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



**SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY**

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

**CERTIFICATE OF INSURANCE/ BINDER**

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

INCEPTION DATE: \_\_\_\_\_ INCEPTION TIME: \_\_\_\_\_

**Description of Vehicle(s):**

YEAR MODEL	TRADE NAME	BODY TYPE	VEHICLE ID NUMBER	COMP DEDUCTIBLE	COLLISION DEDUCTIBLE

**PHYSICAL DAMAGE COVERAGE – A.C.V. LESS APPLICABLE DEDUCTIBLE**

This CERTIFICATE OF INSURANCE/ BINDER is evidence that HAZARD INSURANCE is in force with SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY on the property shown above. Said insurance contains a LOSS PAYEE clause in favor of the above shown lending institution, and/or its assigns, as their interests 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 SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY.

AGENT'S SIGNATURE

DATE

Agent's Name: \_\_\_\_\_

County Farm Bureau: \_\_\_\_\_

County Office Address: \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Agent's Phone Number: \_\_\_\_\_

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