

SERFF Tracking Number: ARKS-125768029 State: Arkansas  
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO State Tracking Number: #90041146 \$50  
Company Tracking Number: 4552  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Product Name: n/a  
Project Name/Number: /

## Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO  
Product Name: n/a SERFF Tr Num: ARKS-125768029 State: Arkansas  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #90041146 \$50  
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: 4552 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Author: Disposition Date: 08/11/2008  
Date Submitted: 08/08/2008 Disposition Status: Approved  
Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008  
Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal): 10/01/2008

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: 08/11/2008  
State Status Changed: 08/11/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

## Company and Contact

SERFF Tracking Number: ARKS-125768029 State: Arkansas  
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041146 \$50  
INS CO  
Company Tracking Number: 4552  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: n/a  
Project Name/Number: /

### Filing Contact Information

NA NA, NA@NA.com  
NA (123) 555-4567 [Phone]  
NA, AR 00000

### Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas  
INS CO  
No Address Group Code: Company Type:  
City, AR 99999 Group Name: State ID Number:  
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999  
-----

### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

SERFF Tracking Number: ARKS-125768029 State: Arkansas  
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041146 \$50  
INS CO  
Company Tracking Number: 4552  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: n/a  
Project Name/Number: /

## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 08/11/2008 | 08/11/2008     |

SERFF Tracking Number: ARKS-125768029 State: Arkansas  
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041146 \$50  
INS CO  
Company Tracking Number: 4552  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: n/a  
Project Name/Number: /

## Disposition

Disposition Date: 08/11/2008  
Effective Date (New): 10/01/2008  
Effective Date (Renewal): 10/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125768029 State: Arkansas  
 Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041146 \$50  
 INS CO  
 Company Tracking Number: 4552  
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
 Liability  
 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-125768029                                   |             | Yes           |

SERFF Tracking Number: ARKS-125768029 State: Arkansas  
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041146 \$50  
INS CO  
Company Tracking Number: 4552  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: n/a  
Project Name/Number: /

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125768029 State: Arkansas  
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041146 \$50  
INS CO  
Company Tracking Number: 4552  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: n/a  
Project Name/Number: /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** ARKS-125768029

08/11/2008

**Comments:**

**Attachment:**

ARKS-125768029.pdf



ARKS-125768029

LR

Indiana Lumbermens Mutual Insurance Company - ILM

National Building Material Assurance Company - NBMA

Lone Star National Insurance Company - LSN

# 90041146

50.00

August 5, 2008

Approved until withdrawn  
or revoked

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 W 3rd St  
Little Rock, AR 72201-1904

AUG 11 2008

Arkansas Insurance Department

By: *LR*

Re: INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY  
NAIC # 14265  
ILM FILING #4552  
Commercial Output Program  
Forms

Indiana Lumbermens is a member of AAIS for the Commercial Output Program. We are filing the enclosed independent forms for your approval:

1. 17820708 – Functional Replacement Cost Endorsement – This form will replace AAIS form CO 1279 04 02 – Functional Replacement Cost Endorsement. For replacement cost valuation to apply, this endorsement requires that any claim for replacement cost must take place within two years of the date of loss.
2. 17810708 – Amendatory Endorsement – Valuation. This will be a mandatory endorsement for policies not receiving the 17820708 Functional Replacement Cost Endorsement. For replacement cost valuation to apply, this endorsement requires that any claim for replacement cost must take place within two years of the date of loss.

I have enclosed a final copy of the endorsements and a redlined copy showing the new language. We are requesting an effective date of October 1, 2008.

Enclosed are the required copies of the filing, including transmittals, filing fees, certifications, and supplements, as may be required by the Commissioner's office, along with a postage paid envelope for your convenience in replying.

Respectfully submitted,

Christopher Noland  
Regulatory Compliance Specialist  
(800) 428-1441 EXT 606  
[cnoland@ilmgroup.com](mailto:cnoland@ilmgroup.com)

RECEIVED

AUG 08 2008

PROPERTY AND CASUALTY DIVISION  
ARKANSAS INSURANCE DEPARTMENT

Property & Casualty Transmittal Document (Revised 1/1/06)

**1. Reserved for Insurance Dept. Use Only**

Approved untilt withdrawn  
or revoked

AUG 11 2008

Arkansas Insurance Department  
By: *LR*

**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:

|                  |  |
|------------------|--|
| New Business     |  |
| Renewal Business |  |

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

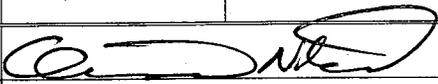
|                                         |                 |               |               |                     |
|-----------------------------------------|-----------------|---------------|---------------|---------------------|
| <b>3. Group Name</b>                    |                 |               |               | <b>Group NAIC #</b> |
| <b>4. Company Name(s)</b>               | <b>Domicile</b> | <b>NAIC #</b> | <b>FEIN #</b> |                     |
| Indiana Lumbermens Mutual Insurance Co. | IN              | 14265         | 35-0410420    |                     |
|                                         |                 |               |               |                     |
|                                         |                 |               |               |                     |
|                                         |                 |               |               |                     |
|                                         |                 |               |               |                     |

RECEIVED

AUG 08 2008

|                                   |      |                                                                 |
|-----------------------------------|------|-----------------------------------------------------------------|
| <b>5. Company Tracking Number</b> | 4552 | PROPERTY AND CASUALTY DIVISION<br>ARKANSAS INSURANCE DEPARTMENT |
|-----------------------------------|------|-----------------------------------------------------------------|

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

| 6.        | Name and address                                                    | Title                 | Telephone #s                                                                         | FAX #        | e-mail               |
|-----------|---------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|--------------|----------------------|
|           | Christopher Noland<br>3600 Woodview Trace<br>Indianapolis, IN 46268 | Compliance Specialist | 800-428-1441<br>x606                                                                 | 866-293-6591 | cnoland@ilmgroup.com |
|           |                                                                     |                       |                                                                                      |              |                      |
| <b>7.</b> | Signature of authorized filer                                       |                       |  |              |                      |
| <b>8.</b> | Please print name of authorized filer                               |                       | Christopher Noland                                                                   |              |                      |

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

|                                                                                           |                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9. Type of Insurance (TOI)</b>                                                         | 5.0000 Commercial Multi-Peril                                                                                                                                                                                                                                                                            |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>                                                | 5.1000 CMP Non-Liability Portion                                                                                                                                                                                                                                                                         |
| <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<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>                                                    | New: 10/1/2008      Renewal: 10/1/2008                                                                                                                                                                                                                                                                   |
| <b>15. Reference Filing?</b>                                                              | <input type="checkbox"/> Yes <input 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>                                                       | 8/5/08                                                                                                                                                                                                                                                                                                   |
| <b>19. Status of filing in domicile</b>                                                   | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved                                                                                                                                                  |

2

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 4552

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

Indiana Lumbermens is a member of AAIS for the Commercial Output Program. We are filing the enclosed independent forms for your approval:

1. 17820708 – Functional Replacement Cost Endorsement – This form will replace AAIS form CO 1279 04 02 – Functional Replacement Cost Endorsement. For replacement cost valuation to apply, this endorsement requires that any claim for replacement cost must take place within two years of the date of loss.
2. 17810708 – Amendatory Endorsement – Valuation. This will be a mandatory endorsement for policies not receiving the 17820708 Functional Replacement Cost Endorsement. For replacement cost valuation to apply, this endorsement requires that any claim for replacement cost must take place within two years of the date of loss.

I have enclosed a final copy of the endorsements and a redlined copy showing the new language. We are requesting an effective date of October 1, 2008.

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 #: 90041146  
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.)

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.)

|           |                                                              |      |
|-----------|--------------------------------------------------------------|------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | 4552 |
|-----------|--------------------------------------------------------------|------|

|           |                                                                                                                           |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------|--|

| 3. | Form Name /Description/Synopsis         | Form #<br>Include edition date | Replacement Or withdrawn?                                                                                             | If replacement, give form # it replaces | Previous state filing number, if required by state |
|----|-----------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|
| 01 | Functional Replacement Cost Endorsement | 17820708                       | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn | CO 1279 04<br>02                        | AAIS form                                          |
| 02 | Amendatory Endorsement – Valuation      | 17810708                       | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |                                         |                                                    |
| 03 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |
| 04 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |
| 05 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |
| 06 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |
| 07 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |
| 08 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |
| 09 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |
| 10 |                                         |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn            |                                         |                                                    |

PC FFS-1

4

POLICY NUMBER:



THIS ENDORSEMENT CHANGES THE POLICY-PLEASE READ IT CAREFULLY

## FUNCTIONAL REPLACEMENT COST ENDORSEMENT

### ADDITIONAL DEFINITIONS

"Functional replacement cost" means the cost to replace covered property with comparable property intended to carry out the same function when replacement with identical property is not possible or is not necessary.

### VALUATION

**Functional Replacement Cost** -- The value of the property described on the Functional Replacement Cost Schedule will be based on the "functional replacement cost".

This does not apply to the following property even when attached to a building or structure:

1. outdoor fixtures;
2. floor coverings; and appliances for refrigerating, cooking, dish washing, and laundering; or
3. awnings or canopies.

### HOW MUCH WE PAY

The following provisions apply to covered property described on the Functional Replacement Cost Schedule:

1. If the "limit" for covered property described on the Functional Replacement Cost Schedule is less than the "functional replacement cost" of the property, "we" only pay a part of the loss. "Our" part of the loss is determined by using the following steps:
  - a. divide the "limit" by the "functional replacement cost"; and
  - b. multiply the total amount of loss, after the application of any deductible, by the figure determined in 1.a.

The most "we" pay is the amount determined in 1.b. or the "limit", whichever is less. "We" do not pay any remaining part of the loss.

2. "We" do not pay on a "functional replacement cost" basis for any loss:

- a. until the property involved in the loss is in fact repaired or replaced; and
- b. unless the repair or replacement of the covered property is carried out as soon as reasonably possible after the loss to the property, not to exceed two years from the date of loss.

3. Subject to items 1., 2., and 4., "we" do not pay more for loss on a "functional replacement cost" basis than the lesser of:

- a. the amount determined under Valuation;
- b. the cost to replace, on the same location, the property involved in the loss with other property used for the same purpose;
- c. the amount "you" in fact spend that is necessary to repair or replace the property involved in the loss; or
- d. the applicable "limit" for covered property described on the Functional Replacement Cost Schedule.

4. "You" can obtain other insurance coverage for the property described on the Functional Replacement Cost Schedule. However, the insurance coverage under the Commercial Output Program:

- a. will be the primary coverage; and
- b. will not contribute with any insurance coverage except for coverage with similar "functional replacement cost" provisions.

17820708

Page 1 of 1

Includes copyrighted material with permission of American Association of Insurance Services, Inc.

5

POLICY NUMBER:



THIS ENDORSEMENT CHANGES THE POLICY-PLEASE READ IT CAREFULLY

**COMMERCIAL OUTPUT PROGRAM - PROPERTY COVERAGE PART  
AMENDATORY ENDORSEMENT - VALUATION**

**VALUATION**

1. **Replacement Cost** is replaced by the following:

1. **Replacement Cost** -- The value of covered property will be based on replacement cost without any deduction for depreciation unless Actual Cash Value is indicated on the "schedule of coverages".

The replacement cost is limited to the cost of repair or replacement with similar materials on the same site and used for the same purpose. The payment will not exceed the amount "you" spend to repair or replace the damaged or destroyed property.

Replacement cost valuation does not apply until the damaged or destroyed property is repaired or replaced. "You" may make a claim for actual cash value before repair or replacement takes place, and later for the replacement cost if "you" notify "us" of "your" intent within 180 days after the loss. Claim for replacement cost must take place within two years of the date of loss.

This replacement cost provision does not apply to paragraphs 3. through 13. below.

6

POLICY NUMBER:



THIS ENDORSEMENT CHANGES THE POLICY-PLEASE READ IT CAREFULLY

## FUNCTIONAL REPLACEMENT COST ENDORSEMENT

### ADDITIONAL DEFINITIONS

"Functional replacement cost" means the cost to replace covered property with comparable property intended to carry out the same function when replacement with identical property is not possible or is not necessary.

### VALUATION

**Functional Replacement Cost** -- The value of the property described on the Functional Replacement Cost Schedule will be based on the "functional replacement cost".

This does not apply to the following property even when attached to a building or structure:

1. outdoor fixtures;
2. floor coverings; and appliances for refrigerating, cooking, dish washing, and laundering; or
3. awnings or canopies.

### HOW MUCH WE PAY

The following provisions apply to covered property described on the Functional Replacement Cost Schedule:

1. If the "limit" for covered property described on the Functional Replacement Cost Schedule is less than the "functional replacement cost" of the property, "we" only pay a part of the loss. "Our" part of the loss is determined by using the following steps:
  - a. divide the "limit" by the "functional replacement cost"; and
  - b. multiply the total amount of loss, after the application of any deductible, by the figure determined in 1.a.

The most "we" pay is the amount determined in 1.b. or the "limit", whichever is less. "We" do not pay any remaining part of the loss.

2. "We" do not pay on a "functional replacement cost" basis for any loss:
  - a. until the property involved in the loss is in fact repaired or replaced; and
  - b. unless the repair or replacement of the covered property is carried out as soon as reasonably possible after the loss to the property, not to exceed two years from the date of loss.
3. Subject to items 1., 2., and 4., "we" do not pay more for loss on a "functional replacement cost" basis than the lesser of:
  - a. the amount determined under Valuation;
  - b. the cost to replace, on the same location, the property involved in the loss with other property used for the same purpose;
  - c. the amount "you" in fact spend that is necessary to repair or replace the property involved in the loss; or
  - d. the applicable "limit" for covered property described on the Functional Replacement Cost Schedule.
4. "You" can obtain other insurance coverage for the property described on the Functional Replacement Cost Schedule. However, the insurance coverage under the Commercial Output Program:
  - a. will be the primary coverage; and
  - b. will not contribute with any insurance coverage except for coverage with similar "functional replacement cost" provisions.



POLICY NUMBER:



THIS ENDORSEMENT CHANGES THE POLICY-PLEASE READ IT CAREFULLY

## COMMERCIAL OUTPUT PROGRAM - PROPERTY COVERAGE PART AMENDATORY ENDORSEMENT - VALUATION

### VALUATION

1. **Replacement Cost** is replaced by the following:

1. **Replacement Cost** -- The value of covered property will be based on replacement cost without any deduction for depreciation unless Actual Cash Value is indicated on the "schedule of coverages".

The replacement cost is limited to the cost of repair or replacement with similar materials on the same site and used for the same purpose. The payment will not exceed the amount "you" spend to repair or replace the damaged or destroyed property.

Replacement cost valuation does not apply until the damaged or destroyed property is repaired or replaced. "You" may make a claim for actual cash value before repair or replacement takes place, and later for the replacement cost if "you" notify "us" of "your" intent within 180 days after the loss. Claim for replacement cost must take place within two years of the date of loss.

This replacement cost provision does not apply to paragraphs 3. through 13. below.

8