

SERFF Tracking Number: CMIC-125755008 State: Arkansas  
Filing Company: Cameron Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CMIC-125755008  
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
Product Name: Homeowners Program (includes Standard Homeowners, Preferred Homeowners, Home Security, and Mobile Homeowners)  
Project Name/Number: Computer Generated Application /n/a

## Filing at a Glance

Company: Cameron Mutual Insurance Company

Product Name: Homeowners Program (includes SERFF Tr Num: CMIC-125755008 State: Arkansas

Standard Homeowners, Preferred

Homeowners, Home Security, and Mobile

Homeowners)

TOI: 04.0 Homeowners

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 04.0000 Homeowners Sub-TOI

Co Tr Num: CMIC-125755008

State Status: Fees received

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington

Author: Sheila Andrew

Disposition Date: 08/01/2008

Date Submitted: 07/31/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

09/01/2008

State Filing Description:

## General Information

Project Name: Computer Generated Application

Status of Filing in Domicile: Pending

Project Number: n/a

Domicile Status Comments: n/a

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 08/01/2008

State Status Changed: 07/31/2008

Deemer Date:

Corresponding Filing Tracking Number: CMIC-125688933

Filing Description:

Cameron Mutual Insurance Company (CMIC) wishes to file the attached PC FFS-1, for the adoption of the revised Homeowners Application (system generated) for use with and utilization by our Homeowners program (including Standard Homeowners, Preferred Homeowners, Home Security and Mobile Homeowners). The attached copy is in final print format. The attached application replaces the edition currently in use.

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We have made the following change:

At the bottom of page 4, we've added an Adverse Action Statement to in order to fully automate our notification process to applicants for insurance as outlined in the Fair Credit Reporting Act (FCRA) 15 U.S.C. § 1681m(a). This notice will only print on the application when the resulting premium being charged is higher than the base rate we offer.

## Company and Contact

### Filing Contact Information

Sheila Andrew, Research & Compliance sandrew@cameron-insurance.com  
 Specialist  
 214 McElwain Drive (800) 326-6511 [Phone]  
 Cameron, MO 64442-1321 (816) 632-1022[FAX]

### Filing Company Information

Cameron Mutual Insurance Company CoCode: 15725 State of Domicile: Missouri  
 214 McElwain Drive Group Code: 532 Company Type: Property & Casualty  
 Cameron, MO 64429-1321 Group Name: State ID Number:  
 (800) 326-6511 ext. [Phone] FEIN Number: 44-0447850  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Cameron Mutual Insurance Company	\$50.00	07/31/2008	21711103

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/01/2008	08/01/2008

*SERFF Tracking Number:*      *CMIC-125755008*                      *State:*                      *Arkansas*  
*Filing Company:*              *Cameron Mutual Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CMIC-125755008*  
*TOI:*                      *04.0 Homeowners*                      *Sub-TOI:*                      *04.0000 Homeowners Sub-TOI Combinations*  
*Product Name:*              *Homeowners Program (includes Standard Homeowners, Preferred Homeowners, Home Security, and Mobile Homeowners)*  
*Project Name/Number:*      *Computer Generated Application /n/a*

## **Disposition**

Disposition Date: 08/01/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: CMIC-125755008 State: Arkansas  
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 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations  
 Product Name: Homeowners Program (includes Standard Homeowners, Preferred Homeowners, Home Security, and Mobile Homeowners)  
 Project Name/Number: Computer Generated Application /n/a

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Homeowners Program Application	n/a	n/a	Application/ Replaced Binder/Enrollment	Replaced Form #: n/a Previous Filing #:		AR homeowners app.pdf

**Cameron Mutual Insurance Company**

Preferred Homeowner Application

214 McElwain Drive  
Cameron, MO. 64429-1321Cameron Mutual Home Office  
Dianna Lunsford  
816-632-6511

<b>Policy Number</b>	<b>Policy Number</b>	<b>Submitted</b>	<b>Down Pay EFT</b>	<b>Remittance</b>	<b>Date/Time Bound</b>
CIC000 PH 00000401230	<b>New?</b>	<b>Bound/Unbound</b>	<b>Trans</b>	<b>Amount</b>	
	Yes			\$0.00	
	<b>Policy is</b>	<b>Term</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<b>Quote Total Premium</b>
	New	12	9/17/2008	9/17/2009	\$1,876.00
<b>Applicant's Name and Mailing Address</b>	<b>Multi Policy</b>	<b>Mortgagee Bill</b>			<b>Other Policy Number</b>
GARRET HICKS KYRSTEN L HICKS 28 BACON CRSIP ROAD AMAGON AR 72005	No	N/A			

**Applicant Information:**

<b>Insured</b>	<b>DOB</b>	<b>Occupation</b>	<b>SSN</b>
		SA	
<b>Co-Insured</b>	<b>DOB</b>	<b>Occupation</b>	<b>SSN</b>
		SA	

**Agent Message:**

this is a test for print new v5 source

**Property Location:**

<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>	<b>Terr</b>	<b>Prot. Class</b>
28 BACON CRISP ROAD	AMAGAN	AR	72005	034	003	5

**Mortgagee Information:**

None

**Limits/Premium Information:**

<b>Coverages</b>	<b>Limits/Deductibles</b>	<b>Premium</b>
Policy Form	HO0003	
Dwelling Use	Primary	
Number of Families	1	
Coverage A - Dwelling	\$200,000.00	\$1,876.00
Coverage B - Other Structures	\$20,000.00	
Coverage C - Personal Property	\$150,000.00	\$0.00
Coverage D - Loss of Use	\$100,000.00	\$0.00
Coverage E - Personal Liability	\$100,000.00	\$0.00
Coverage F - Medical Payments	\$1,000.00	\$0.00
All Perils - Deductible	\$500.00	\$0.00
Wind/Hail - Deductible	\$1,000.00	
<b>Premium Total</b>		<b>\$1,876.00</b>

**General Underwriting Information:**

<b>Construction</b>	<b>Year Built</b>	<b>Residence Type</b>	<b>Dwelling Use</b>	<b>Number of Families</b>
Frame	1990	Dwelling	Primary	1
<b>Feet to Hydrant</b>	<b>Miles to FD</b>	<b>FD Name</b>	<b>FD Service Limit</b>	<b>In City Limits</b>
N/A	1	SAME	\$500.00	No
<b>Heat Type</b>	<b>Heat Age</b>	<b>Heating Update</b>	<b>Wiring Update</b>	<b>Wood Stove</b>
Electric	10	N/A	N/A	No
<b>FirePlace</b>	<b>FirePlace Cleaned Annually</b>	<b>Smoke Detector</b>	<b>Fire Alarm</b>	<b>Burglar Alarm</b>
No	N/A	Yes	None	None
<b>Roof Material</b>	<b>Roof Age</b>	<b>Occupied Daily</b>	<b>Acc. Yr Round</b>	<b>Purchase/Occupied Date</b>
COMP	10	Yes	Yes	1/1/1990
<b>Emp Residence</b>	<b>Emp Number</b>	<b>Farm Op.</b>	<b>Num Acres</b>	<b>Business on Premises</b>
No	N/A	No	0	No
<b>Pets</b>	<b>Type or Breed</b>	<b>Pool on Premises</b>	<b>Pool In Ground</b>	<b>Diving Board</b>
No	N/A	No	N/A	N/A
<b>Pool Slide</b>	<b>Pool Fenced</b>	<b>Fence Height</b>	<b>Trampoline</b>	<b>Trampoline Safety Net</b>
N/A	N/A	N/A	No	N/A
<b>Conv. Felony</b>	<b>Filed for Bankruptcy</b>	<b>Units in Fire Div.</b>	<b>Ever Had a Total Fire Loss, Any Property</b>	
No	No	N/A	No	
<b>Water Damage Loss, This Location</b>				
No				

**Remarks**

<b>Household Remarks</b>	none
<b>Premises Remarks</b>	none
<b>Underwriter Info Remarks</b>	none

**ACORD** <sup>TM</sup> **ARKANSAS PROPERTY SUPPLEMENT**

PRODUCER

APPLICANT/NAMED INSURED

CODE:

SUB CODE:

COMPANY:

EFFECTIVE DATE

POLICY #:

**DECLINATION OF RESIDENTIAL EARTHQUAKE COVERAGE**

I HAVE BEEN ADVISED ABOUT THE AVAILABILITY OF RESIDENTIAL EARTHQUAKE INSURANCE THROUGH THE MARKET ASSISTANCE PROGRAM (MAP) AND/OR THE ARKANSAS EARTHQUAKE AUTHORITY AND/OR THE INSURANCE COMPANY TO WHICH I AM APPLYING.

I HEREBY CHOOSE **NOT** TO PURCHASE EARTHQUAKE COVERAGE IN ANY FORM, FROM ANY OF THE ABOVE SOURCES.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BINDER/SIGNATURE**

<b>INSURANCE BINDER</b>		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.	
	NOON	THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
COVERAGE IS NOT BOUND		APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.	
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.			
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)			
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied.)			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

ACORD 80 (2006/10)

THE APPLICANT, WHO HAS SIGNED ABOVE, AUTHORIZES THE COMPANY TO ENTER ONTO THE DESCRIBED PREMISES FOR THE PURPOSE OF INSPECTING ANY STRUCTURE FOR WHICH THIS INSURANCE MAY BE APPLICABLE.

**Adverse Action Statement:**

The premium you are being charged is higher than the base rate we offer. A key factor in determining your premium is the Risk Index score which is composed of your credit history and your claims history. Your Risk Index score is obtained from a report ordered from ChoicePoint Inc. ChoicePoint makes no decisions regarding the premium you are charged and is unable to provide specific reasons why your premium was affected. You have the right, under 15 U.S.C. § 1681j, to obtain a free copy of your report from ChoicePoint if requested within 60 days of receipt of this notice. When ordering your report, you will need the following reference numbers: Comprehensive Loss Underwriting Exchange (CLUE) reference number: \_\_\_\_\_ and National Credit File (NCF) reference number: \_\_\_\_\_ ChoicePoint's address, phone number and web address are:

ChoicePoint Consumer Credit  
P.O. Box 105108  
Atlanta, GA 30348-5108  
1-800-456-6004  
www.consumerdisclosure.com

If information contained in your report is inaccurate or incomplete, you have the right, under 15 U.S.C. § 1681i, to dispute such information with ChoicePoint. If corrections are made to your report as a result of any disputed entries, please contact your agent. Your agent will alert us, and an adjustment to your premium may be made.

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Project Name/Number: Computer Generated Application /n/a

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 08/01/2008

**Comments:**

**Attachment:**

Homeowners SERFF CMIC-125755008.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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Cameron Insurance Companies	0532			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Cameron Mutual Insurance Company	MO	15725	44 0447850	

<b>5. Company Tracking Number</b>	<b>CMIC-125755008 (SERFF filing #)</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
	Sheila P. Andrew 214 McElwain Drive Cameron, MO 64429	Research & Compliance Specialist	800-326-6511 x371	816-632-1022	sandrew@cameron-insurance.com
7.	Signature of authorized filer		<i>Sheila P Andrew</i>		
8.	Please print name of authorized filer		Sheila P. Andrew		

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

9.	<b>Type of Insurance (TOI)</b>	04.0 Homeowners
10.	<b>Sub-Type of Insurance (Sub-TOI)</b>	04.0000 Homeowners Sub-TOI Combinations
11.	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	N/A
12.	<b>Company Program Title (Marketing title)</b>	Homeowners Program (includes Standard Homeowners, Preferred Homeowners, Home Security, and Mobile Homeowners)
13.	<b>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)
14.	<b>Effective Date(s) Requested</b>	New: September 1, 2008    Renewal: September 1, 2008
15.	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	<b>Reference Organization (if applicable)</b>	N/A
17.	<b>Reference Organization # &amp; Title</b>	N/A
18.	<b>Company's Date of Filing</b>	July 31, 2007
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

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>CMIC-125755008 (SERFF filing #)</b>
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<b>21.</b>	<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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<b>22.</b>	<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]
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**Check #: N/A - SERFF EFT**  
**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>	<b>CMIC-125755008 (SERFF filing #)</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	<b>CMIC-125688933</b>
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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	Homeowners Program system generated application (Standard Homeowner, Preferred Homeowner, Mobile Homeowners and Home Security)	N/A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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