

SERFF Tracking Number: SHEL-125750576 State: Arkansas  
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: #2 CKS TOTAL \$100  
Company Tracking Number: 03MG02208  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: PPA  
Project Name/Number: Aufranc/

## Filing at a Glance

Companies: Shelter Mutual Insurance Company, Shelter General Insurance Company

Product Name: PPA SERFF Tr Num: SHEL-125750576 State: Arkansas  
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: #2 CKS TOTAL \$100  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 03MG02208 State Status: Fees verified and received (PPA)  
Filing Type: Form Co Status: Reviewer(s): Alexa Grissom  
Authors: Brian Marcks, Sue Disposition Date: 08/05/2008  
Burlingame  
Date Submitted: 07/30/2008 Disposition Status: Approved  
Effective Date Requested (New): 12/14/2008 Effective Date (New): 12/14/2008  
Effective Date Requested (Renewal): 12/14/2008 Effective Date (Renewal):

State Filing Description:

# 1374060 \$50 and # 1012110 \$50

## 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: 08/05/2008 Deemer Date:  
State Status Changed: 08/05/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Form A-612.5-A, Driver Exclusion Agreement, contains the signature area and will be used in conjunction with Form A-612.4-A, Driver Exclusion Endorsement, which will be attached to the policy indentifying the excluded driver(s).

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: SHEL-125750576 State: Arkansas  
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
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Project Name/Number: Aufranc/

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  
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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:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Mutual Insurance Company	\$0.00	07/30/2008	
Shelter General Insurance Company	\$0.00	07/30/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1374060	\$50.00	07/23/2008
1012110	\$50.00	07/23/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/05/2008	08/05/2008

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Project Name/Number: Aufranc/

## Disposition

Disposition Date: 08/05/2008  
Effective Date (New): 12/14/2008  
Effective Date (Renewal):  
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

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 Product Name: PPA  
 Project Name/Number: Aufranc/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Currently Filed Form	Approved	Yes
Form	Driver Exclusion Endorsement	Approved	Yes
Form	Driver Exclusion Agreement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Driver Exclusion Endorsement	A-612.4-A		Endorsement/Amendment/Conditions	Replaced Form #:0.00 A-612-A Previous Filing #:		A-612.4-A Driver Exclusion Endorsement.pdf
Approved	Driver Exclusion Agreement	A-612.5-A		Endorsement/New Amendment/Conditions		0.00	A-612.5-A Driver Exclusion Agreement.pdf

## **DRIVER EXCLUSION ENDORSEMENT**

No insurance is provided by this policy while any automobile is being driven by or is under the direct control of:  
(The excluded driver name(s) are shown on the **Declarations**)

This provision shall not affect the right of recovery of the loss payee, if any, named in the **Declarations**.

A-612.4-A

Policy Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
State Line Co Family Unit

### DRIVER EXCLUSION AGREEMENT

No insurance is provided by this policy while any automobile is being driven by or is under the direct control of:

\_\_\_\_\_

This provision shall not affect the right of recovery of the loss payee, if any, named in the **Declarations**.

**Named Insured** \_\_\_\_\_

This exclusion agreed to:

\_\_\_\_\_  
Signature of **Named Insured**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Agent No.

*SERFF Tracking Number:*      *SHEL-125750576*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Shelter Mutual Insurance Company, ...*                      *State Tracking Number:*      *#2 CKS TOTAL \$100*  
*Company Tracking Number:*      *03MG02208*  
*TOI:*                      *19.0 Personal Auto*                      *Sub-TOI:*                      *19.0001 Private Passenger Auto (PPA)*  
*Product Name:*                      *PPA*  
*Project Name/Number:*      *Aufranc/*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 08/05/2008

**Comments:**

Please see attachments.

**Attachments:**

ARPCTD-1 Mutual and General PPA.pdf  
ARPCFFS-1 Mutual and General PPA.pdf

**Satisfied -Name:** Currently Filed Form **Review Status:** Approved 08/05/2008

**Comments:**

Attached is currently filed Form A-612-A.

**Attachment:**

A612A.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>03MG02208</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)	19.0 Personal Auto
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	<b>19.0001 Private Passenger Auto</b>
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing title)	<b>Private Passenger Auto</b>
<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: 12/14/2008      Renewal: 12/14/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	July 30, 2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	03MG02208
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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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Form A-612.5-A (Driver Exclusion Agreement), contains the signature area. This will be used in conjunction with Form A-612.4-A (Driver Exclusion Endorsement). When A-612.5-A is signed by the insured/applicant, we will attach A-612.4-A to the policy identifying the excluded drivers.

<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]
<p><b>Check #:</b> 1374060 and 1012110  <b>Amount:</b> \$100</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.

### 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>	03MG02208			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
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	Driver Exclusion Endorsement	A-612.4-A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A-612-A	
02	Driver Exclusion Agreement	A-612.5-A	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	
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		

Effective March 1, 2007

**This page is informational only and do not need to be submitted with your filings!**

**Notes for Form Filing Transmittal  
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

**FORM FILING SCHEDULE**

- 1. 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
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

Policy Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
State Line Co Family Unit

### DRIVER EXCLUSION ENDORSEMENT

No insurance is provided by this policy while any automobile is being driven by or is under the direct control of:  
(The excluded driver name(s) are shown on the Declarations)

This provision shall not affect the right of recovery of the loss payee, if any, named in the Declarations.

Name of Insured (or Applicant) \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_  
(the insured and vehicle information is shown on the policy Declarations)

This endorsement agreed to:

\_\_\_\_\_  
Signature of Insured\*

\_\_\_\_\_  
Date

\*The original signed copy is maintained in our files.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Agent No.