

SERFF Tracking Number: SHEL-125787502 State: Arkansas
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: #? \$50, \$50
Company Tracking Number: 03MG02308
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CA
Project Name/Number: Aufranc/

Filing at a Glance

Companies: Shelter Mutual Insurance Company, Shelter General Insurance Company

Product Name: CA SERFF Tr Num: SHEL-125787502 State: Arkansas
TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: #? \$50, \$50
Sub-TOI: 20.0001 Business Auto Co Tr Num: 03MG02308 State Status: Fees verified
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Disposition Date: 08/27/2008
Authors: Brian Marcks, Sue
Burlingame
Date Submitted: 08/26/2008 Disposition Status: Approved
Effective Date Requested (New): 02/12/2009 Effective Date (New): 02/12/2009
Effective Date Requested (Renewal): 02/12/2009 Effective Date (Renewal):
02/12/2009

State Filing Description:

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: 08/27/2008
State Status Changed: 08/27/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The purpose of this filing is to add policy language which includes resident relatives, of the named insureds, as insureds.
Form A-672.3-A will replace Form A-672-A currently on file. A marked copy of the form is attached for your review.

Company and Contact

Filing Contact Information

SERFF Tracking Number: SHEL-125787502 State: Arkansas
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
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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

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

SERFF Tracking Number: *SHEL-125787502* *State:* *Arkansas*
First Filing Company: *Shelter Mutual Insurance Company, ...* *State Tracking Number:* *#? \$50, \$50*
Company Tracking Number: *03MG02308*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *CA*
Project Name/Number: *Aufranc/*

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	08/26/2008	
Shelter General Insurance Company	\$0.00	08/26/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1377386	\$50.00	08/20/2008
1012258	\$50.00	08/20/2008

SERFF Tracking Number: SHEL-125787502

State: Arkansas

First Filing Company: Shelter Mutual Insurance Company, ...

State Tracking Number: #? \$50, \$50

Company Tracking Number: 03MG02308

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Product Name: CA

Project Name/Number: Aufranc/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/27/2008	08/27/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees	Note To Filer	Llyweyia Rawlins	08/27/2008	08/27/2008

SERFF Tracking Number: SHEL-125787502 State: Arkansas
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: #? \$50, \$50
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TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CA
Project Name/Number: Aufranc/

Disposition

Disposition Date: 08/27/2008

Effective Date (New): 02/12/2009

Effective Date (Renewal): 02/12/2009

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

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

SERFF Tracking Number: *SHEL-125787502* *State:* *Arkansas*
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Company Tracking Number: *03MG02308*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *CA*
Project Name/Number: *Aufranc/*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Marked copy of form	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes

SERFF Tracking Number: *SHEL-125787502* *State:* *Arkansas*
First Filing Company: *Shelter Mutual Insurance Company, ...* *State Tracking Number:* *#? \$50, \$50*
Company Tracking Number: *03MG02308*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *CA*
Project Name/Number: *Aufranc/*

Note To Filer

Created By:

Llyweyia Rawlins on 08/27/2008 11:13 AM

Subject:

Filing Fees

Comments:

Hello Brian

I have noticed that you have two payment checks listed on this filing. Does one of the checks belong to another filing? If so, what is the serff number?

Sincerely,
Llyweyia Rawlins

SERFF Tracking Number: SHEL-125787502 State: Arkansas
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 Product Name: CA
 Project Name/Number: Aufranc/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement	A-672.3-A		Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 A-672-A Previous Filing #:		A-672.3-A.pdf

AMENDATORY ENDORSEMENT

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Under **SECTION II - LIABILITY COVERAGE** (CA 00 20) AND (CA 00 01), the following changes are made:

1. The following is added to the subsection headed:

1. Who Is An Insured:

f. If you are an individual, your relatives who reside in your household.

2. The subsection headed "**2. Coverage Extensions a. Supplementary Payments**" is deleted and the following is substituted in its place:

2. Coverage Extensions

a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2000 for each bail bond needed by the "insured" because of any one "accident" we cover. We have no duty to furnish or apply for such bonds.
- (3) The cost of any bond required by an appellate court as a condition to appeal a lower court's judgment, if that appeal is from a judgment entered in a "suit" against the "insured" we defend. We have no duty to furnish or apply for such bonds. The most we will pay for the cost of all such bonds is ten percent of the Limit of Insurance for Liability Coverage shown in the Declarations.
- (4) Reimbursement, requested by the "insured", for reasonable and necessary expenses incurred at our request during the defense of a "suit". This does not include wages or salary lost by the "insured" who is attending any proceedings related to the defense of a "suit".
- (5) All costs taxed against the "insured" in any "suit" against the "insured" we defend.

(6) Post-judgment interest due on any judgment entered in a "suit" against the "insured" we defend. Our duty to pay post-judgment interest ends when we offer to the judgment creditor, or pay into court, that part of the judgment that we owe within the Limit of Insurance for Liability Coverage shown in the Declarations, exclusive of all interest and costs. This coverage does not apply to pre-judgment interest related to any such judgment.

B. Under **SECTION V - DEFINITIONS** (CA 00 01) and under **SECTION VI - DEFINITIONS** (CA 00 20), the definition of "Pollutants" is deleted and the following substituted in its place:

"Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed. This definition applies even if the "pollutant" is:

- (a) sold or furnished by the "insured"; or
- (b) used by the "insured" in the conduct of its business.

ADDITIONAL POLICY CONDITIONS

CONTINUOUS RENEWAL (Except Illinois and Oklahoma)
Subject to our consent and subject to the premiums, rules and forms then in effect for us, this policy may be continued in force by payment of the required continuation premium for each successive policy term. Such continuation premium must be paid to us before the expiration of the then current policy term and if not paid the policy shall terminate.

With respect to any loss payee named in the Declarations, this insurance will continue in force as to only the interest of the loss payee for 10 days after written notice of termination to the loss payee, and shall then terminate.

CONTINUOUS RENEWAL. (Illinois only). Subject to the premiums, rules and forms then in effect for us, this policy may be continued in force by payment of the required continuation premium for each successive policy term. Such continuation premium must be paid to us prior to the expiration of the then current policy term and if not paid the policy shall terminate.

With respect to a mortgagee (or trustee) declared under this policy, this insurance will continue in force as to only the interest of the mortgagee (or trustee) for 10 days after written notice of termination to the mortgagee (or trustee), and shall then terminate.

CONTINUOUS RENEWAL. (Oklahoma only). Subject to our consent, and subject to the premiums, rules and forms then in effect for us, this policy may be continued in force by payment of the required continuation premium for each successive policy term, but this policy shall not be continued for longer than a total policy period of 5 years. Such continuation premium must be paid to us prior to the expiration of the then current policy term and if not paid the policy shall terminate.

With respect to a mortgagee (or trustee) declared under this policy, this insurance will continue in force as to only the interest of the mortgagee (or trustee) for 10 days after written notice of termination to the mortgagee (or trustee), and shall then terminate.

IN WITNESS WHEREOF, THE INSURANCE COMPANY shown on the policy Declarations of Columbia, Missouri has caused this policy to be signed by its secretary, President and CEO and, countersigned on the Declarations page by a duly authorized representative.



Secretary



President and CEO

MUTUAL POLICY NOTIFICATION

If the Company named in the Declarations is a Mutual Insurance Company, the following provisions apply to this policy.

This policy is issued by a mutual company which is subject to special legal regulations applicable to its organization, membership, policies, and contracts of insurance. Some of those regulations apply to and form a part of this policy.

You are hereby notified that by virtue of purchasing this policy you are a member of the Shelter Mutual Insurance Company of Columbia, Missouri and may participate, to the extent, and upon the conditions fixed and determined by the Board of Directors of the Company in its discretion in the distribution of dividends it fixes and determines.

You are entitled to vote, either in person or by proxy, at all meetings of that Company. The annual meeting of the Shelter Mutual Insurance Company is held at its Home Office in Columbia, Missouri, on the first Wednesday in April of each year at 10 o'clock A.M.

All of your interest in the Shelter Mutual Insurance Company, its goodwill, assets, and guaranty fund, will cease upon termination of this policy, except any claims that you may then have under this policy and except for any unearned portion of your deposit premium.

This policy is non-assessable.

<i>SERFF Tracking Number:</i>	<i>SHEL-125787502</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Shelter Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50, \$50</i>
<i>Company Tracking Number:</i>	<i>03MG02308</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>CA</i>		
<i>Project Name/Number:</i>	<i>Aufranc/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SHEL-125787502 State: Arkansas
First Filing Company: Shelter Mutual Insurance Company, ... State Tracking Number: #? \$50, \$50
Company Tracking Number: 03MG02308
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: CA
Project Name/Number: Aufranc/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/27/2008

Comments:

Please see attachments.

Attachments:

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

Satisfied -Name: Marked copy of form **Review Status:** Approved 08/27/2008

Comments:

Please see attachment.

Attachment:

A-672.3-A compared to A-672-A (marked copy).pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	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: <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					

3. Group Name	Group NAIC #
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	

5. Company Tracking Number	03MG02308
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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				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Brian Marcks		

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

9.	Type of Insurance (TOI)	20.0
10.	Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Auto
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: 02/12/2009 Renewal: 02/12/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	August 26, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	03MG02308
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Added language that includes resident relatives (of named insured) as insureds.

22.	<p>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]</p> <p>Check #: 1377386 and 1012258 Amount: \$100.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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*****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.)

1.	This filing transmittal is part of Company Tracking #	03MG02308			
2.	This filing corresponds to rate/rule filing number <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	Amendatory Endorsement	A-672.3-A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	A-672-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		

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

AMENDATORY ENDORSEMENT

~~A. The section of the policy headed “~~ BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Under **SECTION II - LIABILITY COVERAGE (CA 00 20) AND (CA 00 01)**, the following changes are made:

1. The following is added to the subsection headed: **1. Who Is An Insured:**
 - f. If you are an individual, your relatives who reside in your household.

2.- ~~The subsection headed “~~**2. Coverage Extensions a. Supplementary Payments**” is deleted and the following is substituted in its place:

2. Coverage Extensions

a. Supplementary Payments

We will pay for the “insured”:

- (1) All expenses we incur.
- (2) Up to \$2000 for each bail bond needed by the “insured” because of any one “accident” we cover. We have no duty to furnish or apply for such bonds.
- (3) The cost of any bond required by an appellate court as a condition to appeal a lower court’s judgment, if that appeal is from a judgment entered in a “suit” against the “insured” we defend. We have no duty to furnish or apply for such bonds. The most we will pay for the cost of all such bonds is ten percent of the Limit of Insurance for Liability Coverage shown in the Declarations.
- (4) Reimbursement, requested by the “insured”, for reasonable and necessary expenses incurred at our request during the defense of a “suit”. This does not include wages or salary lost by the “insured” who is attending any proceedings related to the defense of a “suit”.
- (5) All costs taxed against the “insured” in any “suit” against the “insured” we defend.
- (6) Post-judgment interest due on any judgment entered in a “suit” against the “insured” we defend. Our duty to pay post-judgment interest ends when we offer to the judgment creditor, or pay into court, that part of the judgment that we owe within the Limit of Insurance for Liability Coverage shown in the Declarations, exclusive of all interest and costs. This coverage does not apply to pre-judgment interest related to any such judgment.

~~B. The~~ Under **SECTION V - DEFINITIONS (CA 00 01) and under SECTION VI - DEFINITIONS (CA 00 20)**, the definition of “Pollutants” is deleted and the following substituted in its place:

“Pollutants” means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed. This definition applies even if the “pollutant” is:

- (a) sold or furnished by the “insured”; or
- (b) used by the “insured” in the conduct of its business.

ADDITIONAL POLICY CONDITIONS

CONTINUOUS RENEWAL (Except Illinois and Oklahoma)

Subject to our consent and subject to the premiums, rules and forms then in effect for us, this policy may be continued in force by payment of the required continuation premium for each successive policy term. Such continuation premium must be paid to us before the expiration of the then current policy term and if not paid the policy shall terminate.

With respect to any loss payee named in the Declarations, this insurance will continue in force as to only the interest of the loss payee for 10 days after written notice of termination to the loss payee, and shall then terminate.

CONTINUOUS RENEWAL. (Illinois only). Subject to the premiums, rules and forms then in effect for us, this policy may be continued in force by payment of the required continuation premium for each successive policy term. Such continuation premium must be paid to us prior to the expiration of the then current policy term and if not paid the policy shall terminate.

With respect to a mortgagee (or trustee) declared under this policy, this insurance will continue in force as to only the interest of the mortgagee (or trustee) for 10 days after written notice of termination to the mortgagee (or trustee), and shall then terminate.

CONTINUOUS RENEWAL. (Oklahoma only). Subject to our consent, and subject to the premiums, rules and forms then in effect for us, this policy may be continued in force by payment of the required continuation premium for each successive policy term, but this policy shall not be continued for longer than a total policy period of 5 years. Such continuation premium must be paid to us prior to the expiration of the then current policy term and if not paid the policy shall terminate.

With respect to a mortgagee (or trustee) declared under this policy, this insurance will continue in force as to only the interest of the mortgagee (or trustee) for 10 days after written notice of termination to the mortgagee (or trustee), and shall then terminate.

MUTUAL POLICY NOTIFICATION

If the Company named in the Declarations is a Mutual Insurance Company, the following provisions apply to this policy.

This policy is issued by a mutual company which is subject to special legal regulations applicable to its organization, membership, policies, and contracts of insurance. Some of those regulations apply to and form a part of this policy.

You are hereby notified that by virtue of purchasing this policy you are a member of the Shelter Mutual Insurance Company of Columbia, Missouri and may participate, to the extent, and upon the conditions fixed and determined by the Board of Directors of the Company in its discretion in the distribution of dividends it fixes and determines.

You are entitled to vote, either in person or by proxy, at all meetings of that Company. The annual meeting of the Shelter Mutual Insurance Company is held at its Home Office in Columbia, Missouri, on the first Wednesday in April of each year at 10 o'clock A.M.

All of your interest in the Shelter Mutual Insurance Company, its goodwill, assets, and guaranty fund, will cease upon termination of this policy, except any claims that you may then have under this policy and except for any unearned portion of your deposit premium.

This policy is non-assessable.

IN WITNESS WHEREOF, THE INSURANCE COMPANY shown on the policy Declarations of Columbia, Missouri has caused this policy to be signed by its secretary, President and CEO and, countersigned on the Declarations page by a duly authorized representative.

Secretary

President and CEO

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