

SERFF Tracking Number: TRGR-125768135 State: Arkansas
Filing Company: Southern Insurance Company State Tracking Number: #302549 \$50
Company Tracking Number: 08/188AR-F
TOI: 03.0 Personal Farmowners Sub-TOI: 03.0000 Personal Farmowners
Product Name: Farmowners
Project Name/Number: Equine Program/08-188

Filing at a Glance

Company: Southern Insurance Company

Product Name: Farmowners

TOI: 03.0 Personal Farmowners

Sub-TOI: 03.0000 Personal Farmowners

Filing Type: Form

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

SERFF Tr Num: TRGR-125768135 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08/188AR-F

Co Status:

Author: Jerry Mobley

Date Submitted: 08/26/2008

State Tr Num: #302549 \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 08/29/2008

Disposition Status: Approved

Effective Date (New): 10/01/2008

Effective Date (Renewal):

10/01/2008

State Filing Description:

General Information

Project Name: Equine Program

Project Number: 08-188

Reference Organization: A.A.I.S.

Reference Title: n/a

Filing Status Changed: 08/29/2008

State Status Changed: 08/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Filing a new company program for Farmowner - Equine Program

Status of Filing in Domicile: Pending

Domicile Status Comments: filed

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

Company and Contact

Filing Contact Information

Jerry Mobley, Senior Filings Specialist

Jerry.mobley@republicgroup.com

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5525 LBJ Freeway (972) 788-6619 [Phone]
Dallas, TX 75240 (972) 788-6609[FAX]

Filing Company Information

Southern Insurance Company CoCode: 19216 State of Domicile: Texas
5525 LBJ Freeway Group Code: 3489 Company Type:
Dallas, TX 75240 Group Name: The Republic Group State ID Number:
(972) 788-6001 ext. [Phone] FEIN Number: 75-6021170

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Form Filing Fee - \$50 for one company
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000302549	\$50.00	08/20/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	08/29/2008	08/29/2008

SERFF Tracking Number: TRGR-125768135 *State:* Arkansas
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Disposition

Disposition Date: 08/29/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Form	Equine Property Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equine Property Endorsement	FO R013	09 08	Endorsement/New Amendment/Conditions			FO R013-0908 Equine Property.pdf

Farmowners

This endorsement changes the policy. Please read carefully

EQUINE PROPERTY ENDORSEMENT

- A. The following coverages are added to **INCIDENTAL PROPERTY COVERAGES**. Unless otherwise stated, these coverages provide additional insurance and are subject to all the “terms” of Coverages E, F, and G.

Tack

“We” pay for loss to tack, including but not limited to harnesses, bridles and saddles “you” own or which are in “your” care, custody or control, while in transit or on or away from the “insured premises”. The loss must be caused by a peril insured against.

“We” pay no more than \$1,500 for any one item of covered property. The most “we” pay for this coverage is \$10,000 per occurrence.

Spoilage of Animal Health Products

“We” pay for spoilage of animal health products in refrigeration equipment on the “insured premises”. The spoilage must be caused by a change in temperature resulting from:

1. the disruption of power to the refrigeration equipment caused by damage to generating or transmission equipment on the “insured premises”; or
2. mechanical breakdown or failure of the refrigeration equipment.

“We” do not pay for loss caused by the disconnection of the refrigeration unit from the power source or by the turning off of any switch or other device that controls the flow of electrical current to the refrigeration unit.

“We” will pay the replacement cost of the animal health products without deduction for depreciation.

The most “we” pay for this coverage is \$1,500 per occurrence.

Signs and Entrance Gates

“We” pay for loss to signs or entrance gates on the “insured premises”. The loss must be caused by a peril insured against.

“We” do not cover portable signs or portable gates.

“We” will pay the replacement cost of the covered sign or entrance gate without deduction for depreciation.

The most “we” pay for this coverage, including other sign coverage limits provided by **INCIDENTAL PROPERTY COVERAGES**, is \$3,000 per occurrence.

Fences, Corrals and Pens

“We” pay for loss to fences, corrals and pens on the “insured premises”. The loss must be caused by a peril insured against.

“We” do not cover chutes or feed racks.

The most “we” pay for this coverage is \$3,000 per occurrence.

B. Deductible

“We” pay that part of the loss over \$250. This deductible applies per occurrence. When an occurrence affects more than one coverage under this endorsement only one deductible will apply.

C. Other Limitations and Coinsurance

Section 2 (**Other Limitations – Coverage F, Coinsurance Clause and Pro Rata Distribution Clause**) and Section 3 (**Other Limitations – Coverage G**) under the **LOSS SETTLEMENT PROVISIONS** do not apply to the coverages provided by this endorsement.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/29/2008

Comments:

Attachment:

pc_FO Equine Property End 1008 .pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 08/29/2008

Comments:

Attachment:

Filememo Equine -form.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Republic Group of Companies	3489

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Southern Insurance Company	Texas	19216	75-6021170	

5. Company Tracking Number	08-188ar-f
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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
	Jerry Mobley 5525 LBJ Freeway Dallas, TX 75240-6241	State Filings Analyst	972-788-6619	972-788-6909	Jerry.Mobley@republicGroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jerry Mobley		

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

9. Type of Insurance (TOI)	3.0000 Farmowners
10. Sub-Type of Insurance (Sub-TOI)	5.0006 Commercial Farm and Ranch
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/a
12. Company Program Title (Marketing title)	Farmowners
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: Oct. 1, 2008 Renewal: Oct. 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	American Association of Insurance Services
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

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-188ar-f
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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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We are filing a new company form that is provided in our Farmowner program. Our proposed effective date to begin using this endorsement is with policies effective **October 1, 2008**.

The form provides additional coverages that apply to our new Equine Program. This form has been filed in our domicile state of Texas.

If you have any questions, please contact me. The applicable filing fee is being mailed today. Thank you for your assistance.

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]
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Check #: 0000302549

Amount: \$50.00

form filing fee for company forms = (1 x \$filing fee) for one company

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.)

1.	This filing transmittal is part of Company Tracking #	08-188ar-f
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a
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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	Equine Property Endorsement	FO R013 09 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

**Southern Insurance Company
Farm Owners Multiperil
Filing Memorandum – Equine Program - Form**

Countrywide Filing

We are filing an enhancement endorsement, Equine Property Endorsement, FO R013, to provide additional coverages that we will offer under our Equine Program.

Separately, we have filed an additional rule to provide the rate charge of \$125.00 for this property enhancement form.