

SERFF Tracking Number: ARKS-125813811 State: Arkansas
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #555230 \$50
Company of Arkansas, Inc.
Company Tracking Number:
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: /

Filing at a Glance

Company: 13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Product Name: Homeowners	SERFF Tr Num: ARKS-125813811	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: #555230 \$50
Sub-TOI: 04.0003 Owner Occupied Homeowners	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author:	Disposition Date: 09/12/2008
	Date Submitted: 09/11/2008	Disposition Status: Approved
Effective Date Requested (New): 10/15/2008		Effective Date (New): 10/15/2008
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal): 01/01/2009

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: 09/12/2008	
State Status Changed: 09/12/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Modify HO endorsement "P" to split property coverages as previously approved and amend liability and medical payments to be afforded to both the named insured and additional insureds.	

Company and Contact

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Filing Contact Information

Bill Williams, Underwriting Manager Bill.Williams@afbic.com
10720 Kanis Rd (501) 228-1463 [Phone]
Little Rock, AR 72203 (501) 228-1800[FAX]

Filing Company Information

13757 - Farm Bureau Mutual Insurance CoCode: 13757 State of Domicile: Arkansas
Company of Arkansas, Inc.
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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/12/2008	09/12/2008

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Disposition

Disposition Date: 09/12/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal): 01/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125813811

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125813811		Yes
Form	Limited Coverage-Endt P	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Limited Coverage-Endt P	HO3560	10/08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: Previous Filing #:		

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125813811

09/12/2008

Comments:

Attachment:

ARKS-125813811.pdf

ARKS-125813811

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

Approved until withdrawn or revoked

SEP 12 2008

Arkansas Insurance Department

By: *[Signature]*

2. Insurance Department Use only # 555230

a. Date the filing is received: \$ 50.00

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business	RECEIVED
Renewal Business	

f. State Filing #: SEP 11 2008

g. SERFF Filing #:

h. Subject Codes

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

3. Group Name	Group NAIC #
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Farm Bureau Mutual Ins. Co. of Ark., Inc.		13757	710232167	

5. Company Tracking Number

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Bill Williams 10720 Kanis Road, Little Rock, AR 72203	Underwriting Manager	501-228-1463	501-228-1800	bill.williams@afbic.com

7. Signature of authorized filer *[Signature]*

8. Please print name of authorized filer Bill Williams

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

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	04.0003 Owner Occupied Homeowners
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 10/15/08 Renewal: 01/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	09/10/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

We would like to modify Homeowner policy Endorsement 'P' which is the endorsement we attach when a home property is owned by someone other than the occupant(s). For example, when parents own the house and son/daughter-in-law occupy it. The endorsement is designed to specify who is afforded the different policy coverages. The revised endorsement would split the property coverages as before, but Personal Liability and Medical Payments would be afforded for both Named Insureds and Additional Insureds as listed on the endorsement. This is an enhancement of coverage, and we would like to begin using as soon as possible.

We also attach pages of our Homeowner Instructions section of the Agent's Manual which are being revised to reflect the endorsement change.

[View Complete Filing Description](#)

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 #: 555230

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.)

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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 #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Limited Coverages - Endorsement P	HO3560 10/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	HO3560 08/92	
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

Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Limited Coverages - Endorsement P

This endorsement limits coverage for the person(s) shown below as First Named Insured(s). Coverage for the First Named Insured(s) is limited to Coverage "A" (Dwelling) and Coverage "B" (Other Structures) of Section I, and Coverage "E" (Personal Liability Protection) and Coverage "F" (Medical Payments) of Section II. Terms, conditions and exclusions of each Coverage apply to the First Named Insured(s). No other coverage from the policy will apply to the First Named Insured(s).

This endorsement limits coverage for the person(s) shown below as Additional Insured(s). Coverage for the Additional Insured(s) is limited to Coverage "C" (Personal Property), Coverage "D" (Additional Living Expense), and Additional Coverages of Section I, and Coverage "E" (Personal Liability Protection) and Coverage "F" (Medical Payments) of Section II. Terms, conditions and exclusions of each Coverage apply to the Additional Insured(s). No other coverage from the policy will apply to the Additional Insured(s).

ATTACHED TO POLICY: _____

EFFECTIVE DATE: _____

FIRST NAMED INSURED(S): _____
(Owner(s) of the Dwelling)

ADDITIONAL INSURED(S): _____
(Occupant(s) of the Dwelling)

AGENT: _____

COUNTY CODE: _____

I agree with and accept the above endorsement:

Signature of Named Insured

HO3560 (10/08)
MUTE0006

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