

SERFF Tracking Number: ARKS-125818860 State: Arkansas
 Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #555894 \$25
 Company of Arkansas, Inc.
 Company Tracking Number:
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Endt P
 Project Name/Number: /

Filing at a Glance

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

Product Name: Endt P	SERFF Tr Num: ARKS-125818860	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: #555894 \$25
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num:	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author:	Disposition Date: 09/17/2008
	Date Submitted: 09/16/2008	Disposition Status: Filed
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: 09/17/2008	
State Status Changed: 09/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
revised mangual pages for endorsement P rule	

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125818860 State: Arkansas
Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #555894 \$25
Company of Arkansas, Inc.
Company Tracking Number:
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Endt P
Project Name/Number: /

Bill Williams, Underwriting Manager
10720 Kanis Rd
Little Rock, AR 72203

Bill.Williams@afbic.com
(501) 228-1463 [Phone]
(501) 228-1800[FAX]

Filing Company Information

13757 - Farm Bureau Mutual Insurance
Company of Arkansas, Inc.
No Address
City, AR 99999
(999) 999-9999 ext. [Phone]

CoCode: 13757

State of Domicile: Arkansas

Group Code:

Company Type:

Group Name:

State ID Number:

FEIN Number: 99-9999999

SERFF Tracking Number: ARKS-125818860

State: Arkansas

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

State Tracking Number: #555894 \$25

Company Tracking Number:

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Endt P

Project Name/Number: /

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

SERFF Tracking Number: ARKS-125818860

State: Arkansas

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

State Tracking Number: #555894 \$25

Company Tracking Number:

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Endt P

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	09/17/2008	09/17/2008

SERFF Tracking Number: ARKS-125818860

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance

State Tracking Number: #555894 \$25

Company of Arkansas, Inc.

Company Tracking Number:

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Endt P

Project Name/Number: /

Disposition

Disposition Date: 09/17/2008

Effective Date (New): 10/15/2008

Effective Date (Renewal): 01/01/2009

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125818860 State: Arkansas
 Filing Company: 13757 - Farm Bureau Mutual Insurance State Tracking Number: #555894 \$25
 Company of Arkansas, Inc.
 Company Tracking Number:
 TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
 Product Name: Endt P
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	ARKS-125818860		Yes

SERFF Tracking Number: ARKS-125818860

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance

State Tracking Number: #555894 \$25

Company of Arkansas, Inc.

Company Tracking Number:

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Endt P

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125818860

State: Arkansas

Filing Company: 13757 - Farm Bureau Mutual Insurance

State Tracking Number: #555894 \$25

Company of Arkansas, Inc.

Company Tracking Number:

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Endt P

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125818860

09/17/2008

Comments:

Attachment:

ARKS-125818860.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

FILED
SEP 16 2008

PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.

2. Insurance Department Use Only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing: **RECEIVED**

e. Effective date of filing: SEP 16 2008

New Business	
Renewal Business	

f. State Filing #: PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

g. SERFF Filing #:

h. Subject Codes

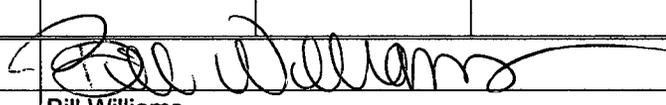
3. Group Name _____ **Group NAIC #** _____

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 72211	Underwriting Manager	501-228-1463	501-228-1800	bill.williams@afbic.com

7. Signature of authorized filer 

8. Please print name of authorized filer Bill Williams

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

9. Type of Insurance (TOI)	Please select from the drop down list.		
10. Sub-Type of Insurance (Sub-TOI)			
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 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			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

RECEIVED
RMS
STANDARD TIME
1950

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]

Adjustment to Homeowners Instructions section of our Agent's Manual to reflect the change to Endorsement 'P'. The revised endorsement will provide Personal Liability and Medical Payments coverage for both Named Insureds and Additional Insureds listed on the endorsement.

[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 #:
Amount: \$25

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Homeowner Instructions page HO-12	<input type="checkbox"/> New <input checked="" 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	

Becky Harrington

From: Becky Harrington
Sent: Friday, September 12, 2008 8:32 AM
To: Bill Williams
Subject: Homeowners Filing

Bill,

Arkansas Rule and Regulation 23 (Revised) Section 7(A)(2)(a) provides that rate and/or rule filings be submitted separately from form filings. We must have separate submissions due to the different reviewing procedures.

I have separated the revised rule pages from the form filing to make a complete form filing. I will need transmittal document pages 1 and 2; the rate/rule schedule page; and \$25 filing fee to complete the rule filing.

Thanks,
Becky Harrington
Sr. Certified Analyst
Property & Casualty Division
(501) 371-2804
(501) 371-2748 fax
E-mail: becky.harrington@arkansas.gov

HOMEOWNER INSTRUCTIONS

GENERAL RULES

I. The Homeowner Contract (04-15-2003)	HO-1
A. HO-1 Policy Form	HO-1
B. HO-3 Policy Form	HO-2
C. HO-4 Policy Form (Provisions for Renters, Tenants or Lessees)	HO-3
D. Extensions of Coverage	HO-3
E. Property Covered - Section I / Forms HO-1 and HO-3	HO-5
F. Liability and Medical Coverage - Section II / Forms HO-1, HO-3, and HO-4	HO-5
G. Additional Coverage For Vacant Lots, Additional Residence, and Watercraft ...	HO-6
II. Endorsements (06-01-07)	HO-7
A. Incidental Business Occupancy (Endorsement A)	HO-7
B. Builder's Risk (Endorsement B)	HO-8
C. New Home Construction, Theft (Endorsement T)	HO-9
D. Extended Theft (Endorsements D,D1,D2,D3,and D4)	HO-9
E. Complete and Occupy Construction (Endorsement E)	HO-9
F. Vacancy or Unoccupancy Permit (Endorsement G) (06-01-07)	HO-10
G. Vendors Single Interest (VSI) (Endorsement I)	HO-10
H. Personal Property Replacement Cost (Endorsement J)	HO-10
I. Optional Perils (Endorsement K, HO-4 Only)	HO-11
J. Optional Perils (Endorsement L, HO-1 Only)	HO-11
K. Limited Coverages (Endorsement P) (10-15-08)	HO-11
L. Sewage Backup (Endorsement S)	HO-12
M. Wind and Hail Roof Exclusion (Endorsement M)	HO-12
III. Minimum Replacement Cost Requirements (06-01-07)	HO-13
IV. Homeowner Property "Classification Plan" (11-01-05)	HO-14
A. Homeowner Classification Guidelines (06-01-07)	HO-14
1. Class 1 Property (02-15-08)	HO-14
2. Class 2 Property (02-15-08)	HO-19
3. Class 3 Property (02-15-08)	HO-21

Read the endorsement in regard to conditions, exclusions, and limits that apply to losses. The underwriting department may require the policyholder to complete and submit an inventory before providing such coverage.

I. OPTIONAL PERILS (ENDORSEMENT K, HO-4 ONLY)

This endorsement adds five perils to the Tenant Homeowner (HO-4) policy:

- (1) Weight of ice, snow or sleet.
- (2) Sudden or accidental tearing apart, cracking, burning or bulging of a heating or air conditioning system, water heating appliance or fire sprinkler system.
- (3) Accidental discharge or overflow of water or steam from a plumbing, heating or air conditioning system, household appliances or fire sprinkler system.
- (4) Freezing of plumbing, heating or air conditioning systems, appliances and fire sprinkler systems.
- (5) Sudden and accidental loss caused by surges of artificially generated electrical currents.

J. OPTIONAL PERILS (ENDORSEMENT L, HO-1 ONLY)

This endorsement adds five perils to the HO-1 policy:

- (1) Weight of ice, snow or sleet.
- (2) Sudden or accidental tearing apart, cracking, burning or bulging of a heating or air conditioning system, water heating appliance or fire sprinkler system.
- (3) Accidental discharge or overflow of water or steam from a plumbing, heating or air conditioning system, household appliances or fire sprinkler system.
- (4) Freezing of plumbing, heating or air conditioning systems, appliances and fire sprinkler systems.
- (5) Sudden and accidental loss caused by surges of artificially generated electrical currents.

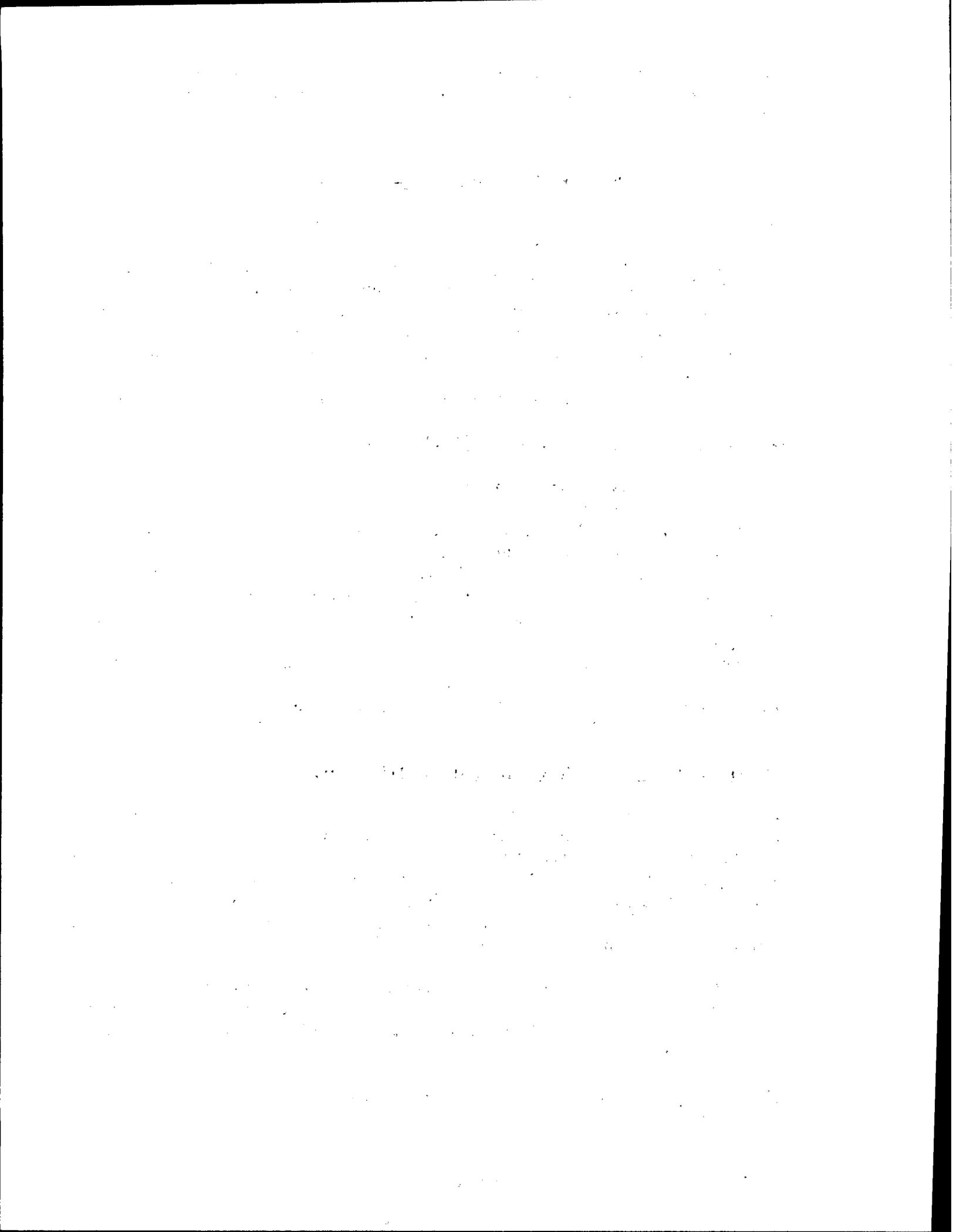
This endorsement is also available for certain manufactured housing. See IV. Homeowner Property Classification Plan, Section D, Class 4 -Mobile or Modular Homes.

K. LIMITED COVERAGES (ENDORSEMENT P) (10-15-08)

This endorsement is to be used under certain circumstances when the occupant(s) of the dwelling are immediate family of the legal owners of the dwelling. The occupant owns the furnishings in the dwelling. The intent is to provide Coverages A and B to the owner(s) of the dwelling and Coverages C, D, E and F to the occupant(s) of the dwelling as long as the owner(s) and occupant(s) are immediate family. Examples include: (1) a son or daughter may purchase a home for elderly parents to live in; or (2) a mother and father may purchase a home for a daughter and her husband to live in.

This endorsement can also be used when an insured's corporation owns the dwelling and the insured occupies the dwelling. Only three names can be listed as named insureds on the application/policy declaration. If there are more than three, all other names will be listed on this endorsement.

The following procedures will apply to the use of this endorsement:



- (1) The "First Named Insured(s)" is the owner of the dwelling. The underwriting and other personal information on the application or change request will pertain to the "First Named Insured(s)." The owner is the only one who may request changes to Coverages A and B.
- (2) The "Additional Insured(s)" is the occupant of the dwelling and owner of the contents. The Homeowner Supplement Form should be used to underwrite the occupant. The occupant is the only one who may request changes to Coverages C and D.
- (3) Coverages E and F are afforded to both the Named Insured(s) and Additional Insured(s) as listed on the endorsement. Either party may request changes to Coverages E and F.
- (4) If either party cancels its coverages, the policy will be cancelled and both parties will be notified.
- (5) The names of both the first named insured (owner) and occupants will appear on the declaration. All billings, refunds and other notices and the declaration will be mailed to the first named insured (owner). The first named insured (owner) will be responsible for paying the premiums.
- (6) Both the first named insured and occupant insureds must have current County Farm Bureau memberships.

Caution should be used when writing Endorsement P on a policy. If there is any question regarding the financial condition or the relationship between the insureds, a trial application should be used.

L. SEWAGE BACKUP (ENDORSEMENT S)

This endorsement amends coverage by providing coverage for accidental direct physical loss caused by water or sewage, which backs up through sewers or drains including sump overflow. A \$250 deductible will apply per occurrence, and the maximum amount we will pay per occurrence is \$2,500. This limit does not increase the limits of liability applying to Coverages A, B, and C. We will not pay for loss of a sump pump or related equipment, which is caused by mechanical breakdown.

M. WIND AND HAIL ROOF EXCLUSION (ENDORSEMENT M)

This endorsement excludes coverage for damages to the roof of a home from the perils of wind and hail. Coverage is also excluded for damage to the contents or interior of the home which occurs as a result of pre-existing roof damage. This endorsement cannot be used on a new Homeowner policy.

This endorsement may be applied to existing business (any class plan) when the roof is in poor condition due to wear and tear, and/or when we have paid the insured to replace the roof or make repairs due to a covered loss and the repairs go unmade. In these situations, the underwriter may require a larger deductible and/or change the class plan.

