Filing at a Glance

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

Product Name: POP	SERFF Tr Num: ARKS-125823293	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #556203 $50
Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi
	Author:	Disposition Date: 09/24/2008
	Date Submitted: 09/18/2008	Disposition Status: Approved
Effective Date Requested (New): 10/15/2008		Effective Date (New): 10/15/2008
Effective Date Requested (Renewal): 10/15/2008		Effective Date (Renewal): 10/15/2008

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: 09/24/2008	
State Status Changed: 09/24/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Requested change confirmation memo to insured

Company and Contact

SERFF Tracking Number:	*ARKS-125823293*	*State:*	*Arkansas*
Filing Company:	*13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.*	*State Tracking Number:*	*#556203 $50*
Company Tracking Number:			
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*POP*		
Project Name/Number:	*/*		

Filing Contact Information

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.	CoCode: 13757	State of Domicile: Arkansas
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

SERFF Tracking Number:	*ARKS-125823293*	*State:*	*Arkansas*
Filing Company:	*13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.*	*State Tracking Number:*	*#556203 $50*
Company Tracking Number:			
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*POP*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	09/24/2008	09/24/2008

SERFF Tracking Number:	*ARKS-125823293*	*State:*	*Arkansas*
Filing Company:	*13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.*	*State Tracking Number:*	*#556203 $50*
Company Tracking Number:			
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*POP*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 09/24/2008
Effective Date (New): 10/15/2008
Effective Date (Renewal): 10/15/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ARKS-125823293*	*State:*	*Arkansas*
Filing Company:	*13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.*	*State Tracking Number:*	*#556203 $50*
Company Tracking Number:			
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*POP*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125823293		Yes
Form	IM Confirmation Memo	Approved	Yes
Form	BO Confirmation Memo	Approved	Yes
Form	POP confirmation Memo	Approved	Yes

SERFF Tracking Number:	*ARKS-125823293*	*State:*	*Arkansas*
Filing Company:	*13757 - Farm Bureau Mutual Insurance Company of Arkansas, Inc.*	*State Tracking Number:*	*#556203 $50*
Company Tracking Number:			
TOI:	*01.0 Property*	*Sub-TOI:*	*01.0002 Personal Property (Fire and Allied Lines)*
Product Name:	*POP*		
Project Name/Number:	*/*		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	IM Confirmation Memo	IM4003	10/08	Other	New			
Approved	BO Confirmation Memo	BT7500	10/08	Other	New			
Approved	POP confirmation Memo	F3007	10/08	Other	New			

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125823293 09/24/2008

Comments:

Attachment:

ARKS-125823293.pdf

ARKS-125823293 BN

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
Approved until withdrawn or revoked SEP 24 2008 Arkansas Insurance Department By:	a. Date the filing is received:	#556203
	b. Analyst:	50.00
	c. Disposition:	
	d. Date of disposition of the filing:	RECEIVED
	e. Effective date of filing:	
	New Business	
	Renewal Business	SEP 18 2008
	f. State Filing #:	
	g. SERFF Filing #:	PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT
	h. Subject Codes	

3.	Group Name	Group NAIC #

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

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	Bill Williams
8.	Please print name of authorized filer	Bill Williams

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

9.	**Type of Insurance (TOI)**	01.0 Property
10.	**Sub-Type of Insurance (Sub-TOI)**	01.0002 Personal Property (Fire and Allied Lines)
11.	**State Specific Product code(s)**(if applicable)[See State Specific Requirements]	
12.	**Company Program Title** (Marketing title)	
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 10/15/08 Renewal:
15.	**Reference Filing?**	☐ Yes ☑ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	09/15/08
19.	**Status of filing in domicile**	☐ Not Filed ☐ Pending ☐ Authorized ☐ 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]

Our company has created a confirmation memo for each property line (Boatowner, Property Owner, and Inland Marine).

The confirmation memos are created by our agents when an insured requests that changes and/or corrections be made to their policy(s). The Confirmation Memo automatically prints out a list of the changes discussed and sets into motion the processing of those changes. The printouts are then given to the insured to confirm that the changes are indeed what they intended to have done, and they have a document for their files.

These memos can also be emailed to insureds who call over the phone and the files can be Imaged into our paperless system for rapid processing.

We would like to use these forms effective 10/15/08.

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 #: 556203
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.)**

Effective March 1, 2007

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	Inland Marine Confirmation Memo	IM4003	☑ New ☐ Replacement ☐ Withdrawn		
02	Boatowner Confirmation Memo	BT7500	☑ New ☐ Replacement ☐ Withdrawn		
03	Property Owner's Confirmation Memo	F3007	☑ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		

PC FFS-1

Print Form

Farm Bureau Mutual Insurance Company of Arkansas, Inc.
Inland Marine Confirmation Memo
Printed: 8/5/2008

Dear Policyholder:
In accordance with your recent instructions, the transaction(s) outlined below are being made to your insurance coverage. If you have any questions about the transaction(s) or corrections to be made, please contact your agent. Thank you.

Policy Change Summary

Policy Number:
First Insured:
Effective Date:
Expiration Date:

Agent:
County:
Member Number:
Dec Effective Date:

Name(s) Change Summary

Status	Relation	Name	Driver's License	Date of Birth	Home/Cell Phone	Change Description

No Changes

Item(s) Change Summary

Status	Item Number	Item Description	Coverage	Deductible	Change Effective Date Change Description

No Changes

Other Interested Parties Change Summary

Status	OIP Number	Name	Address	City	State	Zip	Description

No Changes

Policy Endorsements Change Summary

Status	Item Number	Endorsement	Endorsement Effective Date	Description

No Changes

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Farm Bureau Mutual Insurance Company of Arkansas, Inc.
Inland Marine Confirmation Memo
Printed: 8/5/2008

Policy Change Summary

Policy Number:
First Insured:
Effective Date:
Expiration Date:

Agent:
County:
Member Number:
Dec Effective Date:

I certify that all statements above are true and correct. I understand that any false statements or misrepresentations may void the policy.

Applicant's Signature _____ Date _____ Hour _____

Underwriting Questions

01A	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD ANY FIRE LOSSES, INSURED OR UNINSURED, INVOLVING PROPERTY, BUILDINGS, AUTOS, OR EQUIPMENT? IF YES, EXPLAIN.	No
01B	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD FILED BANKRUPTCY OR HAD A REPOSSESSION OR FORECLOSURE?	No
01C	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD A CIVIL JUDGEMENT?	No
01D	IN THE PAST 10 YEARS, HAS THE INSURANCE OF ANY APPLICANT BEEN CANCELLED OR DECLINED? PLEASE GIVE THE NAME OF THE COMPANY AND POLICY NUMBER. Name of Company Policy Number	No
02A	HAS ANYONE IN THE HOUSEHOLD EVER BEEN ARRESTED?	No
02B	HAS ANYONE IN THE HOUSEHOLD EVER BEEN CONVICTED OF A FELONY?	No
02C	HAS ANYONE IN THE HOUSEHOLD EVER BEEN CHARGED WITH OR CONVICTED OF ARSON?	No
03	HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE OF DRUGS WITHIN THE PAST 36 MONTHS? (APPLICABLE ONLY IF INSURING A WATERCRAFT)	No
04	ARE THERE ANY CURRENT DISPUTES OR ANY LITIGATION CONCERNING THE PROPERTY? (LIENS, TAX LIENS, ETC.)	No
05	DOES THE APPLICANT OWN ALL ITEMS LISTED ON THE APPLICATION? IF NOT, PLEASE ATTACH A NOTE EXPLAINING.	Yes
06	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD ANY LOSSES, OTHER THAN FIRE, INVOLVING PROPERTY, BUILDINGS OR MACHINERY? IF YES, EXPLAIN.	No
07	EQUIPMENT - EXPLAIN ANY USE OTHER THAN FARMING.	No
08	CARGO - FARM BUREAU AUTO POLICY COVERING VEHICLE.	No

Date	Location	Type of Loss	Amount of Damage	Comments

I certify that all statements above are true and correct. I understand that any false statements or misrepresentations may void the policy.

Applicant's Signature _____ Date _____ Hour _____

Prepared by:
Agent's Signature _____ Date _____

Your agent's name, address and phone number:

Print Form

Farm Bureau Mutual Insurance Company of Arkansas, Inc.
Boatowner Confirmation Memo
Printed: 8/5/2008

Dear Policyholder:
In accordance with your recent instructions, the transaction(s) outlined below are being made to your insurance coverage. If you have any questions about the transaction(s) or corrections to be made, please contact your agent. Thank you.

Policy Change Summary

Policy Number:
First Insured:
Effective Date:
Expiration Date:

Agent:
County:
Member Number:
Dec Effective Date:

Name(s) Change Summary

Status	Relation	Name	Driver's License	Date of Birth	Home/Cell Phone	Change Description

No Changes

Item(s) Change Summary

Status	Item Number	Item Description	Coverage(s)	Deductible	Location County	Change Effective Date Change Description

No Changes

Other Interested Parties Change Summary

Status	OIP Number	Name	Address	City	State	Zip	Description

No Changes

Policy Endorsements Change Summary

Status	Item Number	Endorsement	Endorsement Effective Date	Description

No Changes

b

Farm Bureau Mutual Insurance Company of Arkansas, Inc.
Boatowner Confirmation Memo
Printed: 8/5/2008

Policy Change Summary

Policy Number:
First Insured:
Effective Date:
Expiration Date:

Agent:
County:
Member Number:
Dec Effective Date:

I certify that all statements above are true and correct. I understand that any false statements or misrepresentations may void the policy.

Applicant's Signature _____ Date 7/29/2008 Hour 8:32 AM

Underwriting Questions

01A	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD ANY FIRE LOSSES, INSURED OR UNINSURED, INVOLVING PROPERTY, BUILDINGS, AUTOS, OR EQUIPMENT? IF YES, EXPLAIN.	No
01B	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD FILED BANKRUPTCY OR HAD A REPOSSESSION OR FORECLOSURE?	No
01C	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD A CIVIL JUDGEMENT?	No
01D	IN THE PAST 10 YEARS, HAS THE INSURANCE OF ANY APPLICANT BEEN CANCELLED OR DECLINED? PLEASE GIVE THE NAME OF THE COMPANY AND POLICY NUMBER. Name of Company Policy Number	No
02A	HAS ANYONE IN THE HOUSEHOLD EVER BEEN ARRESTED?	No
02B	HAS ANYONE IN THE HOUSEHOLD EVER BEEN CONVICTED OF A FELONY?	No
02C	HAS ANYONE IN THE HOUSEHOLD EVER BEEN CHARGED WITH OR CONVICTED OF ARSON?	No
02D	HAS ANYONE IN THE HOUSEHOLD EVER HAD THEIR DRIVER'S LICENSE SUSPENDED OR REVOKED?	No
02E	HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE OF DRUGS WITHIN THE PAST 36 MONTHS?	No
03	UNDERWRITING BINDING EXCEPTION - WARNING: USE ONLY WHEN ADVERSE UNDERWRITING INFORMATION IN QUESTIONS 1 A-D AND 2 A-E HAS BEEN PREVIOUSLY UNDERWRITTEN AND APPROVED FOR THIS INSURED. PLEASE PROVIDE THE PREVIOUSLY APPROVED POLICY NUMBER: Policy Number	No
04	DOES THE APPLICANT OWN ALL ITEMS LISTED ON THE APPLICATION? IF NOT, PLEASE EXPLAIN.	**Yes**
05	IS ANY WATERCRAFT LISTED ON THIS APPLICATION USED FOR ANY BUSINESS PURPOSE TO ANY EXTENT? (IF YES, PLEASE EXPLAIN.)	No
06	ARE THERE ANY CURRENT DISPUTES OR ANY LITIGATION CONCERNING THE PROPERTY? (LIENS, TAX LIENS, ETC.)	No
07	IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD ANY LOSSES, OTHER THAN FIRE, INVOLVING PROPERTY, BUILDINGS, AUTOS OR EQUIPMENT? IF YES, EXPLAIN. Date Location Type of Loss Amount of Damage Comments	No

I certify that all statements above are true and correct. I understand that any false statements or misrepresentations may void the policy.

Applicant's Signature _____ Date _____ Hour _____

Agent's Signature _____ Date 7/29/2008

Your agent's name, address and phone number:

Prepared by:

BT 7500 (REV 10/2008)

Print Form

Farm Bureau Mutual Insurance Company of Arkansas, Inc.

Property Owner's Confirmation Memo

Printed: 8/13/2008

Dear Policyholder:
In accordance with your recent instructions, the transaction(s) outlined below are being made to your insurance coverage. If you have any questions about the transaction(s) or corrections to be made, please contact your agent. Thank you.

Policy Change Summary

Policy Number:
First Insured:
Effective Date:
Expiration Date:

Agent:
County:
Member Number:
Dec Effective Date:

Name(s) Change Summary

Status	Relation	Name	Driver's License	Date of Birth	Home/Cell Phone	Change Description

No Changes

Item(s) Change Summary

Status	Item Number	Item Description	Coverage	Deductible	Protection Class/ Location	Change Effective Date Change Description

No Changes

Other Interested Parties Change Summary

Status	OIP Number	Name	Address	City	State	Zip	Description

No Changes

Policy Endorsements Change Summary

Status	Item Number	Endorsement	Endorsement Effective Date	Description

No Changes

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Farm Bureau Mutual Insurance Company of Arkansas, Inc.
Property Owner's Confirmation Memo
Printed: 8/13/2008

Policy Change Summary

Policy Number:
First Insured:
Effective Date:
Expiration Date:

Agent:
County:
Member Number:
Dec Effective Date:

I certify that all statements above are true and correct. I understand that any false statements or misrepresentations may void the policy.

Applicant's Signature _____ Date 8/11/2008 Hour 8:06 AM

Underwriting Questions

PRIOR PRIOR INSURANCE CARRIER AND POLICY NUMBER.

01A IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD ANY FIRE LOSSES, INSURED OR UNINSURED, INVOLVING PROPERTY, BUILDINGS, AUTOS, OR EQUIPMENT? IF YES, EXPLAIN.

01B IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD FILED BANKRUPTCY OR HAD A REPOSSESSION OR FORECLOSURE?

01C IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD A CIVIL JUDGEMENT?

01D IN THE PAST 10 YEARS, HAS THE INSURANCE OF ANY APPLICANT BEEN CANCELLED OR DECLINED? PLEASE GIVE THE NAME OF THE COMPANY AND POLICY NUMBER.
Name of Company Policy Number

02A HAS ANYONE IN THE HOUSEHOLD EVER BEEN ARRESTED?

02B HAS ANYONE IN THE HOUSEHOLD EVER BEEN CONVICTED OF A FELONY?

02C HAS ANYONE IN THE HOUSEHOLD EVER BEEN CHARGED WITH OR CONVICTED OF ARSON?

03 ARE THERE ANY CURRENT DISPUTES OR ANY LITIGATION CONCERNING THE PROPERTY? (LIENS, TAX LIENS, ETC.)

04 IS ANY DWELLING VACANT OR UNOCCUPIED? (DOES NOT APPLY TO BUILDER'S RISK AND COMPLETE & OCCUPY)

05 IS ANY DWELLING FOR SALE?

06 IS THE LAND OWNED BY SOMEONE OTHER THAN APPLICANT?

07 IS THERE ANY BUSINESS CONDUCTED ON THE PREMISES?

08 IN THE PAST 10 YEARS, HAS ANYONE IN THE HOUSEHOLD HAD ANY LOSSES, OTHER THAN FIRE, INVOLVING PROPERTY, BUILDINGS OR MACHINERY? IF YES, EXPLAIN.
Date Location Type of Loss Amount of Damage Comments

I certify that all statements above are true and correct. I understand that any false statements or misrepresentations may void the policy.

Applicant's Signature _____ Date 8/11/2008 Hour 8:06 AM

Agent's Signature _____ Date _____

Your agent's name, address and phone number:

Prepared by:

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