

SERFF Tracking Number: ARKS-125945300 State: Arkansas
Filing Company: 18325 - Southern Farm Bureau Casualty Insurance Company State Tracking Number: 2 CKS TOTAL \$75
Company Tracking Number:
TOI: 17.2 Other Liability-Claims Made Only Sub-TOI: 17.2018 Premises and Operations (OL&T and M&C)
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 18325 - Southern Farm Bureau Casualty Insurance Company

Product Name: n/a	SERFF Tr Num: ARKS-125945300	State: Arkansas
TOI: 17.2 Other Liability-Claims Made Only	SERFF Status: Closed	State Tr Num: 2 CKS TOTAL \$75
Sub-TOI: 17.2018 Premises and Operations (OL&T and M&C)	Co Tr Num:	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author:	Disposition Date: 01/02/2009
	Date Submitted: 12/12/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		
3 forms		

Ck # 539257 for \$50 and Ck # 539266 for \$25 rate/rule accepted for info purposes only - exempt

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: 01/02/2009	
State Status Changed: 01/02/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

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 Product Name: n/a
 Project Name/Number: /

Company and Contact

Filing Contact Information

NA NA, NA@NA.com
 NA (123) 555-4567 [Phone]
 NA, AR 00000

Filing Company Information

18325 - Southern Farm Bureau Casualty CoCode: 18325 State of Domicile: Arkansas
 Insurance Company
 No Address Group Code:
 City, AR 99999 Group Name: Company Type:
 (999) 999-9999 ext. [Phone] FEIN Number: 99-9999999 State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

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Product Name: n/a
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/02/2009	01/02/2009

SERFF Tracking Number: ARKS-125945300 *State:* Arkansas
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TOI: 17.2 Other Liability-Claims Made Only *Sub-TOI:* 17.2018 Premises and Operations (OL&T and
M&C)
Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 01/02/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125945300

State: Arkansas

Filing Company: 18325 - Southern Farm Bureau Casualty
Insurance Company

State Tracking Number: 2 CKS TOTAL \$75

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TOI: 17.2 Other Liability-Claims Made Only

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M&C)

Product Name: n/a

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Item Type	Item Name	Item Status	Public Access
Supporting Document	ARKS-125945300		Yes

SERFF Tracking Number: ARKS-125945300

State: Arkansas

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Insurance Company

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Product Name: n/a

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Rate Information

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Filing Company: 18325 - Southern Farm Bureau Casualty State Tracking Number: 2 CKS TOTAL \$75
Insurance Company
Company Tracking Number:
TOI: 17.2 Other Liability-Claims Made Only Sub-TOI: 17.2018 Premises and Operations (OL&T and
M&C)
Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125945300

01/02/2009

Comments:

Attachment:

ARKS-125945300.pdf

Property & Casualty Transmittal Document

Reset Form

<p>1. Reserved for Insurance Dept. Use Only</p> <p>Approved until withdrawn or revoked</p> <p>Dec 12 2008</p> <p>Arkansas Insurance Department By: <i>ER</i> (Forms)</p> <p><i>(Rate/Rules accepted for informational purposes only)</i></p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst: # 539257</p> <p>c. Disposition: \$ 50.00</p> <p>d. Date of disposition of the filing: # 539266</p> <p>e. Effective date of filing: \$ 25.00</p> <p> New Business</p> <p> Renewal Business</p> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>
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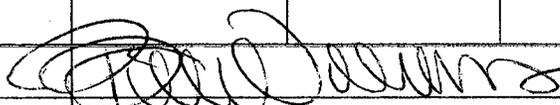
<p>3. Group Name <i>exempt § 23-107-206</i></p>	<p>Group NAIC #</p>
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4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Southern Farm Bureau Casualty Ins. Co.	Jackson, MS	18325	640288243	
RECEIVED				
DEC 12 2008				

5. Company Tracking Number PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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 Rd., 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)	17.2 Other Liability-Occ Only
10. Sub-Type of Insurance (Sub-TOI)	17.2018 Premises and Operations (OL&T and M&C)
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 type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/09 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12-12-2008
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 have decided to add the Agritainment exposure to our General Liability policy (Form 31202 12/83) in the form of a Business Other Than Farming (BOTF) item. Agritainment will include farming related business activities that involve the providing of entertainment to others for a fee.

Enclosed is Form G7028, the Agritainment Inspection Form for inspecting a potential Agritainment site and Form G7029, an Agritainment Trial Application Form.

The Rates for this exposure are shown on the enclosed spreadsheet, which we are also filing.

We would like to begin using these documents and begin rating agritainment business in January 2009, pending your approval.

[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 #: 539257 / 539266
Amount: \$50 and \$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.)

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	Agritainment Trial Application Form	G7028 01/09	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Agritainment Inspection Form	G7029 01/09	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Agritainment Rates	January 2009	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input checked="" 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

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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	prior approval
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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)
Southern Farm Bureau							
Casualty							

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		<input 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	



FARM BUREAU MUTUAL INSURANCE COMPANY of ARKANSAS, INC.

AGRITAINMENT TRIAL APPLICATION FORM

Applicant's Name: _____

- Agritainment Activity(s):
- | | |
|--|---|
| <input type="checkbox"/> Biking | <input type="checkbox"/> Nature Tours |
| <input type="checkbox"/> Bird Watching | <input type="checkbox"/> Outdoor Living History Plays |
| <input type="checkbox"/> Corn Mazes | <input type="checkbox"/> Organized Trail Rides |
| <input type="checkbox"/> Farm Tours | <input type="checkbox"/> Private Zoos |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Other |

Total Receipts: \$ _____

Full Description of the Activity(s) and Operation:

1. Does each participant sign a release and indemnity agreement in favor of the insured prior to participating in the agritainment activity? Identify all parties who the applicant enters into contracts and release and indemnity agreements, copies of all of these documents that are to be signed by participants should be obtained and attached to this document.

Yes No N/A

2. Are "No Smoking" signs adequately displayed on the premises where the activity is being conducted?
3. Are guided tours provided? If yes, please list details regarding guides below:
- a. Please list the name(s) and age(s) of guide(s):
- b. Explain experience of guide(s):
- c. Details of how guides are trained:
- d. Describe steps taken by the guide(s) to insure the safety of the participants:
4. Does the applicant have any groomed trails on the premises?
- a. If yes, are trails well maintained?
- b. Are the trails groomed regularly?
- c. How often? _____
- d. By whom? _____
5. Are parking areas for guests to the farm on a flat, well-kept surface?
- a. Is the area free of hazards, debris, and tall grass?
- b. If activities take place at night are the parking areas well lit?
- c. Is it a secure parking lot to ensure the safety of participants?
6. Is there any shuttle-type service or transportation provided by the applicant for persons participating in the activity? If yes, provide a full description of the service:
- _____
- _____
7. Is there a main office or booth to post check in and check out times for guests of any unsupervised activity (i.e. bird watching, biking hiking, and nature tours)?
8. Are proper measures being taken to assist participants with handicaps or disabilities?

Comments: _____ County Code: _____

Agent's Code: _____



SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY AGRITAINMENT INSPECTION FORM

Named Insured: _____ Policy No.: _____
 Field Underwriter: _____ County Code: _____ Date: _____

Description of agritainment activities :

1. Are the activities walking, riding, or a combination of both?
 2. Type of transportation: _____
 - a. If activity is a riding tour, what types of vehicles are used? _____
 - b. Do vehicles have slow moving vehicle emblems?
 - c. Are lights and flashers on vehicles in good working order?
 - d. Do vehicles transporting activity members have adequate sides with hand holds and supports to prevent someone from falling off or from the vehicle?
 3. If activity is biking, does applicant rent or provide equipment to bikers?
 4. If activity is a nature tour, does applicant provide guides?
 5. If activity is an organized trail ride, does the applicant provide tour members with animals and/or equipment?
 6. If activity is a hiking tour, does the applicant provide tour members with guides and/or equipment?
 7. If activity is bird watching, does the applicant provide tour members with guides?
 8. If the activity is an outdoor living history play, is any part of the play indoors?
 9. If activity is a farm tour, does the applicant provide tour members with guides?
 10. Is there any petting of animals? If yes, please describe any interaction with animals.
 11. Are there any unrestrained animals such as large dogs on the premises that may pose a hazard to tour members?
 12. Are animals or farm equipment used in demonstrations?
 If yes, is a protected area set up for spectators? Yes No
 Please Describe the situation: _____
 13. Are tour members restricted from operating equipment?
 14. Are tour members restricted from where pesticides and fertilizers are stored or being applied?
 15. Are signs posted to indicate "Restricted Area", "Exit", and "Employees Only"?
 16. When are activities conducted? (daytime, nighttime, seasonally, etc.)
 17. If at nighttime, is the parking area well lit?
 18. Are parking areas with entrances and exits clearly marked and free of hazards?
 19. What is the maximum number of people on a tour at any one time?
 20. Are tour guides family members, employees or volunteers? (check all that apply)
 21. How are tour guides trained?
- Remarks: _____
22. Are proper measures taken to assist participants with handicaps or disabilities?
 23. Is food or alcohol served at any activities? If yes, describe. _____

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**SOUTHERN FARM BUREAU CASUALTY INSURANCE CO.
GENERAL LIABILITY POLICY**

AGRITAINMENT RATES - JANUARY 2009

Class Code	Exposure Basis	25/20	50/30	100/50	200/75	300/100	500/200
Low Risk 79420	Per \$1,000 receipts	\$40	\$48	\$53	\$67	\$75	\$87
Medium 79440		\$50	\$60	\$66	\$84	\$94	\$109
High 79418		\$60	\$72	\$79	\$101	\$113	\$131

Min. Prem= \$100

