

SERFF Tracking Number: SFMA-127152794 State: Iowa  
First Filing Company: State Farm Fire and Casualty Company, ... State Tracking Number:  
Company Tracking Number: PV-27798  
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)  
Product Name: PV-27798  
Project Name/Number: PV-27798/PV-27798

## Filing at a Glance

Companies: State Farm Fire and Casualty Company, State Farm Mutual Automobile Insurance  
Product Name: PV-27798 SERFF Tr Num: SFMA-127152794 State: Iowa  
TOI: 19.0 Personal Auto SERFF Status: Closed-Approved State Tr Num:  
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: PV-27798 State Status:  
(PPA)  
Filing Type: Form Reviewer(s): Wayne Lacher  
Authors: Laura Culbertson, Carol Limer Disposition Date: 05/09/2011  
Date Submitted: 05/06/2011 Disposition Status: Approved  
Effective Date Requested (New): 06/04/2011 Effective Date (New): 06/04/2011  
Effective Date Requested (Renewal): 06/04/2011 Effective Date (Renewal):  
06/04/2011

## General Information

Project Name: PV-27798 Status of Filing in Domicile: Not Filed  
Project Number: PV-27798 Domicile Status Comments: N/A  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 05/09/2011  
State Status Changed: Deemer Date:  
Created By: Laura Culbertson Submitted By: Laura Culbertson  
Corresponding Filing Tracking Number:

Filing Description:

We respectfully request your approval of the enclosed form:

135-4069 IA.40 Application for State Farm Automobile Insurance, which replaces 135-4069 IA.39. The changes include:

1. Removal of the question "First Vehicle Owned? Yes/No"
2. Changed "Existing Damage or Modified" to "Existing Damage"

We request your approval of this filing to be effective June 4, 2011 or as soon thereafter as the necessary procedural changes have been implemented.

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Sincerely,

Kimberly Sterling  
P & C Underwriting Director  
(309) 766-6325  
kimberly.sterling.gdpd@statefarm.com

Jeff Kluender  
P&C Underwriting Analyst  
(309) 763-1120  
jeff.kluender.hdhk@statefarm.com

## Company and Contact

### Filing Contact Information

Jeff Kluender, P & C Underwriting Analyst jeff.kluender.hdhk@statefarm.com  
One State Farm Plaza 309-763-1120 [Phone]  
Bloomington, IL 61710-0001

### Filing Company Information

State Farm Fire and Casualty Company CoCode: 25143 State of Domicile: Illinois  
1 State Farm Plaza Group Code: 176 Company Type:  
Bloomington, IL 61710 Group Name: State ID Number:  
(309) 735-0649 ext. [Phone] FEIN Number: 37-0533080

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State Farm Mutual Automobile Insurance CoCode: 25178 State of Domicile: Illinois  
One State Farm Plaza Group Code: 176 Company Type:  
Bloomington, IL 61710 Group Name: State ID Number:  
(309) 735-0649 ext. [Phone] FEIN Number: 37-0533100  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: \$50.00 x 2 Companies x 1 Form = \$100.00

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Per Company: Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$50.00	05/06/2011	47326965
State Farm Mutual Automobile Insurance	\$50.00	05/06/2011	47326966

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Wayne Lacher	05/09/2011	05/09/2011

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## Disposition

Disposition Date: 05/09/2011  
Effective Date (New): 06/04/2011  
Effective Date (Renewal): 06/04/2011  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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*Product Name:* PV-27798  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Filing Fee Information		Yes
<b>Form</b>	Application for State Farm Automobile Insurance		Yes

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## Form Schedule

Schedule Item Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Application for State Farm Automobile Insurance	135-4069 IA.40		Application/ Replaced Binder/Enrollment	Replaced Form #: 135-4069 IA.39 Previous Filing #:		IA Private Passenger App.pdf



- New
- Reinstatement
- Transfer

# Automobile Insurance Application

Office  
Use

APPLICANT

Qualifying Policy Number		Replaces Policy Number			Other State Farm® Insurance		Fire	Life	Health
Applicant's Name Last Name		First Name		Middle Name or Initial		Vehicles Driven Regularly	Vehicle State Farm		
Mailing Address	Number and Street/Rural Route Number		City	State	ZIP Code	County	Telephone Number		
Residence if other than mailing address		Number and Street/Rural Route Number		City	State	ZIP Code	Township	<input type="checkbox"/> H <input type="checkbox"/> B	
Registered Owner:		<input type="radio"/> Applicant <input type="radio"/> Other <input type="radio"/> Applicant and Other		How will vehicle be used?		<input type="radio"/> Business <input type="radio"/> Farm <input type="radio"/> Other (Explain in Remarks) <input type="radio"/> Pleasure <input type="radio"/> Utility/Farm <input type="radio"/> Utility/NonFarm <input type="radio"/> Work/School			
Other Name:		Homeownership:		Residence Type:		PLUP/CLUP			
		<input type="radio"/> Own <input type="radio"/> Own w/mortgage <input type="radio"/> Other <input type="radio"/> Rent		<input type="radio"/> Apartment <input type="radio"/> Condominium <input type="radio"/> Farm/Ranch <input type="radio"/> Home <input type="radio"/> Manufactured Home <input type="radio"/> Other (Explain in Remarks)		<input type="radio"/> Yes <input type="radio"/> No			

ADDED VEHICLE ONLY

Does the addition of this vehicle affect the use/class of other household vehicles? <input type="radio"/> Yes <input type="radio"/> No If Yes, complete below.							
Policy Number	Mileage One-Way to Work or School	Number of Days to Work or School	Annual Mileage	Odometer Reading	Current Class	New Class	Use (See Applicant section for Use selections)
Qualifying Policy							

DRIVERS

During the past 5 years, have you, the applicant, any household member, or any regular driver:

A. Had license to drive or registration suspended, revoked or refused?  Yes  No

B. Had an accident or sustained a loss?  Yes  No

C. Been fined, convicted or forfeited bail for traffic violations?  Yes  No

How many drivers are in this household? \_\_\_\_\_ How many household members? \_\_\_\_\_

List all Drivers (Use Remarks for additional drivers)	Driver Record Level	% Use				Assigned to Vehicle				Marital Status	If this is an added vehicle, complete area below for new drivers only			
		1	2	3	4	1	2	3	4		Driver's License Number/State Social Security Number	Birthdate MM/DD/YY	Licensed 3 Years Yes, age first licensed No, give date issued	Sex
1						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/> Yes _____ <input type="radio"/> No _____	<input type="radio"/> M <input type="radio"/> F	
2						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/> Yes _____ <input type="radio"/> No _____	<input type="radio"/> M <input type="radio"/> F	
3						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/> Yes _____ <input type="radio"/> No _____	<input type="radio"/> M <input type="radio"/> F	
4						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/> Yes _____ <input type="radio"/> No _____	<input type="radio"/> M <input type="radio"/> F	

Driver 1	Occupation:	Employment Status	<input type="radio"/> Full Time <input type="radio"/> Retired	<input type="radio"/> Homemaker <input type="radio"/> Self Employed	<input type="radio"/> Not currently employed <input type="radio"/> Student	<input type="radio"/> Part Time <input type="radio"/> Temporary
Driver 2	Occupation:	Employment Status	<input type="radio"/> Full Time <input type="radio"/> Retired	<input type="radio"/> Homemaker <input type="radio"/> Self Employed	<input type="radio"/> Not currently employed <input type="radio"/> Student	<input type="radio"/> Part Time <input type="radio"/> Temporary
Driver 3	Occupation:	Employment Status	<input type="radio"/> Full Time <input type="radio"/> Retired	<input type="radio"/> Homemaker <input type="radio"/> Self Employed	<input type="radio"/> Not currently employed <input type="radio"/> Student	<input type="radio"/> Part Time <input type="radio"/> Temporary
Driver 4	Occupation:	Employment Status	<input type="radio"/> Full Time <input type="radio"/> Retired	<input type="radio"/> Homemaker <input type="radio"/> Self Employed	<input type="radio"/> Not currently employed <input type="radio"/> Student	<input type="radio"/> Part Time <input type="radio"/> Temporary



VIOLATIONS/  
ACCIDENTS

Driver Number	Check			Date MM/DD/YY	Nature of violations or details of accidents - Damages, injuries or deaths, and how accident occurred. (Use Remarks for additional incidents.)	At Fault	
	Minor Violations	Major Violations	Accidents			No	Yes - Amount of Damages
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	\$
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	\$

VEHICLE

Year	Make	Model	Vehicle Identification Number					
Purchased MM/DD/YY	Existing damage <input type="radio"/> No <input type="radio"/> Yes	B-Body G-Glass H-Hail M-Misc.	B	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 00	MSRP (Motor Homes & Custom Vehicles Only)	Van Type Vehicle Customization If Yes, Report Amount		
Estimated Value \$	(Classic, Antique & Old Cars Only)	Mounted Camper MSRP \$	Leased <input type="radio"/> Yes <input type="radio"/> No		If Leased, give lessor Code Number or Name and Address in Remarks		Motorcycles Actual C.C.	<input type="radio"/> Turbo <input type="radio"/> Side Car
Lien Code	Lienholder	Mailing Address			ZIP Code			
Most recent liability carrier	Company - Explain in Remarks if none			How long with this company?	Months	Years	Current BI Limits	Current Expiration Date MM/DD/YY
Territory	One-Way Mileage to Work or School	Number of Days to to Work or School	Estimated Annual Mileage	Odometer Reading		Business Use <input type="radio"/> Yes <input type="radio"/> No	Passive Restraint Discount %	
Utility Vehicle (If, Yes, describe below) <input type="radio"/> Yes <input type="radio"/> No	Multiple Car Discount <input type="radio"/> Yes <input type="radio"/> No	Multiple Line Discount %	Good Driving Discount <input type="radio"/> Yes <input type="radio"/> No	Good Student Discount <input type="radio"/> Yes <input type="radio"/> No	Student Away at School <input type="radio"/> Yes <input type="radio"/> No	Steer Clear Discount <input type="radio"/> Yes <input type="radio"/> No	Vehicle Safety Discount %	Financial Responsibility %
Comments on Use/Items Hauled by Utility Vehicle (pickup, panel, or van)							Exterior Material (Motor Home Only) Are all sides, roof, back and front of the vehicle constructed of non-metal materials? <input type="radio"/> Yes <input type="radio"/> No	
CRI	Standard (Check one) <input type="radio"/> 1 Star Rate <input type="radio"/> 2 Star Discount <input type="radio"/> 3 Star Discount	Inexperienced Operator <input type="radio"/> < 1 YR <input type="radio"/> < 2 YR <input type="radio"/> < 3 YR	Accident Free Discount %		DRG	GRG		
					LRG			
					Class			

RATE

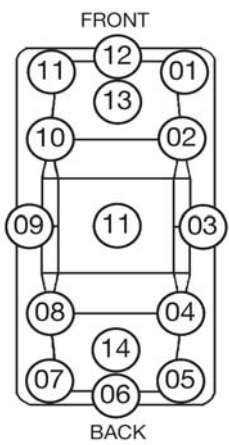
The insurance applied for is only for coverages indicated by specific premium entry. If premium cannot be entered, check boxes to indicate coverage requested. The premium shown below must be in compliance with the Company's rules and rates as is subject to revision.

		Premium	
<input type="checkbox"/>	A BIPD Limits	Limits / /	
<input type="checkbox"/>	C Medical Payments Limits		
<input type="checkbox"/>	D Comprehensive	<input type="radio"/> Full <input type="radio"/> Deductible Amount _____	
<input type="checkbox"/>	G Collision	Deductible Amount	
<input type="checkbox"/>	H Emergency Road Service		
<input type="checkbox"/>	R1 Car Rental & Travel Expenses	<input type="radio"/> 80%/1,000 <input type="radio"/> 80%/500 <input type="radio"/> \$25/600 <input type="radio"/> \$16/400	
<input type="checkbox"/>	U/U4 Uninsured Motor Vehicle	<input type="radio"/> Same as BI (250/500 Max) <input type="radio"/> Other Limits _____ <input type="radio"/> Non-Stacking <input type="radio"/> Stacking	
<input type="checkbox"/>	W/W4 Underinsured Motor Vehicle	<input type="radio"/> Same as BI (250/500 Max) <input type="radio"/> Other Limits _____ <input type="radio"/> Non-Stacking <input type="radio"/> Stacking	
<input type="checkbox"/>	S Death, Dismemberment & Loss of Sight	Complete (S & Z) Section	
<input type="checkbox"/>	Z Loss of Earnings		
<input type="checkbox"/>	Use of Non-Owned Cars	<input type="checkbox"/> Broad Form Liability <input type="checkbox"/> Physical Damage	
Describe use of non-owned cars in Remarks			
Endorsements			
Premium shown is for 6 months, unless otherwise indicated		Other _____	Totals = _____
SFPP Account Number	Remittance Received	Balance Due	
	\$ _____	\$ _____	

COVERAGES

S & Z SECTION	Full Name of Person to be Insured Only Resident Relatives are Eligible		S Amount	Z
Is each person named for Coverage Z regularly employed? <input type="radio"/> Yes <input type="radio"/> No				
Date and Time of Application MM/DD/YY			Agent's Code Stamp	
Date _____				
Time _____ <input type="radio"/> A.M. <input type="radio"/> P.M.				
<b>BINDER</b>			Effective Date _____	
<input type="radio"/> State Farm Mutual Automobile Insurance Company <input type="radio"/> State Farm Fire and Casualty Company				
<p>of Bloomington, Illinois, hereby binds as of the requested effective date for a period of 30 days from such date, the Insurance applied for, subject to all of the terms and conditions of the vehicle policy and applicable endorsements in current use by such Company. The issuance by the Company of the Declarations Page of the policy applied for voids this binder.</p>				
<b>APPLICATION</b>				
<p>By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) statements made on any other applications on this date for automobile insurance with this company are correct and are made part of this application, (4) you are the sole owner of the described vehicle except as otherwise stated, and (5) the limits and coverages were selected by you. <b>IT IS FURTHER UNDERSTOOD AND AGREED THAT NO INSURANCE IS EFFECTIVE UNDER THIS AGREEMENT (A) UNLESS THE BINDER IS COMPLETED DESIGNATING THE COMPANY ACCEPTING THIS APPLICATION OR (B) UNTIL THE DATE THE POLICY OR BINDER IS ISSUED BY THE COMPANY ACCEPTING THIS APPLICATION.</b></p>				
<p>Consumer reports, including credit and insurance loss history reports, may be ordered in conjunction with this application. We may also obtain and use a credit-based insurance score developed from information contained in these reports. We may use a third party in connection with the development of your insurance score. These reports provide information that assists with determining your eligibility for insurance and the price you are charged.</p>				

**PRIOR DAMAGE DIAGRAM**



**Remarks**

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## Supporting Document Schedules

**Item Status:**                      **Status**  
**Date:**

**Satisfied - Item:**              Filing Fee Information

**Comments:**

\$50.00 x 2 Companies x 1 Form = \$100.00