

SERFF Tracking Number: TWRG-125332857 *State:* Arkansas
Filing Company: Tower Insurance Company of New York *State Tracking Number:* AR-PC-07-026542
Company Tracking Number: 07-AR-1-CF-106
TOI: 01.0 Property *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: AR CP TICNY Initial Loss Costs/07-AR-1-CF-106

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Commercial Property	SERFF Tr Num: TWRG-125332857	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-026542
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 07-AR-1-CF-106	State Status:
Filing Type: Rate	Co Status: Pending	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Sheila Levine	Disposition Date: 10/26/2007
	Date Submitted: 10/24/2007	Disposition Status: Exempt from Review
Effective Date Requested (New): On Approval		Effective Date (New): 10/26/2007
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

General Information

Project Name: AR CP TICNY Initial Loss Costs
 Project Number: 07-AR-1-CF-106
 Reference Organization: Insurance Services Office

Reference Title:

Status of Filing in Domicile: Authorized
 Domicile Status Comments:
 Reference Number: CF-2007-RLA1, CF-2006-REQ1, CF-2004-RPTLC, CF-2002-RLCMO, CF-99-RLC1, CF-2000-RLC1
 Advisory Org. Circular: CF-07-46, CF-06-269, CF-06-268 CF-06-207, CF-06-52, CF-06-13, CF-05-10, CF-05-9, CF-04-143, CF-04-37, CF-04-26, CF-03-218, CF-03-89, CF-02-134, CF-02-133, CF-02-96, CF-02-66, CF-01-304, CF-00-286, CF-00-285, CF-00-169, CF-00-166, CF-00-131, GS-98-90

Filing Status Changed: 10/26/2007
 State Status Changed: 10/24/2007
 Corresponding Filing Tracking Number: 07-AR-2-CF-107, 07-AR-3-CF-108

Deemer Date:

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Filing Description:

Tower Insurance Company of New York (TICNY) newly licensed company in Arkansas, is a member company of the Insurance Services Office, Inc. (ISO) for Commercial Property. Tower will be utilizing the ISO Commercial Property for loss costs, utilizing a loss cost multiplier of 1.538. We are proposing an effective date coincident with your date of approval.

Our initial rules and forms filings are being filed simultaneously with your Department as found in 07-AR-2-CF-107 and 07-AR-3-CF-108.

We have mailed check # 117235. Included are the filing transmittals.

Company and Contact

Filing Contact Information

Sheila Levine, Senior Business Analyst slevine@twrgp.com
 120 Broadway, 31st Floor (212) 655-2017 [Phone]
 New York, NY 10271-3199 (646) 304-3378[FAX]

Filing Company Information

Tower Insurance Company of New York	CoCode: 44300	State of Domicile: New York
120 Broadway, 31st Floor	Group Code: 3703	Company Type: Property & Casualty
New York, NY 10271-3199	Group Name: Tower Group Company	State ID Number:
(212) 655-2000 ext. [Phone]	FEIN Number: 13-3548249	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
117235	\$125.00	10/18/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	10/26/2007	10/26/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
RF-1 & RF-2	Supporting Document	Sheila Levine	10/24/2007	10/24/2007

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Disposition

Disposition Date: 10/26/2007

Effective Date (New): 10/26/2007

Effective Date (Renewal):

Status: Exempt from Review

Comment:

This line is exempt from filing rates and rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate filing and review requirements.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	PC TD-1	Accepted for Informational Purposes	Yes
Supporting Document	RF-1 & RF-2	Accepted for Informational Purposes	Yes

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Amendment Letter

Amendment Date:
Submitted Date: 10/24/2007

Comments:

Adding RF-1 and RF-2

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: RF-1 & RF-2

Comment: See attached.

ARRFARF1.pdf

ARRFARF2.pdf

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: PC TD-1 **Review Status:** Accepted for Informational 10/26/2007 Purposes

Comments:
See attached.

Attachment:
PC TD-1.pdf

Satisfied -Name: RF-1 & RF-2 **Review Status:** Accepted for Informational 10/26/2007 Purposes

Comments:
See attached.

Attachments:
ARRFARF1.pdf
ARRFARF2.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
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 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: _____ Renewal: _____
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

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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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]
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Check #:
Amount:

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 #	
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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.)	
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4a.	Rate Change by Company (As Proposed)						
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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						
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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)			
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1. This filing transmittal is part of Company Tracking # 07-AR-1-CF-106

2. If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number ISO, CF-2007-RLA1, CF-2006REQ1, CF-2004-RPTLC, CF-2002-RLCMO, CF-99-RLC1, CF

	Company Name		Company NAIC Number
3.	A. Tower Insurance Company of New York	B.	44300

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
4.	A. 0.01 Property	B.	01.0001 Commercial Property (Fire and Allied Lines)

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Commercial Property	N/A - Initial Filing		65.000		1.538		N/A
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
	N/A - Initial Filing						

7.

Expense Constants	Selected Provisions
A. Total Production Expense	26.100
B. General Expense	2.000
C. Taxes, License & Fees	2.800
D. Underwriting Profit & Contingencies	5.000
E. Other (explain)	-0.900
F. TOTAL	35.000

8. Y Apply Loss Cost Factors to Future Filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	07-AR-1-CF-106
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07-AR-3-CF-108

Loss Cost Reference Filing CF-2007-RLA1 **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Property

3. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):
 Without Modification (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000
 Example 1: Loss Cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.
 Example 2: Loss Cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

		Selected Provisions	
A.	Total Production Expense	26.1	%
B.	General Expense	2.0	%
C.	Taxes, Licenses & Fees	2.8	%
D.	Underwriting Profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) Investment Income	-0.9	%
F.	Total	35.0	%

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	65.0	%
	B. ELR in Decimal Form =	0.650	
6.	Company Formula Loss Cost Multiplier (3B / 5B)	1.538	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.538	
8.	Rate Level Change for the coverage(s) to which this page applies	N/A	