

SERFF Tracking Number: TWRG-125332858 *State:* Arkansas
Filing Company: Tower Insurance Company of New York *State Tracking Number:* AR-PC-07-026543
Company Tracking Number: 07-AR-2-CF-107
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 Rules/07-AR-2-CF-107

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Commercial Property	SERFF Tr Num: TWRG-125332858	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: AR-PC-07-026543
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: 07-AR-2-CF-107	State Status:
Filing Type: Rule	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 Rules
 Project Number: 07-AR-2-CF-107
 Reference Organization: Insurance Services Office

Status of Filing in Domicile: Authorized
 Domicile Status Comments:
 Reference Number: CF-2006-REQRU, CF-2006-OVBER, CL-2006-OTR01, RP-2005-RML05, CF-2004-OCT04, CF-2004-RPTRU, CL-2003-OTEMU, CL-2004-RTIPP, CF-2004-RTER1, CF-2003-OBGS1, CF-2003-RRU1, CF-2001-O01RU, CF-2002-ORU1, CF-2001-OFSR1, RP-2001-RIR01, CF-99-O99FC, CF-99-R99RU, RP-98-R98CR, RP-98-R98RP
 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

Reference Title:

SERFF Tracking Number: *TWRG-125332858* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *AR-PC-07-026543*
Company Tracking Number: *07-AR-2-CF-107*
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 Rules/07-AR-2-CF-107*

Filing Status Changed: 10/26/2007

State Status Changed: 10/24/2007

Deemer Date:

Corresponding Filing Tracking Number: 07-AR-1-CF-106, 07-AR-3-CF-108

<i>SERFF Tracking Number:</i>	<i>TWRG-125332858</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026543</i>
<i>Company Tracking Number:</i>	<i>07-AR-2-CF-107</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>AR CP TICNY Initial Rules/07-AR-2-CF-107</i>		

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 rules. We are proposing an effective date coincident with your date of approval.

Our initial loss cost and forms filing are being filed simultaneously with your Department as found in 07-AR-1-CF-106 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:	\$25.00
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

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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

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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

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: <input type="text"/> Renewal: <input type="text"/>
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 #	
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.)	
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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)

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	