

<i>SERFF Tracking Number:</i>	<i>AGNY-125352413</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-26</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Architects and Engineers Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>/AIC-07-EO-26</i>		

## Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Architects and Engineers Professional Liability Program  
 SERFF Tr Num: AGNY-125352413 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 17.1019 Professional Errors & Omissions Liability	Co Tr Num: AIC-07-EO-26	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Sarah Jung	Disposition Date: 11/21/2007
Date Submitted: 11/09/2007	Disposition Status: Filed

Effective Date Requested (New): 12/10/2007

Effective Date Requested (Renewal): 12/10/2007

Effective Date (New):

Effective Date (Renewal):

## General Information

Project Name:

Project Number: AIC-07-EO-26

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 11/21/2007

State Status Changed: 11/21/2007

Corresponding Filing Tracking Number:

Filing Description:

The New Hampshire Insurance Company has on file with your Department its Architects and Engineers Professional Liability Program (the "Program"). The Company submits the attached corrected manual pages to replace the pages currently on file with your Department under filing no. AIC-06-EO-14.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

This filing is to correct a typographical error under the "Projects Adjustments" section on page 3 of the attached manual pages. The "Condominium" factor should read 1.00 and not 100.

SERFF Tracking Number: AGNY-125352413 State: Arkansas  
 Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$100  
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 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
 Product Name: Architects and Engineers Professional Liability Program  
 Project Name/Number: /AIC-07-EO-26

Please note that the actuarial material submitted with the previous filing supported the correct factor, which is currently in use.

We wish to make this filing effective for all policies effective on or after December 10, 2007, or the earliest date permitted by your state.

## Company and Contact

### Filing Contact Information

Sarah Jung, Filings Analyst Sarah.jung@aig.com  
 175 Water Street, 17th Floor (212) 458-7064 [Phone]  
 New York, NY 10038 (212) 458-7077[FAX]

### Filing Company Information

New Hampshire Insurance Company CoCode: 23841 State of Domicile: Pennsylvania  
 70 Pine Street Group Code: Company Type:  
 New York, NY 10270 Group Name: State ID Number:  
 (212) 770-7000 ext. [Phone] FEIN Number: 02-0172170  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$100.00	11/09/2007	16574130

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Product Name: Architects and Engineers Professional Liability Program  
Project Name/Number: /AIC-07-EO-26

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	11/21/2007	11/21/2007

*SERFF Tracking Number:*      *AGNY-125352413*                      *State:*                      *Arkansas*  
*Filing Company:*              *New Hampshire Insurance Company*              *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *AIC-07-EO-26*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*              *Sub-TOI:*                      *17.1019 Professional Errors & Omissions*  
*Product Name:*                      *Architects and Engineers Professional Liability Program*  
*Project Name/Number:*              */AIC-07-EO-26*

## **Disposition**

Disposition Date: 11/21/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125352413 State: Arkansas  
 Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$100  
 Company Tracking Number: AIC-07-EO-26  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
 Product Name: Architects and Engineers Professional Liability Program  
 Project Name/Number: /AIC-07-EO-26

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Corrected Manual Pages	Filed	Yes

*SERFF Tracking Number:*      *AGNY-125352413*                      *State:*                      *Arkansas*  
*Filing Company:*              *New Hampshire Insurance Company*              *State Tracking Number:*      *EFT \$100*  
*Company Tracking Number:*      *AIC-07-EO-26*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*              *Sub-TOI:*                      *17.1019 Professional Errors & Omissions*  
*Liability*  
  
*Product Name:*              *Architects and Engineers Professional Liability Program*  
*Project Name/Number:*      */AIC-07-EO-26*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125352413 State: Arkansas  
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 Company Tracking Number: AIC-07-EO-26  
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 Product Name: Architects and Engineers Professional Liability Program  
 Project Name/Number: /AIC-07-EO-26

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Corrected Manual Pages		Replacement	11.07.07-ARKANSAS-architects rate sheet.pdf

**NEW HAMPSHIRE INSURANCE COMPANY  
ARCHITECTS & ENGINEERS  
PROFESSIONAL LIABILITY INSURANCE PROGRAM  
ARKANSAS**

**BASE RATES**

Base rates per \$100 of billings ( for \$100,000/\$100,000 coverage):

<u>Gross Billings</u>		<u>Tiered Base Rate</u>
First	\$500,000	1.346
Next	\$2,500,000	0.640
Next	\$2,000,000	0.350

**MINIMUM PREMIUMS**

Minimum premiums below are for the basic limit, subject to increased limit factors:

Architect/Engineer- all Firms including Agency Construction Management:	\$	500
At Risk Construction Management & > 25% Structural	\$	3,000
Interior Design, Landscape A/E's, Land Surveyors	\$	500
Expert Witness and Litigation Consultants	\$	500

**DEDUCTIBLES**

The base rates are predicated on a base deductible of 1% of the total billings. Maximum deductible is 3% of the total billings.

<u>Gross Billings</u>	<u>Minimum Base Deductibles</u>
up to \$250,000	\$2,500
\$250,001 to \$500,000	\$5,000
\$500,001 to \$750,000	\$7,500
\$750,001 to \$2,500,000	\$10,000
\$2,500,001 to \$5,000,000	\$15,000

**MINIMUM DEDUCTIBLE:** Minimum Deductible: \$5,000 per claim on Structural  
All others: \$2,500 per claim

**DEDUCTIBLE CREDITS:**

When a deductible is other than the minimum of \$2,500, the factor is determined by dividing the factor for the desired deductible by the factor for the base deductible.

<u>Deductible</u>	<u>Credit%</u>
\$5,000	.07
\$7,500	.15
\$10,000	.21
\$12,500	.27
\$15,000	.29
\$17,500	.32
\$20,000	.34
\$22,500	.37
\$25,000	.40
\$50,000	.50

Credits are multiplied against the adjusted base premium and are subtracted from the premium derived after application of the increased limits factor.

**PRIOR ACTS COVERAGE**

The base rates shown contemplate full prior acts coverage. If prior acts coverage is limited, the following credit factors are to be applied to the base premium:

<u>Retroactive Dates</u>	<u>Prior Acts Factor</u>
Inception	.75
One Year	.85
Two Years	.95
Three or more Years	1.00

<b>DISCIPLINE AND PROJECT ADJUSTMENTS</b>
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Discipline and Project Adjustment Factors are to be applied to any firm with in-house activities in the following disciplines and projects shown below. Multiple Discipline firms and Multiple Projects should be rated on a weighted basis.

<u>Discipline</u>	<u>Debit</u>	<u>Credit</u>
1. Feasibility Studies & Services NOT Resulting in Construction		.75
2. Interior Design & Landscape Architecture		.60
3. Electrical Engineering- non utility/power plant or heavy industrial		.50
4. Mechanical Engineering		.25
5. Land Surveying, Mapping, Aerial Surveys, Topography, Site Development, Environmental Impact Statements, Wetlands/Flood Plain Studies, Transportation Consultants		.40
6. HVAC Engineering		.10
7. Architecture		.10
8. Civil Engineering N.O.C.	-0-	-0-
9. Structural Engineering	.70	
10. Process Engineering (Chemical/Oil/Gas Refining or Processing Facilities)	.60	
11. Process Engineering Other ( Including Waste water treatment, electrical power plants, pulp/paper mills, other heavy industrial facilities)	.45	
12. Environmental Engineering -- N.O.C.	.35	
13. Asbestos Abatement Design/Sampling or Verification	.60	
14. Environmental Risk Assessment and Regulatory Audits & Environmental Permitting		.50
15. Environmental Real Estate Audits	.70	
16. Environmental Remediation Design/Specifications	.60	
17. Construction Management - Agency (No site safety responsibility)		.15
18. Construction Management- At Risk	.70	
19. Laboratory Testing/Analysis-- No Sampling	-0-	-0-
 <u>Projects</u>	 <u>Debit</u>	
1. Condominium Projects	1.00	
2. Residential & Multi-Unit - not condominium	.25	
3. Pipelines - Oil/Gas	.25	
4. Parking Structures, Arenas, Convention Centers	.35	
5. Bridges; Tunnels; Dams	.35	
6. Solid Waste/Landfill - siting or design if <50%	.50	
7. Wastewater treatment facilities	.35	
8. Sewer/Water Lines	.15	
9. Highway/Road Design, no bridges	.10	

**Project Adjustment Factors apply in addition to the discipline adjustments**

<b>CLAIM AND EXPERIENCE FACTORS</b>
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Debits and Credits are shown as maximums.

a. Insureds with Gross Billings less than or equal to \$500,000 and total incurred losses below \$10,000:

<u>Number of Claims</u>	<u>Debit</u>	<u>Credit</u>
0 - 1		15%
2		7%
3	7%	
4 or more	15%	

Insureds with total incurred losses exceeding \$10,000 will be rated in accordance with the rules in c., with maximum applicable credit of 15%.

b. Insureds with Gross billings greater than \$500,000 and less than or equal to \$1,000,000 and total incurred losses not to exceed \$15,000:

<u>Number of Claims</u>	<u>Debit</u>	<u>Credit</u>
0 - 1		20%
2		10%
3	10%	
4 or more	20%	

Insureds with total incurred losses exceeding \$15,000 will be rated in accordance with the rules in c.

- c. Insureds with Gross billings greater than \$1,000,000. The loss ratio is calculated by dividing the Insured's total incurred loss (including legal expenses) in excess of any deductibles by the total premium the insured paid.

<u>Loss Ratio</u>	<u>Debit</u>	<u>Credit</u>
0% - 30%		15%
31% - 40%		10%
41% - 50%		5%
51% - 60%	5%	
61% - 70%	10%	
71% - 80%	15%	
81% - 95%	20%	
96% - 110%	25%	
111% - 125%	30%	
126% - 140%	40%	
141% - 160%	50%	
161% - 180%	60%	
181% +	100%	

#### **INCREASED LIMIT FACTORS**

<u>Limits of Liability</u>	<u>Factor</u>
\$100,000/\$100,000	1.00
\$100,000/\$250,000	1.10
\$250,000/\$250,000	1.60
\$250,000/\$500,000	1.76
\$500,000/\$500,000	2.00
\$500,000/\$1,000,000	2.20
\$1,000,000/\$1,000,000	2.50
\$1,000,000/\$2,000,000	2.75
\$2,000,000/\$2,000,000	3.10
\$3,000,000/\$3,000,000	3.50
\$4,000,000/\$4,000,000	4.00
\$5,000,000/\$5,000,000	4.50

#### **RISK MANAGEMENT/RISK CONTROL CREDIT/DEBIT**

15% Maximum allowed. The credit or debit applied is intended to reflect the quality of the business practices and risk management controls as determined from the risk management/risk control supplemental application. A completed Risk Management/Risk Control Supplement MUST be obtained.

#### **SCHEDULE RATING PLAN**

<u>Characteristics</u>	<u>Modification Range</u>	
	<u>Debit(+)</u>	<u>Credit(-)</u>
Foreign Work	25%	25%
Type of Project	25%	25%
Type of Client/ Project Owner	25%	25%
Contractual Practices	25%	25%
Multi-Year Exposures	25%	25%
Firm history/Qualifications/Expertise	25%	25%
Firm Financial Condition/Growth History/Plans	25%	25%
Unusual Liability Exposures/Office Sharing/ Other Office Locations	25%	25%
<b>Maximum Debit/Credit</b>	<b>50%</b>	<b>50%</b>

#### **EXTENDED REPORTING PERIOD OPTION**

12 Months	100% of total annual policy premium
36 Months	200% of total annual policy premium
60 Months	275% of total annual policy premium

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document- Property & Casualty **Review Status:** Filed 11/21/2007

**Comments:**

**Attachment:**

11.08.07 PCTD-1 and PC RRFS-1.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 11/21/2007

**Bypass Reason:** Not Applicable. This filing is to correct a typographical error.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Filed 11/21/2007

**Bypass Reason:** Not Applicable. This filing is to correct a typographical error.

**Comments:**

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:  
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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	