

SERFF Tracking Number: CMPL-125330214 State: Arkansas  
Filing Company: Republic Western Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: RWIC CMP SSCI  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: RWIC CMP SSCI  
Project Name/Number: RWIC CMP SSCI/RWIC CMP SSCI

## Filing at a Glance

Company: Republic Western Insurance Company

Product Name: RWIC CMP SSCI

SERFF Tr Num: CMPL-125330214 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability &  
Non-Liability

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 05.0003 Commercial Package

Co Tr Num: RWIC CMP SSCI

State Status: Fees verified and  
received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Author: Nancy French

Disposition Date: 11/08/2007

Date Submitted: 11/06/2007

Disposition Status: Exempt from  
Review

Effective Date Requested (New): 12/07/2007

Effective Date (New): 12/07/2007

Effective Date Requested (Renewal):

Effective Date (Renewal):

## General Information

Project Name: RWIC CMP SSCI

Status of Filing in Domicile: Pending

Project Number: RWIC CMP SSCI

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/08/2007

Deemer Date:

State Status Changed: 11/08/2007

Corresponding Filing Tracking Number:

Filing Description:

RE: Republic Western Insurance Company

NAIC #574-31089 \* FEIN #86-0274508

SERFF Tracking Number: CMPL-125330214

Commercial Package Policy – Rate Filing

SERFF Tracking Number: CMPL-125330214 State: Arkansas  
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## Self-Storage Customer Insurance

Rates: Included

Forms: Filed separately under SERFF Tracking Number: CMPL-125330213

CG 74 00 (ED 04/92) Commercial General Liability Coverage – Declarations Page

CG 88 39 09 01 Mold Exclusion

CM 76 00 (ED 04/92) Inland Marine Coverage – Declarations Page

CM 76 21 (09/97) Inland Marine Declarations Sale & Disposal Coverage

CM 76 22 (09/97) Inland Marine Customer Goods Legal Liability

CP 72 00 (ED 04/92) Property Coverage Declarations Pages

CP 88 21 09 01 Mold Exclusion

IL 70 00 (ED. 04/92) Policy Common Declarations (ISO)

CG 88 18 (12/99) Animal Exclusion

CG 88 20 (12/99) Asbestos Exclusion

IL 00 17 11 85 Common Policy Conditions (ISO)

IL 02 31 09 07 Arkansas changes – Cancellation and Nonrenewal (ISO)

Rules: Filed separately under SERFF Tracking Number: CMPL-125330215

Dear Director:

Compliance Research Services is pleased to submit the enclosed Commercial Package Policy forms on behalf of Republic Western Insurance Company (RWIC). A letter of filing authorization is enclosed for your records.

Submitted forms rates and rules for Commercial Package Policy for your review.

This Commercial Package Policy (CMP) filing includes coverage for a Self Storage Program, forms and Rates. These forms and rates were previously filed and approved by your office as Business Owners Policy coverage on August 19, 2002

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The purpose of the Commercial Package policy submission is to provide coverage for the self storage program for the facility owners of self storage facilities. The self storage facility owners rent individual storage units to their customers, tenants, to store household and personal properties. The self storage business may sometimes have another business attached, such as car washes, offices, small retail stores.

Required forms and transmittals are included.

Required transmittal forms and supporting documentation is included.

Sincerely,

Nancy L. French  
Product Manager

513-984-6050  
nfrench@crssolutionsgroup.com

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - complianceresearchservicesllc)

Nancy French, Product Manager nfrench@crssolutionsgroup.com  
10921 Reed Hartman Highway (513) 984-6050 [Phone]  
Cincinnati, OH 45242 (513) 984-7212[FAX]

### Filing Company Information

Republic Western Insurance Company CoCode: 31089 State of Domicile: Arizona

SERFF Tracking Number: CMPL-125330214 State: Arkansas  
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c/o CRS  
10921 Reed Hartman Highway  
Cincinnati, OH 45242  
(513) 984-6050 ext. [Phone]

Group Code:  
Group Name:  
FEIN Number: 86-0274508  
-----

Company Type:  
State ID Number:

SERFF Tracking Number: CMPL-125330214 State: Arkansas  
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## Filing Fees

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

| COMPANY                            | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|------------------------------------|----------|----------------|---------------|
| Republic Western Insurance Company | \$100.00 | 11/06/2007     | 16502608      |

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## Correspondence Summary

### Dispositions

| Status             | Created By       | Created On | Date Submitted |
|--------------------|------------------|------------|----------------|
| Exempt from Review | Llyweyia Rawlins | 11/08/2007 | 11/08/2007     |

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## Disposition

Disposition Date: 11/08/2007

Effective Date (New): 12/07/2007

Effective Date (Renewal):

Status: Exempt from Review

Comment:

This line is exempt from filing rates/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/rule 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 | Filing Authorization Letter | Accepted for<br>Informational Purposes | Yes           |
| Supporting Document | NAIC Transmittal            | Accepted for<br>Informational Purposes | Yes           |
| Rate                | RATES                       | Accepted for<br>Informational Purposes | Yes           |



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## Rate/Rule Schedule

| Review Status:                      | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|-------------------------------------|---------------|-------------------|-------------|---|
| Accepted for Informational Purposes | RATES         |                   | New         | AR Rates.pdf                              |

**ARKANSAS**

**SELF STORAGE RATES AND TERRITORIES**

(Annual rates per \$1,000 of property value)

P.C. 1-6

P.C. 7-8

P.C. 9-10

| <u>TERR</u>  | <u>F</u> | <u>MAS</u> | <u>M/NC</u> | <u>FR/WR</u> | <u>F</u> | <u>MAS</u> | <u>M/NC</u> | <u>FR/WR</u> | <u>F</u> | <u>MAS</u> | <u>M/NC</u> | <u>FR/WR</u> |
|--------------|----------|------------|-------------|--------------|----------|------------|-------------|--------------|----------|------------|-------------|--------------|
| ENTIRE STATE | 10.58    | 6.89       | 4.48        | 2.08         | 11.74    | 7.57       | 4.98        | 2.38         | 14.15    | 8.81       | 5.84        | 2.86         |

NOTE: For sprinklered risks in protection class 1-8, multiply premiums by .72 factor

|                      |              |           |             |
|----------------------|--------------|-----------|-------------|
| LIABILITY INCREASES: | Terr.        | \$500,000 | \$1,000,000 |
|                      | ENTIRE STATE | .04       | .11         |

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Liability  
Product Name: RWIC CMP SSCI  
Project Name/Number: RWIC CMP SSCI/RWIC CMP SSCI

## Supporting Document Schedules

**Satisfied -Name:** Filing Authorization Letter **Review Status:** Accepted for Informational Purposes 11/08/2007

**Comments:**

**Attachment:**

Republic Western Filing Authorization Letter.pdf

**Satisfied -Name:** NAIC Transmittal **Review Status:** Accepted for Informational Purposes 11/08/2007

**Comments:**

**Attachments:**

industry\_rates\_PCtransDoc\_intelligent for rates.pdf

industry\_rates\_pc\_form.pdf



May 16, 2007

Republic Western Insurance Company  
NAIC Company Code: 0574-31089  
Fein: 86-0274508

Re:

COMMERCIAL AUTO

To: All State Insurance Departments

Republic Western Insurance Company hereby authorizes Compliance Research Services, LLC to represent us in the submission of the above-referenced forms and to negotiate with insurance departments for their approval.

Sincerely,

A handwritten signature in cursive script that reads 'Douglas Bell'.

Douglas Bell, VP  
Republic Western Insurance Company



Officer for compliance certifications – need facsimile signature

  
Douglas M. Bell, VP  
Republic Western Insurance Company

## Property & Casualty Transmittal Document

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

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
|                      |                     |

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

|                                   |  |
|-----------------------------------|--|
| <b>5. Company Tracking Number</b> |  |
|-----------------------------------|--|

**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<br><input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><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

## 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.)

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) |  |
|-----------|---|--|

| 3. | Form Name<br>/Description/Synopsis | Form #<br>Include edition date | Replacement<br>Or<br>withdrawn?  | If replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>if required by state |
|----|------------------------------------|--------------------------------|--|---|--|
| 01 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 02 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 03 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 04 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 05 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 06 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 07 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 08 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 09 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |   |  |
| 10 |                                    |                                | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><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.)**

|           |  |  |
|-----------|--|--|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> |  |
|-----------|--|--|

|           |   |  |
|-----------|---|--|
| <b>2.</b> | <b>This filing corresponds to form filing number</b><br>(Company tracking number of form filing, if applicable) |  |
|-----------|---|--|

Rate Increase                     
  Rate Decrease                     
  Rate Neutral (0%)

|           |  |  |
|-----------|--|--|
| <b>3.</b> | <b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b> |  |
|-----------|--|--|

|            |   |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|
| <b>4a.</b> | <b>Rate Change by Company (As Proposed)</b> |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|

| 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> |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|

| 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> |  |  |  |
|---|--|--|--|

|           |  | 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> |  |
|-----------|---|--|

|           |   |  |
|-----------|---|--|
| <b>7.</b> | <b>Effective Date of last rate revision</b> |  |
|-----------|---|--|

|           |  |  |
|-----------|--|--|
| <b>8.</b> | <b>Filing Method of Last filing</b><br>(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<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 02 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |
| 03 |                                       | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |

**PROPERTY & CASUALTY 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 the state.)

|    |  |                                  |  |  |   |
|----|--|----------------------------------|--|--|---|
|    | This filing transmittal is part of Company Tracking #  |                                  |  |  |   |
|    | This filing corresponds to rate/rule filing number<br>(Company tracking number of rate/rule filing, if applicable) |                                  |  |  |   |
|    | Form Name/<br>Description/Synopsis   | Form#<br>Include<br>edition Date | Replacement<br>Or<br>Withdrawn   | If<br>replacement,<br>give form #<br>it replaces | Previous state<br>filing number,<br>(if required by<br>state) |
| 1  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 2  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 3  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 4  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 5  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 6  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 7  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 8  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 9  |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 10 |  |                                  | <input type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |