

SERFF Tracking Number: CMPL-125330215 State: Arkansas
Filing Company: Republic Western Insurance Company State Tracking Number: EFT \$25
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-125330215 State: Arkansas

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

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 05.0003 Commercial Package

Co Tr Num: RWIC CMP SSCI

State Status: Fees verified and
received

Filing Type: Rule

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-125330215

Commercial Package Policy – Rule Filing

SERFF Tracking Number: CMPL-125330215 State: Arkansas
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Self-Storage Customer Insurance

Rules: 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)

Rates: Filed separately under SERFF Tracking Number: CMPL-125330214

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
c/o CRS	Group Code:	Company Type:
10921 Reed Hartman Highway		
Cincinnati, OH 45242	Group Name:	State ID Number:
(513) 984-6050 ext. [Phone]	FEIN Number: 86-0274508	

SERFF Tracking Number: CMPL-125330215 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Rules fee: 25.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Republic Western Insurance Company	\$25.00	11/06/2007	16502609

SERFF Tracking Number: CMPL-125330215 State: Arkansas
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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

SERFF Tracking Number: CMPL-125330215 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Filing Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Transmittal	Accepted for Informational Purposes	Yes
Rate	CMP Self Storage Rules	Accepted for Informational Purposes	Yes
Rate	IRPM	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *CMPL-125330215* State: *Arkansas*
 Filing Company: *Republic Western Insurance Company* State Tracking Number: *EFT \$25*
 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*

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	CMP Self Storage Rules	RULES	New	CMP Self Storage Rules.pdf
Accepted for Informational Purposes	IRPM	RULES	New	IRPM.pdf

REPUBLIC WESTERN INSURANCE COMPANY
COMMERCIAL PACKAGE POLICY
RULES FOR SELF STORAGE PROGRAM

GENERAL:

This Program provides insurance for Self Storage facilities. Operations not limited to Self Storage facilities but incidental to may be written. Coverages on ISO Commercial Package forms and endorsed to include Self Storage forms.

COVERAGES:

Liability, Property, Inland Marine, Crime

Occurrence basis

Basis limit of \$300,000 per occurrence. Higher limits available at rates shown on state rate pages.

Hired/Non-Owned Auto automatically provided at same single limit-see CG8825.

Medical Payments provided with a basic "per person" limit of \$1,000 which may be increased to \$5,000.

Business Property Coverage on a replacement cost basis for risks of direct physical loss or damage.

Customer's Goods Legal Liability – see CM8840-optional – protects operator from claims by tenants for loss or damage to tenant's property.

Sale and/or Disposal Liability – see CM8841

Employee Dishonesty \$5,000 to \$50,000

POLICY TERM:

One year

MINIMUM POLICY PREMIUM:

A minimum annual policy premium of \$250 applies

NON-PAYMENT OF PREMIUM REINSTATEMENTS:

No policy will be reinstated more than once if the policy was canceled for non-payment of premium. Any policy that has been canceled for non-payment of premium should not be rewritten.

PREMIUM DEVELOPMENT:

1. All rates and premiums referred to in herewith are for an annual period.
2. Determine the public fire protection class, construction type and state rating territory. See State Rate Pages.
3. Modify base rates by increments shown for increased liability limits or deductibles where indicated.
4. Apply final rates per \$1,000 of Business Property value, rounding to nearest \$1,000. (\$500 or more round up to nearest \$1000)

5. Add premium for other optional coverages as indicated.
6. Determine and apply the appropriate individual risk premium modification.

PREMIUM CHARGES FOR INCIDENTAL LIABILITY EXPOSURES

- A. Vacant Land – 250’ frontage \$100 flat charge
 - Up to 3 acres \$250 flat charge
 - Above 3 acres \$500 flat charge
- B. Additional Insured – Per designated location and per each additional insured:
 - Property Manager, Mortgagee and others intended in the policy (see definition of Insured) No charge.
 - Receivers, interests from who land is leased or owners when insured is general lessee:

<u>LIMIT</u>	<u>PREMIUM</u>
\$ 300,000	\$10.00
\$ 500,000	\$12.00
\$1,000,000	\$15.00
- C. Offsite Rental Office - \$50 flat charge
- D. Incidental occupancies – add the premium developed by application of the following rates (per 100 sq. ft) to the square footage area of the incidental occupancy.

<u>LIMIT OF LIABILITY (RATE PER 100 SQ. FT.)</u>			
(1) <u>LESSOR’S RISK ONLY</u>	\$300,000	\$500,000	\$1M
Mercantile or Office			
Manufacturing, Service	\$5	\$6	\$7
(2) <u>OWNER OPERATED</u>	<u>PREMIUM PER STALL</u>		
Car Wash	\$150	\$200	\$250
Minimum Premium	\$150	\$200	\$250

PREMIUM CHANGES:

- A. Round the premium to the nearest whole dollar for each coverage for which a separate premium is calculated. If \$.50 or more, round to the next higher whole dollar.
- B. Prorate all changes requiring additional or return premium.
- C. Compute return premiums at the rates used to calculate the policy premium.
- D. Waive any additional or return premium of \$10 or less. Grant any return premium due if requested by the insured.

POLICY CANCELLATION

All policy cancellations shall be on a pro rata basis

BUILDING CONSTRUCTION

Classify buildings according to the following construction types:

- A. Frame (Fr)
Predominantly constructed of wood floors and wood roof with sheet metal, stucco, brick veneer or wood exterior walls.
- B. Masonry (Mas)
Predominantly constructed of wood floors or roof in either brick, concrete, concrete block exterior walls or unprotected steel frame walls and roof. Also included is steel frame with work joisting..
- C. Masonry / Non-Combustible (Mas./N-C)
Buildings where the exterior walls are constructed of masonry materials with concrete flooring and a roof of metal (24 gauge or heavier and a wind uplift classification of 90 or equivalent) or other non-combustible materials.
- D. Fire Resistive (FR)
Poured Concrete, Concrete Panels with steel frame and glass, including highrise buildings or poured concrete tilt ups.

OPTIONAL COVERAGES AND ENDORSEMENT

- A. Automatic Increase in Insurance
The limit of liability applicable to the Buildings is automatically increased by 3% for each quarter of the calendar year unless a higher percentage is indicated in the Declarations. When a higher percentage is shown in the Declaration, increase the Building Premium by 2.5% for each additional ½% in the amount of Quarterly Increase.

EMPLOYEE DISHONESTY

<u>Limit</u>	<u>Up to 5 Employees</u>	<u>Each Additional Employee</u>
\$ 5,000	\$ 72.00	\$ 5.00
\$10,000	\$ 95.00	\$ 7.00
\$25,000	\$142.00	\$11.00
\$50,000	\$195.00	\$14.00

MONEY – EVIDENCES OF DEBT

Money limit may be increased to \$10,000. Charge \$2.00 per thousand of increased limit.

EXTERIOR SIGNS

Sign limit may be increased. Charge \$3.50 per hundred of increased limit.

EMPLOYEE'S PERSONAL PROPERTY

Limit may be increased to \$15,000. Use the same property base rates shown on the State Rate page. Charge per \$1,000 of additional amount of insurance.

EMPLOYEE'S PERSONAL PROPERTY AND PERSONAL LIABILITY COVERAGE

This endorsement can increase the \$5,000 automatic limit for Employee's Personal Property to \$15,000 and will include Personal Liability Coverage.

Develop premium as follows:

1. To increase Personal Property on the state rate page; add \$10 charge per \$1,000 of additional amount of coverage over the automatic \$5,000 limit.
2. Select the desired Personal Liability limit as follows:

<u>PERSONAL LIABILITY LIMIT</u>	<u>PREMIUM</u>
\$ 300,000	\$25
\$ 500,000	\$30
\$1,000,000	\$38

3. Add the premiums from step 1 & 2 above to compute the premium.

POLLUTION CLEAN UP AND REMOVAL

Limit may be increased to \$100,000. Add \$2.00 charge per \$1,000.

MEDICAL PAYMENTS

The limit may be increased to \$10,000. Charge \$5.00 for each \$1,000 increment.

OTHER COVERAGES

Other coverages may be added by endorsement. ISO forms, rules and rates as filed by or on behalf of the Company will apply.

BLANKET INSURANCE

Buildings and Loss of Income may be written on a blanket basis.

DEDUCTIBLE

Property rates are for \$100 deductible. Multiply the property premium by the following factors for the listed deductibles:

<u>Deductible amount</u>	<u>Modification Factor</u>
\$ 250	.97
500	.94
1,000	.88
2,500	.86
5,000	.84
10,000	.78
25,000	.75

MULTIPLE LOCATION CREDIT

Multiple location credits applicable only when the premium for the Property and Liability exceeds \$5,000 and the maximum percentage of value at any one location does not exceed 50% of total values at all locations. Multiply the total property and liability premium by the factors in the following table:

<u>Number of Locations</u>	<u>Modification Factor</u>
0 to 4	1.00
5 to 10	.95
11 to 15	.90
16 to 20	.85
21 to 25	.80
over 25	.75

CUSTOMER GOODS LEGAL LIABILITY

This important optional coverage protects the operator from claims by tenants for loss or damage to tenant's property. Limits are available from \$25,000 to \$1,000,000 per occurrence. Rates are developed from non-controlled Inland Marine rates for self storage warehouses on file with the Company.

SALE AND DISPOSAL LIABILITY

This important coverage protects the insured from claims by tenant's resulting from lock-out or wrongful sale or disposal of their property. Limits are available from \$10,000 to \$1,000,000 subject to \$1,000 deductible. Rates and deductibles are developed from non-controlled Inland Marine rates for self storage warehouses on file with the Company.

INDIVIDUAL RISK PREMIUM
MODIFICATION RATING PLAN

I. ELIGIBILITY:

This plan may be applied to a policy which develops a total annual premium of \$750 or more before application of this plan.

II. RATING PROCEDURE:

Rates and premiums shall be modified based on factual information recognizing special characteristics of the risk that are not fully reflected in the basic rates or premium.

A credit or debit reflecting these characteristics shall be applied to the eligible premium subject to adjustment in accordance with the schedule rating table below. The total credits or debits under the following table may not exceed 25%.

<u>RISK CHARACTERISTICS</u>		<u>RANGE OF MODIFICATION</u>		
		<u>CREDIT</u>		<u>DEBIT</u>
Building Features:	Age, construction, structural features.	10%	to	10%
Site Protection:	Gate Access control, fencing, lighting, alarms.	10%	to	10%
Education:	Loss prevention application training and education.	10%	to	10%
Location:	Accessibility, congestion and exposure.	10%	to	10%
Management:	Knowledge and skills in managing a self storage facility.	5%	to	5%
Employees:	Experience, training, supervision and selection.	5%	to	5%
Premises:	Condition and care.	5%	to	5%

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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 rules.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.

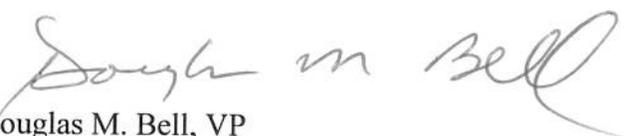
Sincerely,

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

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

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]
------------	---

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <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.)

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)	
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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	

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