

SERFF Tracking Number: HRLV-125364092 State: Arkansas
First Filing Company: Harleysville Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WCKLG092507-3
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC
Project Name/Number: AR-WC-Rate Rvw 01/08/

Filing at a Glance

Companies: Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company

Product Name: WC

SERFF Tr Num: HRLV-125364092 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCKLG092507-3

State Status: Fees verified and received

Filing Type: Form

Co Status: Submitted to State

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Carol Zwoyer

Disposition Date: 11/30/2007

Date Submitted: 11/29/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-Rate Rvw 01/08

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/30/2007

State Status Changed: 11/30/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We submit for your review and approval the attached revised nonstandard form, to apply to our Workers Compensation program

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst

czwoyer@harleysvillegroup.com

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355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 123456678

Harleysville Preferred Insurance Company CoCode: 35696 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-2384978

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$50.00	11/29/2007	16873797
Harleysville Preferred Insurance Company	\$0.00	11/29/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/30/2007	11/30/2007

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Disposition

Disposition Date: 11/30/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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 Project Name/Number: AR-WC-Rate Rvw 01/08/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Form	Deductible Offer - Arkansas	Approved	Yes

SERFF Tracking Number: HRLV-125364092 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Deductible Offer - WC-392 Arkansas	392	1-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 07-07 edition Previous Filing #:		WC-392 _Ed. 1-08_ Deductible Offer - AR.pdf

DEDUCTIBLE OFFER – ARKANSAS

Arkansas law permits an employer to buy Workers Compensation Insurance with a deductible. The deductibles available and corresponding premium reductions are as follows:

Total Losses				
DEDUCTIBLE AMOUNT	HAZARD GROUP I	HAZARD GROUP II	HAZARD GROUP III	HAZARD GROUP IV
\$1,000	6.6%	5.2%	3.3%	2.0%
1,500	8.0	9.1	4.1	2.6
2,000	9.2	8.3	4.8	3.1
2,500	10.2	7.4	5.5	3.6
3,000	11.1	6.4	6.1	4.0
3,500	11.9	9.8	6.6	4.4
4,000	12.7	10.5	7.1	4.7
4,500	13.5	11.1	7.6	5.1
5,000	14.1	11.7	8.0	5.4

Indemnity Losses Only				
DEDUCTIBLE AMOUNT	HAZARD GROUP I	HAZARD GROUP II	HAZARD GROUP III	HAZARD GROUP IV
\$1,000	1.4%	1.2%	0.9%	0.6%
1,500	2.0	1.7	1.3	0.9
2,000	2.4	2.2	1.7	1.2
2,500	2.9	2.6	2.0	1.4
3,000	3.3	2.9	2.3	1.6
3,500	3.7	3.3	2.6	1.8
4,000	4.1	3.6	2.8	2.0
4,500	4.4	3.9	3.0	2.2
5,000	4.7	4.2	3.3	2.4

Medical Losses Only				
DEDUCTIBLE AMOUNT	HAZARD GROUP I	HAZARD GROUP II	HAZARD GROUP III	HAZARD GROUP IV
\$1,000	6.3%	5.0%	3.1%	2.0%
1,500	7.6	6.1	3.8	2.4
2,000	8.6	6.9	4.4	2.9
2,500	9.5	7.6	5.0	3.2
3,000	10.2	8.3	5.4	3.6
3,500	10.9	8.9	5.8	3.8
4,000	11.5	9.3	6.2	4.1
4,500	12.0	9.8	6.6	4.4
5,000	12.5	10.3	6.9	4.6

You are not required to choose a deductible program. However, if you do so choose, it is to be understood that your insurance company will administer and pay all claims and that you will reimburse the insurance company for payments it makes within the amount of deductible selected. Failure to reimburse the insurance company for such deductible amounts can result in cancellation of coverage.

If we determine you are not sufficiently financially stable to be responsible for payment of requested deductible amounts, we are not required to offer you deductible coverage.

Please contact your agent for further information.

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TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *WC*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/30/2007

Comments:

Attachment:
NAIC 2007.pdf

Satisfied -Name: cover letter **Review Status:** Approved 11/30/2007

Comments:

Attachment:
WC form 2008.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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	

5. Company Tracking Number	125064092
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Carol Zwoyer
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Compensation
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 checked="" 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: 01/01/2008 Renewal: 01/01/2008

HARLEYSVILLE INSURANCE

355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com

November 29, 2007

Honorable Julie Benfield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168-35696
Workers Compensation
(Form Filing)
Reference Filing Number: 125364092

Dear Honorable Bowman:

We submit for your review and approval the attached revised nonstandard form, to apply to our Workers Compensation program. This endorsement is mandatory for all new and renewal policies.

Attached: WC-392 (Ed. 1-08), Deductible Offer – Arkansas

Withdrawn: WC-392 (Ed. 7-07), Deductible Offer – Arkansas

Rule of application: This form shall be applicable to all policies effective on or after January 1, 2008.

Simultaneously, under separate cover, we are submitting the rate and rule filing to coincide with this form filing.

Your favorable approval will be appreciated.

Very truly yours,
Harleysville Mutual Insurance Company
Harleysville Preferred Insurance Company



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com

CC: Kevin Grafton, Lisa Berke