

SERFF Tracking Number: UTCX-125368419 State: Arkansas
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: #? \$0
Company Tracking Number: CP AR09318CGR01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: Commercial Property/CP AR09318CGR01

Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company
Product Name: Commercial Property SERFF Tr Num: UTCX-125368419 State: Arkansas
TOI: 01.0 Property SERFF Status: Closed State Tr Num: #? \$0
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: CP AR09318CGR01 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI UticaNational Disposition Date: 11/27/2007
Date Submitted: 11/26/2007 Disposition Status: Withdrawn
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: Commercial Property Status of Filing in Domicile:
Project Number: CP AR09318CGR01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/27/2007
State Status Changed: 11/27/2007 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Our companies would like to make a revision to our Commercial Property Earthquake Coverages.

Our property per risk treaty now includes earthquake coverage, which means we don't need to buy fac reinsurance excess of \$1,000,000 as our current rules require. At this time we would like to withdraw our independent Earthquake rules and forms and replace with ISO's CP 10 45 08 99, Earthquake And Volcanic Eruption Endorsement (Sub-Limit Form), and corresponding rates and rules.

Attached please find the following:

<i>SERFF Tracking Number:</i>	<i>UTCX-125368419</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$0</i>
<i>Company Tracking Number:</i>	<i>CP AR09318CGR01</i>		
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<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>Commercial Property/CP AR09318CGR01</i>		

Company and Contact

Filing Contact Information

Julie Garrabrant, Senior State Filings Coordinator	julie.garrabrant@uticanational.com
180 Genesee Street	(315) 734-2000 [Phone]
New Hartford, NY 13413	(315) 734-2252[FAX]

Filing Company Information

Utica Mutual Insurance Company	CoCode: 25976	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 15-0476880	

Graphic Arts Mutual Insurance Company	CoCode: 25984	State of Domicile: New York
180 Genesee Street	Group Code: 201	Company Type:
New Hartford, NY 13413	Group Name: Utica National Insurance Group	State ID Number:
(315) 734-2000 ext. [Phone]	FEIN Number: 13-5274760	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Llyweyia Rawlins	11/27/2007	11/27/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Fees	Note To Reviewer	SPI UticaNational	11/27/2007	11/27/2007

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Disposition

Disposition Date: 11/27/2007

Effective Date (New): 04/01/2008

Effective Date (Renewal):

Status: Withdrawn

Comment:

SERFF Tracking Number: *UTCX-125368419* *State:* *Arkansas*
First Filing Company: *Utica Mutual Insurance Company, ...* *State Tracking Number:* *#? \$0*
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TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Commercial Property*
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An error occurred rendering Disposition 125313714: null.

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Note To Reviewer

Created By:

SPI UticaNational on 11/27/2007 09:10 AM

Subject:

Fees

Comments:

Please note that we did not send a filing fee because this was a withdrawal filing. Please advise if a fee is still required.

Thank you,
Julie Garrabrant

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Utica Mutual Insurance Company	%	%				%	%
Graphic Arts Mutual Insurance Company	%	%				%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:
Overall Percentage Rate Impact For This Filing:
Effect of Rate Filing - Written Premium Change For This Program: \$0

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Effect of Rate Filing - Number of Policyholders Affected: 0

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Withdrawn	Earthquake Changes - Coinsurance and Deductible	8-MP-1138	Withdrawn	8-MP-1138.PDF
Withdrawn	Causes Of Loss - Earthquake Form - Exception Page	8-MP-1986(AR)	Withdrawn	8-MP-1986(AR).PDF

COMMERCIAL LINES MANUAL

DIVISION FIVE: FIRE AND ALLIED LINES

EXCEPTION PAGE

EARTHQUAKE CHANGES – COINSURANCE AND DEDUCTIBLE

- 1. Description of Coverage** – This form revises Building and Business Personal Property form **CP 00 10** and **CP 10 40**, Causes of Loss - Earthquake Form, to delete the application of the Additional Condition Coinsurance and **8-E-2018 (C)**, Builders Risk Coverage Form to delete the application of that form’s Earth Movement exclusion and the Additional Condition; Need for Adequate Insurance, to such insurance as is provided by **8-E-2053**, and substitutes a new deductible clause for the earthquake coverage peril only. This allows for the purchasing of a sub-limit for earthquake coverage without a co-insurance penalty or the application of the Earth Movement exclusion and the Additional Condition; Need for Adequate Insurance of form **8-C-2018 (C)**. Coverage is provided on an occurrence basis regardless of the number of locations involved.
- 2. Form** – Use **8-E-2053**.
- 3. Eligibility** – The form is designed for those risks identified as having low earthquake exposure. We must provide the property coverage on all applicable buildings and/or business personal property through form **CP 00 10** and for the builders risk exposure, if applicable, under form **8-E-2018 (C)**.
- 4. Deductibles** – The base deductible is \$25,000 per occurrence. Different dollar and percentage deductibles are available per the schedule below under “Premium Determination”.
- 5. Limits** – Any limit up to the 100 percent property values may be selected.
- 6. Premium Determination**

Determine the sub-limit desired. Part 1 of the rating below applies to any limit up to \$1,000,000. Part 2 applies to the limit in excess of \$1,000,000.

Note: If applicable, consider the builders risk exposure in the selection of a sub-limit.

Part 1

- A.** Select the applicable limit desired from Table B below (if a limit greater than \$1,000,000 is desired, use \$1,000,000 for this part). These are the only limits available.

LIMIT	FLAT CHARGE
\$ 100,000	\$150
\$ 250,000	\$225
\$ 500,000	\$300
\$ 750,000	\$325
\$1,000,000	\$350

COMMERCIAL LINES MANUAL

DIVISION FIVE: FIRE AND ALLIED LINES

EXCEPTION PAGE

EARTHQUAKE CHANGES – COINSURANCE AND DEDUCTIBLE

6. Premium Determination (Cont'd.)

Part 1 (Cont'd.)

- B. Determine the deductible desired from the following list of available options. Multiply the factor noted times the result from "A". above. The result is the Part 1 premium.

DEDUCTIBLE	FACTOR	DEDUCTIBLE	FACTOR
\$ 1,000	1.54		
\$ 2,500	1.39		
\$ 5,000	1.25	1%	1.125
\$10,000	1.10	2%	.90
\$25,000	1.00	5%	.75
\$50,000	.85	10%	.50

Part 2

- A. Determine the limit desired in excess of \$1,000,000.

Note: If applicable consider the builders risk exposure in the selection of a sub-limit.

- B. Facultative reinsurance will be purchased on limits desired in excess of \$1,000,000. Determine the net reinsurance premium for the excess coverage provided. Gross up this premium by dividing it by .75 (recognizes commission and expenses). The result is the premium for Part 2.

The total premium for the coverage is the sum of the premiums from Part 1 and Part 2. Package modification factors, discretionary pricing, multiple location premium dispersion credit plan, or similar factors do not apply. The premium developed is a final premium, but such premium may be pro-rated for any short-term policy.

COMMERCIAL LINES MANUAL

DIVISION FIVE: FIRE & ALLIED LINES

EXCEPTION PAGE

ARKANSAS

CAUSES OF LOSS – EARTHQUAKE FORM

The following is added to **Rule 73.E**. Premium Determination:

- 3.a.** Use the rating procedures outlined in **Rule 73** for limits of insurance up to and including \$1,000,000.
- b.** Facultative reinsurance will be purchased on limits desired in excess of \$1,000,000. Determine the net reinsurance premium for the excess coverage provided. Gross up this premium by dividing it by .75 (recognizes commission and expenses). The .75 factor may be adjusted to reflect commission adjustments. For each 1% decrease, increase the factor by 1% (.01). E.G. for 1% commission decrease, use .76 factor. The result is the premium for any amount in excess of \$1,000,000.
- c.** The total premium for the coverage is the sum of the premiums outlined in part **3.a.** and part **3.b.** Package modification factors, discretionary pricing, multiple location premium dispersion credit plan or similar factors do not apply. The premium developed is the final premium, but such premium may be pro-rated for any short-term policy.

EARTHQUAKE AND VOLCANIC ERUPTION ENDORSEMENT (SUB-LIMIT FORM)

Rule 75.C.6.b. is replaced by the following:

- b. (1)** Use the rating procedures outlined in **6.a.** for limits of insurance up to and including \$1,000,000.
- (2)** Facultative reinsurance will be purchased on limits desired in excess of \$1,000,000. Determine the net reinsurance premium for the excess coverage provided. Gross up this premium by dividing it by .75 (recognizes commission and expenses). The .75 factor may be adjusted to reflect commission adjustments. For each 1% decrease, increase the factor by 1% (.01). E.G. for 1% commission decrease, use .76 factor. The result is the premium for any amount in excess of \$1,000,000.
- (3)** The total premium for the coverage is the sum of the premiums outlined in part **b.(1)** and part **b.(2)**. Package modification factors, discretionary pricing, multiple location premium dispersion credit plan or similar factors do not apply. The premium developed is the final premium, but such premium may be pro-rated for any short-term policy.