

SERFF Tracking Number: MEAD-125330932 State: Arkansas  
Filing Company: Star Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: STAR-AR-HCMDEC-1107  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Hairdressers program revision to Professional Liability Dec  
Project Name/Number: /Star-AR-HCMDEC-1107

## Filing at a Glance

Company: Star Insurance Company

Product Name: Hairdressers program revision to Professional Liability Dec SERFF Tr Num: MEAD-125330932 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #? \$50

Sub-TOI: 05.0003 Commercial Package Co Tr Num: STAR-AR-HCMDEC-1107 State Status: Fees verified

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Amanda Webster Disposition Date: 12/05/2007  
Date Submitted: 12/04/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New): 12/05/2007

Effective Date (Renewal): 12/05/2007

State Filing Description:

## General Information

Project Name:

Project Number: Star-AR-HCMDEC-1107

Reference Organization: ISO

Reference Title:

Filing Status Changed: 12/05/2007

State Status Changed: 12/05/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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## Company and Contact

### Filing Contact Information

Amanda Webster, Compliance Analyst awebster@meadowbrook.com  
 26255 American Drive (248) 204-8594 [Phone]  
 Southfield, MI 48034 (248) 358-1614[FAX]

### Filing Company Information

Star Insurance Company CoCode: 18023 State of Domicile: Michigan  
 26255 American Drive Group Code: 748 Company Type: property and  
 Southfield, MI 48034 Group Name: Meadowbrook State ID Number:  
 (248) 358-1100 ext. [Phone] FEIN Number: 38-2626205  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Star Insurance Company	\$0.00	12/04/2007	16930223

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
059395	\$50.00	11/07/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/05/2007	12/05/2007

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## Disposition

Disposition Date: 12/05/2007

Effective Date (New): 12/05/2007

Effective Date (Renewal): 12/05/2007

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Professional Liability Declaration	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Professional Liability Declaration	4599 PL	1007	Declaration Replaced s/Schedule	Replaced Form #:0.00 4599 PL 0507 Previous Filing #: STAR-AR-HCM-0807		45 99 PL 1007.pdf

# STAR INSURANCE COMPANY

**HOME OFFICE:**  
26255 American Drive, Southfield, MI 48034-6112

## PROFESSIONAL LIABILITY POLICY DECLARATION

**POLICY NUMBER:** \_\_\_\_\_

**RENEWAL OF NUMBER:** \_\_\_\_\_

**Item 1.** NAMED INSURED AND MAILING ADDRESS      **Item 2.** POLICY PERIOD

Effective Date (mo-day-yr) \_\_\_\_\_  
Expiration Date (mo-day-yr) \_\_\_\_\_  
12:01 A.M. Standard Time at the address of the Named Insured as stated in this Declaration

**Item 3.** LOCATION OF PREMISES

**Item 4.**

LIMITS OF INSURANCE	LIMIT	DEDUCTIBLE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Item 5.**

CLASSIFICATION	CODE NO:	PREMIUM BASIS	EXPOSURE	RATE	PREMIUM

**Item 6.** FORM NUMBERS AND ENDORSEMENTS MADE A PART OF THIS POLICY AT ISSUE:

**Item 7.** COVERAGE ("X" denotes coverage applies under this policy.)

- BEAUTICIANS' PROFESSIONAL LIABILITY      \$ \_\_\_\_\_
- ELECTROLOGISTS' LIABILITY      \$ \_\_\_\_\_
- ELECTROLOGISTS' ADDED      \$ \_\_\_\_\_
- TOTAL PREMIUM:      \$ \_\_\_\_\_

Type of Business:  Individual     Joint Venture     Partnership     Limited Liability Company     Corporation  
Business Description: \_\_\_\_\_

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COVERAGE PARTS, POLICY PROVISIONS AND FORMS AND ENDORSEMENTS (IF ANY), COMPLETE THE ABOVE NUMBERED POLICY.

**AGENT:**

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 12/05/2007

**Comments:**  
**Attachment:**  
trans.pdf

**Property & Casualty Transmittal Document**

Reset Form

<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		

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Meadowbrook Insurance Group	0748

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Star Insurance Company	MI	18023	38-2626205	

<b>5.</b>	<b>Company Tracking Number</b>	Star-AR-HCMDEC-1107
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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
	Amanda Webster 26255 American Drive Southfield, MI. 48034	Compliance Analyst	(800)482-2726 ext 8594 or 248-204-8594	248-358-1614	AWebster@Meadowbrook.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Amanda Webster

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	<b>Type of Insurance (TOI)</b>	05.0 CMP Liability and Non-Liability
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	05.0003 Commercial Package
<b>11.</b>	<b>State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	Hairdressers Program
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:    On Approval                      Renewal:    On Approval
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	11/1/07
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # Star-AR-HCMDEC-1107

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

We recently realize some revisions needed to be made to the Professional Liability Dec for this program.

[View Complete Filing Description](#)

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.)

## 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>	Star-AR-HCMDEC-1107
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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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	Professional Liability Declaration	4599 PL 1007	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	4599 PL 0507	
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.)**

<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</b> (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	