

SERFF Tracking Number: NAVG-125387994 State: Arkansas
Filing Company: Navigators Insurance Company State Tracking Number: #22437 \$100
Company Tracking Number: EPL-R-1107-AR
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: Employment Practices Liability Rate Filing/EPL-R-1107-AR

Filing at a Glance

Company: Navigators Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: NAVG-125387994 State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: #22437 \$100
Sub-TOI: 17.1010 Employment Practices Co Tr Num: EPL-R-1107-AR State Status: Fees verified and received
Liability
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Valerie Brink Disposition Date: 12/27/2007
Date Submitted: 12/14/2007 Disposition Status: Exempt from Review

Effective Date Requested (New): 01/14/2008

Effective Date Requested (Renewal):

State Filing Description:

General Information

Project Name: Employment Practices Liability Rate Filing

Project Number: EPL-R-1107-AR

Reference Organization:

Reference Title:

Filing Status Changed: 12/27/2007

State Status Changed: 12/27/2007

Corresponding Filing Tracking Number:

Filing Description:

For our Employment Practices Liability Program, we are submitting the attached revised rate filing. The rates have been revised to include a minimum premium of \$1,500, as well as adding additional Increased Limit Factors (ILF's).

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Valerie Brink, Compliance Analyst vbrink@navg.com
1375 E. WOODFIELD RD (847) 285-9044 [Phone]
SCHAUMBURG, IL 60173 (847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company CoCode: 42307 State of Domicile: New York
1375 E. Woodfield Rd. Group Code: 510 Company Type: P&C
Schaumburg, IL 60173 Group Name: Navigators Group, State ID Number:
Inc.
(847) 285-9006 ext. [Phone] FEIN Number: 13-3138390

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Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
22437	\$100.00	11/13/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	12/27/2007	12/27/2007

SERFF Tracking Number: NAVG-125387994 *State:* Arkansas
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Disposition

Disposition Date: 12/27/2007

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125387994 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Transmittal	Accepted for Informational Purposes	Yes
Supporting Document	Comparison	Accepted for Informational Purposes	Yes
Rate	Employment Practices Liability Coverage Rating Plan	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *NAVG-125387994* *State:* *Arkansas*
Filing Company: *Navigators Insurance Company* *State Tracking Number:* *#22437 \$100*
Company Tracking Number: *EPL-R-1107-AR*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1010 Employment Practices Liability*
Product Name: *Employment Practices Liability*
Project Name/Number: *Employment Practices Liability Rate Filing/EPL-R-1107-AR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NAVG-125387994 State: Arkansas
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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	Employment Practices Liability Coverage Rating Plan	Page 1-3	Replacement	EPL-R-AR-506 Admitted1.0 - 10-3-07.pdf



**Navigators Insurance Company
EPL Rating Worksheet**

Name Insured:

Employment Practices Liability Coverage

Rating Plan

Pricing is calculated by applying modification factors to a base price. These modification factors are determined by various criteria including the limit and deductible purchased, the coverage enhancements or restrictions negotiated with the insured, and the risk's financial characteristics. All modification factors are multiplicative.

Minimum Premium

The minimum premium per policy will be \$1,500.

Base Premium

		# of Employees		Formula		EPL Premium	
						# of Employees	Base Premium
Full Time	<input type="text" value="0"/>	0		0	\$0.00	First 50	\$65.00 per
Part Time	<input type="text" value="0"/>	0		0	\$0.00	Next 150	\$47.00 per
	<input type="text" value="0"/>	0		0	\$0.00	Next 300	\$34.00 per
		0		0	\$0.00	Next 500	\$26.00 per
		0		0	\$0.00	Next 500	\$21.00 per
	<input type="text" value="0"/>						
EPL Base Premium							<input type="text" value="\$0.00"/>

Increased Limits Factor

Limit	Factor
\$250,000	1
\$500,000	1.4
\$1,000,000	1.8
\$2,000,000	2.25
\$3,000,000	2.55
\$4,000,000	2.8
\$5,000,000	3.05
\$6,000,000	3.3
\$7,000,000	3.6
\$8,000,000	3.9
\$9,000,000	4.15
\$10,000,000	4.4

Increased Limits Factor:

Retention Factor

EPL Premium	
Retention	Factor
\$5,000	1.2
\$10,000	1.1
\$15,000	1
\$25,000	0.95
\$35,000	0.9125
\$50,000	0.875
\$75,000	0.8125
\$100,000	0.75
\$150,000	0.6667
\$200,000	0.5833
\$250,000	0.5

Retention Factor:

Scheduled Rating

Employee Handbook Present and Fully Disseminat (1.0 to 1.25)
Human Resources Department (.95 to 1.20)

Human Resources Guidelines and Procedures

- Equal Employment Opportunity (.95 to 1.05)
- Affirmative Action Program (.95 to 1.05)
- Family Medical Leave Act (.95 to 1.05)
- Sexual Harassment (.95 to 1.05)
- Grievance Policy (.95 to 1.05)
- Employment at Will (.95 to 1.05)
- Employee Assistance Program (.95 to 1.05)
- ADA Compliance (.95 to 1.05)
- Regular Performance Appraisals (.95 to 1.05)
- Termination Procedure / Progressive Discipline (.95 to 1.05)
- Sick Leave / Maternity Leave (.95 to 1.05)

Layoffs / Downsizing

- Current or within 1 year (1.0 to 1.25)
- After 1 year (1.0 to 1.25)

Maximum Debts and Credits +/- 40% **Scheduled Rating Factor**

Risk Factors

Hazard Type:	1 :1.0, 2: 1.25 3: 1.50	<input type="text"/>
# of Years in business:	.80 - 1.20	<input type="text"/>
Employee Turnover:	.80 - 1.20	<input type="text"/>
Loss History:	.80 - 2.00	<input type="text"/>
Financial Strength:	.80 - 1.25	<input type="text"/>
Risk Modifier:	.80 - 3.00	<input type="text"/>
	Scheduled Risk Factor	<input type="text" value="0.00"/>

EPL PREMIUM:

Total Premium **\$0**

PREMIUM CHARGED:

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Supporting Document Schedules

Satisfied -Name: NAIC Transmittal

Review Status:

Accepted for Informational 12/27/2007
Purposes

Comments:

Attachment:

P&C Transmittal - AR Rates.pdf

Satisfied -Name: Comparison

Review Status:

Accepted for Informational 12/27/2007
Purposes

Comments:

Attachment:

Admitted1.0 - Comparison.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	EPL-R-1107-AR
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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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We are submitting the attached rate revision for your review and approval. Upon approval, the revised rates will be used with our Employment Practices Liability Program which was filed with your Department on 5/23/2006 under our filing number EPL-R-AR-506.

The rates for this program are being revised to include a minimum premium of \$1,500. In addition, we are adding additional Increased Limit Factors (ILF's), which will allow us to utilize our limit capacity when quoting Employment Practices Liability opportunities. The ILF's are as follows:

6m Limit - 3.30
7m Limit - 3.60
8m Limit - 3.90
9m Limit - 4.15
10m Limit - 4.40

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 #: 22437
Amount: \$100.00

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.)**

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 #	EPL-R-1107-AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	EPL-F-1107-AR
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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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)
Navigators							

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 (where required)	Minimum % Change (where required)

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	Employment Practices Liability Coverage Rating Plan	<input type="checkbox"/> New <input checked="" 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	



**Navigators Insurance Company
EPL Rating Worksheet**

Name Insured:

Employment Practices Liability Coverage

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		0	\$0.00	Next 500	\$26.00 per		
		0	\$0.00	Next 500	\$21.00 per		
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ADA Compliance	(.95 to 1.05)	<input type="text"/>
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Layoffs / Downsizing

Current or within 1 year	(1.0 to 1.25)	<input type="text"/>
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Employee Turnover:	.80 - 1.20	<input type="text"/>
Loss History:	.80 - 2.00	<input type="text"/>
Financial Strength:	.80 - 1.25	<input type="text"/>
Risk Modifier:	.80 - 3.00	<input type="text"/>
	Scheduled Risk Factor	<input type="text" value="0.00"/>

EPL PREMIUM:

Total Premium **\$0**

PREMIUM CHARGED: