

Filing at a Glance

Company: Allstate Property & Casualty Insurance Company

Product Name: Boatowners

SERFF Tr Num: ALSX-125253042 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: AR-PC-07-025699

Sub-TOI: 09.0006 Other Personal Inland
Marine

Co Tr Num: R18408

State Status:

Filing Type: Rate

Co Status:

Reviewer(s): Alexa Grissom, Betty
Montesi, Brittany Yielding

Author: SPI AllState

Disposition Date: 08-13-2007

Date Submitted: 08-03-2007

Disposition Status: Filed

Effective Date Requested (New): 09-03-2007

Effective Date (New): 09-03-2007

Effective Date Requested (Renewal): 10-18-2007

Effective Date (Renewal): 10-18-
2007

General Information

Project Name: Rule and Rate Filing

Project Number: R18408

Reference Organization:

Reference Title:

Filing Status Changed: 08-13-2007

State Status Changed: 08-03-2007

Corresponding Filing Tracking Number:

Filing Description:

When Allstate Property and Casualty Insurance Company introduced its Boatowners Program in Arkansas on April 25, 2005, there was an inadvertent error in the factor development for Boat Classification 19 - Personal Watercraft. This resulted in our overall rate level being approximately 4.3% lower than intended.

With this filing, we would like to update the Personal Watercraft factor. The overall impact of this change is 4.5%. Note that the average premium for Personal Watercrafts before and after this change is 110.80 and 167.75, respectively. Please see the revised rate page and Explanatory Memo for the new factors.

Also, please see Attachment A for additional updates.

The targeted implementation date is September 3, 2007 for all business written and renewals processed on or after September 3, 2007 and renewal business effective on or after October 18, 2007.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
2775 Sanders Road (847) 402-2774 [Phone]
Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Property & Casualty Insurance Company	CoCode: 17230	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type:
Suite A5	Group Name: Allstate	State ID Number:
Northbrook, IL 60062	FEIN Number: 36-3341779	
(847) 402-5000 ext. [Phone]	-----	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Property & Casualty Insurance Company	\$100.00	08-03-2007	14947386

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	08-13-2007	08-13-2007

Disposition

Disposition Date: 08-13-2007

Effective Date (New): 09-03-2007

Effective Date (Renewal): 10-18-2007

Status: Filed

Comment:

Company Name:	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):	Overall % Indicated Change:
Allstate Property & Casualty Insurance Company	4.500%	\$19,775	255	\$439,455	183.400%	0.000%	0.000%

Created by SERFF on 08-13-2007 12:05 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	ExplanatoryMemo01, AttachmentA	Filed	Yes
Rate	ManualPages R18408	Filed	Yes
Rate	CheckingListR18408	Filed	Yes

Rate Information

Rate data applies to filing.

Filing Method:

File and Use

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

04-25-2005

Filing Method of Last Filing:

File and Use

Company Rate Information

Company Name:	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):	Overall % Indicated Change:
Allstate Property & Casualty Insurance Company	4.500%	\$19,775	255	\$439,455	183.400%	0.000%	0.000%

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	ManualPages R18408	R18408	Replacement	R15651, R15959	R18408.PDF
Filed	CheckingListR18408	R18408	New		R18408.PDF

RULE 6 – AUTOMATIC FIRE EXTINGUISHER SYSTEM DISCOUNT – COVERAGE
TT

A discount to Coverage TT will apply to boats with an automatic fire extinguishing system.

**ARKANSAS
BOATOWNERS
PREMIUM CALCULATION**

Rating Plan Factors by Coverage

<u>Rating Plan</u>		<u>Factors</u>		
		AA	CC	TT
<u>Boat Classification (Rule 11)</u>				
1		0.85	0.85	1.21
2		1.20	1.20	0.98
3		0.80	0.80	1.01
4		1.20	1.20	0.98
5		0.90	0.90	1.15
6		1.75	1.75	0.98
7		1.39	1.39	1.02
8		1.75	1.75	0.98
9		0.82	0.82	0.76
10		1.10	1.10	1.13
11		1.10	1.10	1.13
12		1.10	1.10	1.13
13		1.10	1.10	1.13
14		0.82	0.82	0.76
15		0.82	0.82	0.80
16		0.82	0.82	0.80
17		0.82	0.82	0.80
18		0.82	0.82	0.80
19		1.50	1.65	1.47
<u>Deductible Factors (Rule 14)</u>				
\$100		N/A	N/A	1.53
\$250		N/A	N/A	1.20
\$500		N/A	N/A	1.05
\$1,000		N/A	N/A	0.87
\$2,500		N/A	N/A	0.81
\$5,000		N/A	N/A	0.74
<u>Rating Group (Rule 15)</u>				
1		0.75	0.75	0.68
2		0.83	0.83	0.86
3		1.02	1.02	1.08
4		1.66	1.66	1.54
5		1.94	1.94	1.99
<u>Increased Limits Factors</u>				
<i>Liability</i>	\$50,000	1.25	N/A	N/A
	\$75,000	1.40	N/A	N/A
	\$100,000	1.60	N/A	N/A
	\$150,000	1.75	N/A	N/A
	\$200,000	1.95	N/A	N/A
	\$250,000	2.20	N/A	N/A
	\$300,000	2.35	N/A	N/A
	\$500,000	3.40	N/A	N/A
	\$1,000,000	5.00	N/A	N/A
<i>Med Pay</i>	\$1,000	N/A	1.00	N/A
	\$2,000	N/A	2.00	N/A
	\$5,000	N/A	3.00	N/A
	\$10,000	N/A	5.00	N/A

CHECKING LIST FOR BOATOWNERS

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

RULES

Enclosed: Page 6-1 dated 8-29-07

Withdrawn: Page 6-1 dated 2-14-05

PREMIUM SECTION

Enclosed: Page RP-6 dated 8-29-07

Withdrawn: Page RP-6 dated 12-1-05

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Filed	08-13-2007
Comments:				
Attachments:				
	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			
	AR - NAIC RATE RULE FILING SCHEDULE.PDF			
Satisfied -Name:	NAIC loss cost data entry document	Review Status:	Filed	08-13-2007
Comments:				
Attachment:				
	AR - RATE FILING ABSTRACT RF-1.PDF			
Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status:	Filed	08-13-2007
Bypass Reason:	NA			
Comments:				
Satisfied -Name:	ExplanatoryMemo01, AttachmentA	Review Status:	Filed	08-13-2007
Comments:				
Attachments:				
	ExplanatoryMemo01.PDF			
	AttachmentA.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Property & Casualty Insurance Company	IL	17230	36-3341779	

5. Company Tracking Number	R18408
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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
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carrie M. Deppe

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0006 Other Personal Inland Marine
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Boatowners
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 09/03/2007 Renewal: 10/18/2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not applicable
17.	Reference Organization # & Title	Not applicable
18.	Company's Date of Filing	August 3, 2007
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 #	R18408
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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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When Allstate Property and Casualty Insurance Company introduced its Boatowners Program in Arkansas on April 25, 2005, there was an inadvertent error in the factor development for Boat Classification 19 - Personal Watercraft. This resulted in our overall rate level being approximately 4.3% lower than intended.

With this filing, we would like to update the Personal Watercraft factor. The overall impact of this change is 4.5%. Note that the average premium for Personal Watercrafts before and after this change is 110.80 and 167.75, respectively. Please see the revised rate page and Explanatory Memo for the new factors.

Also, please see Attachment A for additional updates.

The targeted implementation date is September 3, 2007 for all business written and renewals processed on or after September 3, 2007 and renewal business effective on or after October 18, 2007.

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]
<p>Check #: Not applicable. Fee will be paid via Electronic Funds Transfer. Amount: \$100.00</p> <p>Independent rate filing</p> <p style="text-align: center; margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY 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 #	R18408
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	Not applicable
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and 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)
Allstate Property & Casualty Insurance Company		4.5	19775	255	439455	183.4	0
		0	0	0	0	0	0

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)

5. Overall Rate Information (Complete for Multiple Company Filings only)

		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	Not applicable. New Program Implementation
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7.	Effective Date of last rate revision	04/25/2005
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Rule 6, RP-6	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	R15651, R15959
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	

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	R18408
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NA

Company Name		Company NAIC Number	
3.	A. Allstate Property & Casualty Insurance Company	B.	008-17230

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 09.0 Inland Marine	B.	09.0006 Other Personal Inland Marine

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Boatowners – Liability (AA)	NA	0					
Boatowners – Medical (CC)	NA	2.1					
Boatowners – Physical Damage (TT)	NA	6.0					
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2005	2,978	NA	NA	70,318	47,008	66.9%	102.7%
2006	6,739	NA	NA	254,529	88,305	34.7%	58.4%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	17.2%
B. General Expense	3.6%
C. Taxes, License & Fees	2.9%
D. Underwriting Profit & Contingencies	9.1%
E. Other (explain)	
F. TOTAL	32.8%

8. Apply Lost Cost Factors to Future filings? (Y or N)
9. 183.4% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. 0 Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____

**ARKANSAS
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
BOATOWNERS**

**PERSONAL WATERCRAFT FACTOR UPDATE
EXPLANATORY MEMO**

When Allstate Property and Casualty Insurance Company introduced its boat program, there was an inadvertent error in the factor development for Boat Classification 19 – Personal Watercraft. The following is the current and proposed factors for Boat Class 19 – Personal Watercraft:

	Class	Liability	Medical	Physical Damage
Current Factor	19	1.50	1.50	0.52
Proposed Factor	19	1.50	1.65	1.47

The resulting impact to the Boat Class 19 – Personal Watercraft factor is as follows:

	Written Premium Percent Change
Boat Class 19 - Personal Watercraft	51.4%
All Other	0%

**ARKANSAS
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY
BOATOWNERS**

**ADDITIONAL CHANGES
ATTACHMENT A**

Rule Manual Updates

1. Rule 6: Revised wording to read: “A discount to Coverage TT will apply to boats with an automatic fire extinguishing system.”

Rate Manual Updates

1. Page RP – 6: Updated Boat Classification 19 – Personal Watercraft CC and TT factors