

Filing at a Glance

Companies: The Employers' Fire Insurance Company, OneBeacon America Insurance Company
Product Name: @vantage - 2-1 Year Policies SERFF Tr Num: BEAC-125238622 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-025687
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 2007-GL-AR-RU-473 State Status:
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Sharon Kennedy Disposition Date: 08-06-2007
Date Submitted: 08-02-2007 Disposition Status: Exempt from
Review
Effective Date Requested (New): 10-01-2007 Effective Date (New): 10-01-2007
Effective Date Requested (Renewal): 10-01-2007 Effective Date (Renewal): 10-01-2007

General Information

Project Name: @vantage 2-1 Year Policies Status of Filing in Domicile:
Project Number: 2007-GL-AR-RU-473 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08-06-2007
State Status Changed: 08-03-2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Please see attached cover letter for filing description.

Company and Contact

Filing Contact Information

Sharon Kennedy, Compliance Analyst skennedy@onebeacon.com
One Beacon Lane (781) 332-8190 [Phone]
Canton, MA 02021-1030 (888) 209-7219[FAX]

Filing Company Information

The Employers' Fire Insurance Company CoCode: 20648 State of Domicile: Massachusetts
One Beacon Lane Group Code: 1129 Company Type:
Canton, MA 02021-1030 Group Name: State ID Number:
(781) 332-7000 ext. [Phone] FEIN Number: 04-1288420

OneBeacon America Insurance Company CoCode: 20621 State of Domicile: Massachusetts
One Beacon Lane Group Code: 1129 Company Type:

Created by SERFF on 08-06-2007 10:26 AM

Canton, MA 02021-1030
(781) 332-7000 ext. [Phone]

Group Name:
FEIN Number: 04-2475442

State ID Number:

Filing Fees

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

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	08-06-2007	08-06-2007

Disposition

Disposition Date: 08-06-2007

Effective Date (New): 10-01-2007

Effective Date (Renewal): 10-01-2007

Status: Exempt from Review

Comment: Per Arkansas Code 23-67-206: Property and casualty insurance for commercial risk, excluding workers compensation, employers liability, and professional liability insurance are exempted from rate and rule filing and review. (see actual code site for details)

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Property & Casualty Transmittal Document	Accepted for Informational Purposes	Yes
Rate	Rule #3 - Policy Term	Accepted for Informational Purposes	Yes
Rate	Rule# 6 - Installment Premium Plan	Accepted for Informational Purposes	Yes

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Accepted for Informational Purposes	Rule #3 - Policy Term	@V4ML003CW 07 07	Replacement		@V4ML003CW0707_ Automatic Renew.pdf
Accepted for Informational Purposes	Rule# 6 - Installment Premium Plan	@V4ML006CW 07 07	Replacement		@V4ML006CW0707_ Payment Plans.pdf

COMMERCIAL LINES MANUAL
@vantage For POLICIES
COMMERCIAL MULTI PERIL DIVISION

RULE 3.
POLICY TERM

A. The @vantage For Policy may be written:

1. For one year and renewed annually by a renewal certificate;
2. For three years;
3. From inception until canceled, provided there is a stated expiration date at time of cancellation; or
4. For one year with an option to extend the policy for an additional twelve months by attachment of VIL 220, Automatic Policy Renewal Endorsement. This endorsement automatically renews the policy term for an additional twelve month period at the same rates, rules and forms except for the following:
 - a. Any state or federally imposed charges that may be added or changed for which we are required to charge;
 - b. Any changes in exposure or increase in hazards insured against;
 - c. Endorsements made to this policy at the named insured's request or mandated by law or regulation;
 - d. A change in the underlying insurance or automobile exposure (if Umbrella Liability coverage is included in the policy); and
 - e. Any new or modified form or endorsement that applies to all insureds or to a group of insureds which includes the named insured.

Endorsements VIL 220 and VIL 087 apply to all lines on the policy except workers' compensation.

If the named insured cancels the policy at any time during the policy period or elects to non-renew the policy at policy anniversary, a charge will apply. This charge will be computed at fifteen (15%) percent of the total initial policy year premium.

When the policy renews for the additional twelve month term, endorsement VIL 220 will be replaced by VIL 087, Cancellation Charge Endorsement. This endorsement imposes a charge if the named insured elects to cancel the policy at any time during the additional twelve month renewal period. The charge will be computed at fifteen (15%) percent of the total renewal policy year premium.

Endorsement VIL 220 cannot be attached on the next subsequent renewal but may be attached on the third renewal and every third renewal thereafter to be replaced by endorsement VIL 087 as referenced above.

B. For multiple-year term or continuous policies:

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1. Compute premium for each year according to the then current rules, rates and forms except as provided in Rule A.4.above if that option is selected; or
2. Attach Three Year Rate Guarantee **VIL 219** and compute premium each year according to the terms of the guarantee.

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RULE 6.
INSTALLMENT PREMIUM PAYMENT

A. Our installment payment options are applicable to new and renewal business for all lines of insurance and apply to monoline or package policies. The initial policy premium will be payable in full, unless the insured is offered one of the following options to pay the premium in installments:

1. Payment Plans for Annual Policies

- a. **Annual Plan** - This option requires payment of the premium in full on the initial bill with no installments available.
- b. **2 Payment Plan** - This option requires an initial payment of fifty percent (50%) of the annual premium on the initial billing with one (1) remaining installment of 50% billed in the fourth month of the policy term
- c. **4 Payment Plan** – This option requires an initial payment of twenty-five percent (25%) of the annual premium on the initial billing with three (3) remaining installments of 25% each due on the third month, the fifth month and the seventh month of the policy term.
- d. **7 Payment Plan** – This option requires a minimum initial payment of twenty-five percent (25%) of the annual premium on the initial billing with the balance paid over a maximum of six (6) monthly installments for a total of seven (7) payments.
- e. **10 Payment Plan** – This option requires a minimum initial payment of twenty-five percent (25%) of the annual premium on the initial billing with the balance of the premium payable over a maximum of nine (9) monthly payments for a total of ten (10) payments.
- f. **10 Equal Payments Plan** – This option requires ten equal payments.
- g. **Electronic Funds Transfer (EFT) OnTime Program** – This option consists of a "level bill" offering up to twelve (12) monthly installments and is only available to insureds that elect our *OnTime* electronic funds transfer program. We will also offer all of our payment plans on this system. A two (\$2.00) dollar fee may be charged per deduction when this option is chosen.

2. If no billing option is selected at issuance of the policy, the payment plan will automatically default to our 10 pay plan (1.e.). Additionally, any deposit received prior to the issuance of a policy will reduce the minimum due on the first (initial) bill. If the policy is late entered, the system will bill the number of installments that would have normally been billed at that time.

3. Payment Plan for Semi-Annual Policies

The billing of six (6) month policies will consist of an initial bill of 50% followed by three additional monthly installments. If the policy is late entered, the system will bill the number of installments that would have normally been billed at that time.

B. Installment Charge

1. If an installment payment method is elected by the insured, a \$10.00 installment charge will be added to the minimum due on each bill.
2. Each installment bill will afford the insured the opportunity to pay the balance of the premium in full and thus eliminate any future installment charges for that policy term.

C. Late Payment Fee

A \$25.00 late payment fee will be charged to an insured's policy every time that a Statutory Notice of Intent to Cancel is issued in a policy term.

Supporting Document Schedules

Satisfied -Name: Cover Letter

Review Status:

Accepted for Informational 08-06-2007
Purposes

Comments:

Attachment:

Cover Letter - Rule.pdf

Satisfied -Name: Property & Casualty Transmittal
Document

Review Status:

Accepted for Informational 08-06-2007
Purposes

Comments:

Transmittal Document contains rate/rule filing schedule.

Attachment:

Property & Casualty Transmittal Document - Rule.pdf



August 2, 2007

Honorable Julie Benafield Bowman, Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Co. Filing # 2007-GL-AR-RU-473

REVISED RULES

@vantage Product

Commercial Professional Liability Coverage

(Commercial Automobile Coverage, Commercial General Liability Coverage, Commercial Inland Marine Coverage, Commercial Multiple Peril, Commercial Property Coverage, Commercial Umbrella Coverage – for informational purposes only.)

<u>COMPANY</u>	<u>NAIC #</u>	<u>FEIN #</u>
OneBeacon America Insurance Company	1129- 20621	04-2475442
Employers' Fire Insurance Company	1129-20648	04-1288420

Dear Commissioner,

On behalf of the captioned companies (the Companies), members of the OneBeacon Insurance Group, we hereby submit for your review and approval revised rules applicable to the Companies @vantage program. The Companies propose this filing be approved for applicable new and renewal policies effective on or after October 1, 2007.

These rules have been revised in conjunction with our New Policy Term Option and New Installment Premium Plan Option Endorsements being filed under separate cover in Filing # 2007-GL-AL-FO-473.

Under the New Policy Term Option, the insured will extend the one year @vantage policy for an additional twelve month period, at the same rates, rules, and forms as existed at the inception date of the policy, subject to certain terms and conditions. And under the New Installment Plan Option, the insured will be able to pay the @vantage policy premium in ten equal payments.

In support of these endorsements the following rules are herein being revised:

- Rule 3 – Policy Term
- Rule 6 – Installment Premium Payment

An Explanatory Memorandum, relative to this revised rule, and a copy of this rule, are enclosed for your review.

We trust you will find this submission acceptable and we look forward to your approval. Should you have any questions, please feel free to contact the undersigned.

Very truly yours,



Sharon B. Kennedy
Regulatory Compliance Analyst
OneBeacon Insurance

Phone (781) 332-8190
Fax (888) 209-7219
skennedy@onebeacon.com

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					

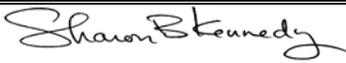
3. Group Name	Group NAIC #
White Mountains Insurance Group, Ltd.	1129

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
OneBeacon America Insurance Company	MA	1129-20621	04-2475442	
Employers' Fire Insurance Company	MA	1129-20648	04-1288420	

5. Company Tracking Number	2007-GL-AR-FO-473
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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
	Sharon B. Kennedy	Compliance Analyst	781-332-8190	888-209-7219	skennedy@onebeacon.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Sharon B. Kennedy

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

9.	Type of Insurance (TOI)	35.0 Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	2 Year Rate Guarantee
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> X Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 10/01/07 Renewal: 10/01/07

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	08/02/07
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	2007-GL-AR-RU-473
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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 hereby submit for your review and approval revised rules applicable to the Companies @vantage program. The Companies propose this filing be approved for applicable new and renewal policies effective on or after October 1, 2007.

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- Rule 3 – Policy Term
- Rule 6 – Installment Premium Payment

An Explanatory Memorandum, relative to this revised rule, and a copy of this rule, are enclosed for your review.

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 #: Amount: N/A Rule filing. Not advisory adoption.</p> <p>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.)

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 #	2007-GL-AR-RU-473
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	2007-GL-AR-FO-473

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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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)
Big Insurance Company							
Medium Insurance Company							

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	Minimum % Change

5. 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	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	@V4ML003CW 07 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	@V4ML006CW 07 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	