

SERFF Tracking Number: IATH-125281289 State: Arkansas  
Filing Company: Harco National Insurance Company State Tracking Number: AR-PC-07-025997  
Company Tracking Number: WC-AR-2116-R  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Non-adopt class code 2719/WC-AR-2116-R

## Filing at a Glance

Company: Harco National Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

SERFF Tr Num: IATH-125281289

SERFF Status: Closed

Co Tr Num: WC-AR-2116-R

Co Status: Submitted

Author: Katie Cook

Date Submitted: 09/04/2007

State: Arkansas

State Tr Num: AR-PC-07-025997

State Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 09/05/2007

Disposition Status: Approved

Effective Date (New): 09/05/2007

Effective Date (Renewal):

Effective Date Requested (New): 07/01/2007

Effective Date Requested (Renewal): 07/01/2007

## General Information

Project Name: Non-adopt class code 2719

Project Number: WC-AR-2116-R

Reference Organization: NCCI

Reference Title: Revision to 2719 - logging

Filing Status Changed: 09/05/2007

State Status Changed: 09/04/2007

Corresponding Filing Tracking Number:

Filing Description:

Filing to non-adopt this change. We do not write logging.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number: 02-AR-2007

Advisory Org. Circular: AR-2007-09

Deemer Date:

## Company and Contact

### Filing Contact Information

Katie Cook, Compliance Analyst II

2850 West Golf Road

Rolling Meadows, IL 60008

kcook@iat-harco.com

(847) 321-4852 [Phone]

(847) 321-4810[FAX]

### Filing Company Information

Harco National Insurance Company

CoCode: 26433

State of Domicile: Illinois

SERFF Tracking Number: IATH-125281289 State: Arkansas  
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Product Name: Workers Compensation  
Project Name/Number: Non-adopt class code 2719/WC-AR-2116-R

2850 West Golf Road  
9th Floor  
Rolling Meadows, IL 60008  
(800) 448-4642 ext. [Phone]

Group Code: 225  
Group Name:  
FEIN Number: 13-6108721  
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Company Type:  
State ID Number:

*SERFF Tracking Number:* IATH-125281289      *State:* Arkansas  
*Filing Company:* Harco National Insurance Company      *State Tracking Number:* AR-PC-07-025997  
*Company Tracking Number:* WC-AR-2116-R  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Workers Compensation  
*Project Name/Number:* Non-adopt class code 2719/WC-AR-2116-R

## **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
Approved	Carol Stiffler	09/05/2007	09/05/2007

*SERFF Tracking Number:* IATH-125281289      *State:* Arkansas  
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*Product Name:* Workers Compensation  
*Project Name/Number:* Non-adopt class code 2719/WC-AR-2116-R

## **Disposition**

Disposition Date: 09/05/2007

Effective Date (New): 09/05/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: IATH-125281289 State: Arkansas  
 Filing Company: Harco National Insurance Company State Tracking Number: AR-PC-07-025997  
 Company Tracking Number: WC-AR-2116-R  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: Workers Compensation  
 Project Name/Number: Non-adopt class code 2719/WC-AR-2116-R

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes

*SERFF Tracking Number:* IATH-125281289      *State:* Arkansas  
*Filing Company:* Harco National Insurance Company      *State Tracking Number:* AR-PC-07-025997  
*Company Tracking Number:* WC-AR-2116-R  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Workers Compensation  
*Project Name/Number:* Non-adopt class code 2719/WC-AR-2116-R

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: IATH-125281289 State: Arkansas  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 09/05/2007

**Comments:**

**Attachment:**

07industry\_rates\_pc\_trans. doc.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation  
**Review Status:** Approved 09/05/2007

**Bypass Reason:** This is a rule filing only

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Approved 09/05/2007

**Bypass Reason:** Non-adopting a rule change only.

**Comments:**

**Satisfied -Name:** Cover Letter  
**Review Status:** Approved 09/05/2007

**Comments:**

**Attachment:**

letter.pdf

## Property & Casualty Transmittal Document

<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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harco National Insurance Company	IL	26433	13-6108721	

<b>5. Company Tracking Number</b>	WC-AR-2116-R
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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
	Katie Cook 2850 W. Golf Rd. Rolling Meadows, IL 60008	Compliance Analyst	847-321-4852	847-472-7962	kcook@iat-harco.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Katie Cook

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

9. Type of Insurance (TOI)	16
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	16000
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input 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: 7/1/2007      Renewal: 7/1/2007
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	02-AR-2007
18. Company's Date of Filing	9/4/2007
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 #** WC-AR-2116-R

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

Filing to non-adopt this change as we do not write Logging or Tree Removal.

**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: Not required for non-adopting rule change.**

**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>	
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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			<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		
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>	<b>WC-AR-2116-R</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>	File and Use
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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)
Harco National Insurance Company				2	\$108,700		

<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>	5%
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<b>7.</b>	<b>Effective Date of last rate revision</b>	12/01/2006
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	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		<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	

September 4, 2007

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
State of Arkansas  
1200 West Third Street  
Little Rock, AR 72201

RE: Harco National Insurance Company – NAIC #: 26433  
FEIN #: 13-6108721  
Workers' Compensation Filing  
Our Filing #: WC-AR-2116-R  
NCCI Filing: **02-AR-2007**

Dear Commissioner Bowman:

Harco National Insurance Company, a member of the National Council on Compensation Insurance (NCCI), submits for your review and approval the enclosed Workers' Compensation filing.

The purpose of this filing is to non-adopt NCCI 02-AR-2007. We do not write Logging or Tree Removal.

Should you have any questions, or should anything further be required, please do not hesitate to phone me at (800) 448-4642 extension 4852

Sincerely,

Katie Cook  
Compliance Analyst  
E-Mail: [kcook@iat-harco.com](mailto:kcook@iat-harco.com)