Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Adopt AAIS' Personal Umbrella Program	SERFF Tr Num: PHAR-125274346	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: AR-PC-07-025962
Sub-TOI: 17.2021 Personal Umbrella & Excess	Co Tr Num: AR-UMP-01-08-F	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
	Author: Lori Stokes	Disposition Date: 09/04/2007
	Date Submitted: 08/30/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization: AAIS	Reference Number: AAIS-2000-12;AAIS-2004-41;AAIS-2003-25
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/04/2007	
State Status Changed: 08/30/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Pharmacists Mutual Insurance Company (PhMIC) is a member and subscriber of AAIS for its Personal Umbrella program in this state. Currently, PhMIC's Personal Umbrella program contains all of our own independent forms and endorsements. We would now like to begin using AAIS' forms and endorsements for this program, which is the purpose of this filing. See the filing memorandum for complete details.

Pharmacists Mutual is requesting that this filing become effective for all policies on or after January 1, 2008.

Company and Contact

Filing Contact Information

Lori Stokes,
PO Box 370 (800) 247-5930 [Phone]
Algona, IA 50511 () -[FAX]

Filing Company Information

Pharmacists Mutual Insurance Company	CoCode: 13714	State of Domicile: Iowa
808 Highway 18 West	Group Code: 775	Company Type: Mutual
P.O. Box 370		
Algona, IA 50511	Group Name:	State ID Number:
(800) 247-5930 ext. [Phone]	FEIN Number: 42-0223390	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50/independent form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	$50.00	08/30/2007	15365714

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	09/04/2007	09/04/2007

Disposition

Disposition Date: 09/04/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*PHAR-125274346*	*State:*	*Arkansas*
Filing Company:	*Pharmacists Mutual Insurance Company*	*State Tracking Number:*	*AR-PC-07-025962*
Company Tracking Number:	*AR-UMP-01-08-F*		
TOI:	*17.2 Other Liability - Occurrence Only*	*Sub-TOI:*	*17.2021 Personal Umbrella & Excess*
Product Name:	*Adopt AAIS' Personal Umbrella Program*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	How Much We Pay - Aggregate Limits	Approved	Yes
Form	Specified Home-Based Business Activities	Approved	Yes
Form	Pharmacists Professional Liability Coverage	Approved	Yes
Form	Declaration/Schedule Page	Approved	Yes
Form	Change Endorsement	Approved	Yes
Form	Amendatory Endorsement	Approved	Yes
Form	Application	Approved	Yes
Form	Personal Umbrella Excess Liability Policy	Approved	Yes
Form	Non Stacking of Limits Endorsement	Approved	Yes
Form	Additonal Named Insured - Automobile	Approved	Yes
Form	Additional Named Insured - Other Entities	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	How Much We Pay - Aggregate Limits	PM 5003	04-06	Endorsement/Amendment/Conditions New		0.00	PM 5003 04-06.pdf
Approved	Specified Home-Based Business Activities	PM 5137	04-06	Endorsement/Amendment/Conditions New		0.00	PM 5137 04-06.pdf
Approved	Pharmacists Professional Liability Coverage	PM 5312	10-07	Endorsement/Amendment/Conditions New		0.00	PM 5312 10-07.pdf
Approved	Declaration/Schedule Page	UMPDEC	01-08	Declarations/Schedule Replaced	Replaced Form #: PM 1033 1-97 Previous Filing #:	0.00	UMPDEC 01-08.pdf
Approved	Change Endorsement	PM 5308	04-00	Endorsement/Amendment/Conditions Withdrawn	Replaced Form #: Previous Filing #:	0.00	
Approved	Amendatory Endorsement	PM 1064	1-97	Endorsement/Amendment/Conditions Withdrawn	Replaced Form #: Previous Filing #:	0.00	
Approved	Application	PM 217	4-94	Application/Binder/Enrollment Withdrawn	Replaced Form #: Previous Filing #:	0.00	
Approved	Personal Umbrella Excess Liability Policy	PM 1030	1-97	Policy/Coverage Form Withdrawn	Replaced Form #: Previous Filing #:	0.00	
Approved	Non Stacking of Limits Endorsement	PM 1053	1-97	Endorsement/Amendment/Conditions Withdrawn	Replaced Form #: Previous Filing #:	0.00	

Approved	Additonal Named Insured - Automobile	PM 5300	1-97	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:
Approved	Additional Named Insured - Other Entities	PM 5301	1-97	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #:0.00 Previous Filing #:

This endorsement changes
the policy
-- PLEASE READ THIS CAREFULLY --

HOW MUCH WE PAY
AGGREGATE LIMIT

This policy is amended to include the following "terms". All other "terms" of the policy apply, except as amended by this endorsement.

HOW MUCH WE PAY

How Much We Pay is deleted and replaced by the following.

1. The "limits", shown on the "declarations" and subject to the following conditions, are the most "we" pay regardless of the number of:

   a. persons insured under this policy;

   b. parties who sustain injury or damage;

   c. claims made or "suits" brought; or

   d. vehicles, watercraft, or trailers involved in an accident.

2. The Aggregate Limit is the most "we" pay for the sum of all damages, except damages arising out of coverages provided by "underlying insurance" that are not subject to an aggregate "limit".

3. The Each Occurrence Limit, subject to the Aggregate Limit, is the most "we" pay for loss for each "occurrence" or offense.

4. The Aggregate Limit applies separately to each consecutive 12-month period beginning with the inception date shown on the "declarations" for Personal Umbrella Liability Coverage. It also applies separately to any remaining policy period of less than 12 months, unless the Personal Umbrella Liability Coverage was extended after it was written. In that case, the additional period will be considered part of the last preceding period for the purpose of determining "limits".

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This endorsement changes
the policy
-- PLEASE READ THIS CAREFULLY --

SPECIFIED HOME-BASED BUSINESS ACTIVITIES

(The entries required to complete this endorsement
will be shown below or on the "declarations".)

Description of Business:

Personal Umbrella Liability Coverage is amended as follows. All other "terms" of the Personal Umbrella Liability Coverage apply.

DEFINITIONS

1. The definitions of "you" and "your" are amended by the following addition, but only with respect to the Personal Umbrella Liability Coverage provided for the "business" described in this endorsement:

   This also includes the person, persons, or organization named as the insured on the Home-Based Business Supplemental Declarations Page of "your" "underlying insurance".

2. The definition of "personal injury" is deleted and replaced by the following, but only with respect to the Personal Umbrella Liability Coverage provided for the "business" described in this endorsement:

   "Personal injury" means injury (other than "bodily injury", "property damage", or "advertising injury") arising out of one or more of the following offenses:

   a. publication of material in any manner that:

      1) slanders or libels a person or an organization;
      2) disparages a person's or an organization's goods, "products", or services; or
      3) violates a person's right of privacy;

   b. false arrest, detention, or imprisonment;

   c. malicious prosecution; or

   d. wrongful entry into, wrongful eviction from, or invasion of the right of private occupancy of a room, dwelling, or premises that a person occupies. This offense must be committed by or on behalf of the owner, landlord, or lessor of the room, dwelling, or premises.

3. The following definitions are added, but only with respect to the Personal Umbrella Liability Coverage provided for the "business" described in this endorsement:

   a. "Advertising injury" means injury (other than "bodily injury", "property damage", or "personal injury") arising out of one or more of the following offenses:

      1) publication of material in any manner that:

         a) slanders or libels a person or an organization;
         b) disparages a person's or an organization's goods, "products", or services; or
         c) violates a person's right of privacy;

      2) misappropriation of advertising ideas or style of doing business; or
      3) infringement of copyright, title, slogan, trademark, or trade name.

   b. "Products" means goods or products manufactured, sold, handled, distributed, or disposed of by "you" or others trading

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under "your" name in the course of conducting the "business" covered by this endorsement.

"Products" includes:

1) warranties or representations made at any time with respect to the fitness, quality, durability, or performance of "products";
2) containers (other than vehicles), materials, parts, or equipment furnished in connection with such "products"; and
3) providing or failing to provide warnings or instructions.

"Products" does not include:

1) vending machines or other property that is rented to or placed for the use of others, but not sold; or
2) real property.

PRINCIPAL COVERAGE

The "terms" of Principal Coverage are deleted and replaced by the following, but only with respect to the Personal Umbrella Liability Coverage provided for the "business" described in this endorsement.

"We" pay, up to "our" "limit", all sums for which an "insured" is liable by law because of "advertising injury", "bodily injury", "personal injury", or
"property damage" to which this Personal Umbrella Liability Coverage applies.

Subject to the Personal Umbrella Liability Coverage Exclusions, this insurance applies only to:

1. "bodily injury" and "property damage" that is caused by an "occurrence"; and

2. "advertising injury" and "personal injury" arising from an offense committed during the policy period, but only to the extent that the "advertising injury" or "personal injury" is covered by "underlying insurance" at the time of the offense and is not otherwise excluded by the Personal Umbrella Liability Coverage.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Defense Coverage.

EXCLUSIONS

Exclusions 5., 8., and 14. are deleted and replaced by the following, but only with respect to the "business" described in this endorsement.

5. "bodily injury", "property damage", "personal injury", or "advertising injury" that results from activities related to the "business" of any "insured".

   However, this exclusion does not apply to "bodily injury", "property damage", "personal injury", or "advertising injury" that results from activities related to the "business" described in this endorsement, but only to the extent that such "bodily injury", "property damage", "personal injury", or "advertising injury" is covered by "underlying insurance" at the time of the "occurrence".

8. "property damage" to any property for which an "insured" is contractually obligated to provide insurance at the time of the "occurrence".

14. "bodily injury", "property damage", "personal injury", or "advertising injury" that arises out of the rendering or the failing to render a professional service.

    However, this exclusion does not apply to the extent that such "bodily injury", "property damage", "personal injury", or "advertising injury" is covered by "underlying insurance" at the time of the "occurrence".

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This endorsement changes the policy.

- Please Read This Carefully -

PHARMACIST OR PHARMACY TECHNICIAN PROFESSIONAL LIABILITY COVERAGE

With respect to the coverage provided by this endorsement, the Personal Umbrella Liability Coverage is amended as follows. All other provisions of the policy apply.

DEFINITIONS

Definition 12. “Personal Injury” is deleted and replaced with the following, but only with respect to the coverage provided by this endorsement:

“Personal injury” means injury (other than “bodily injury”) arising out of one or more of the following offenses:

a. Oral or written publication of other than advertising material:
   1) that slanders or libels a person or organization;
   2) that disparages a person’s or organization’s goods, products, or services; or
   3) that violates a person’s right of privacy.
b. False arrest, detention, imprisonment or malicious prosecution.

The following definition is added, but only with respect to the coverage provided by this endorsement:

"Advertising injury" means injury (other than "bodily injury", "property damage", or "personal injury") arising out of “your” rendering or failure to render pharmacy services or pharmacy technician services and arising out of one or more of the following offenses:

a. publication of material in any manner that:
   1) slanders or libels a person or an organization;
   2) disparages a person's or an organization's goods, "products", or services; or
   3) violates a person's right of privacy;
b. misappropriation of advertising ideas or style of doing business; or
c. infringement of copyright, title, slogan, trademark, or trade name.

PRINCIPAL COVERAGE

The "terms" of Principal Coverage are deleted and replaced by the following, but only with respect to the coverage provided by this endorsement.

"We" pay, up to "our" "limit", all sums for which an "insured" is liable by law because of "bodily injury", "property damage", "personal injury", or “advertising injury” to which this Personal Umbrella Liability Coverage applies.

Subject to the Personal Umbrella Liability Coverage Exclusions, this insurance applies only to

1. "bodily injury" and "property damage" that is caused by an "occurrence"; and
2. "advertising injury" and "personal injury" arising from an offense committed during the policy period, but only to the extent that the "personal injury" or "advertising injury" is covered by "underlying insurance" at the time of the offense and is not otherwise excluded by the Personal Umbrella Liability Coverage.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Defense Coverage.

EXCLUSIONS

Exclusion 14 is deleted and replaced by the following, but only with respect to the coverage provided by this endorsement:

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14. "bodily injury", "property damage", "personal injury", or “advertising injury” that arises out of the rendering of or the failing to render a professional service.

    However, this exclusion does not apply to “your” rendering or failing to render pharmacy services or pharmacy technician services to the extent that such coverage is provided by "underlying insurance" at the time of the "occurrence" or offense.

    Coverage provided by the Personal Umbrella Liability Coverage that arises out of the rendering or failing to render a professional service shall not be any broader than that provided by "underlying insurance".

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Pharmacists Mutual® Insurance Company

1-800-247-5930 or 515-295-2461
P.O. Box 370, 808 Highway 18 West, Algona, Iowa 50511-0370

PERSONAL UMBRELLA/EXCESS LIABILITY DECLARATIONS

THIS IS NOT A BILL

NAMED INSURED AND MAILING ADDRESS		
D test 4 test L test	CUSTOMER NUMBER	0000100302
	POLICY NUMBER	UMP 0003047 09
	Previous Policy Number	UMP 0003047
	POLICY PERIOD	01/14/07 TO 01/14/08
	12 01 A.M. Standard Time at the described location	

TRANSACTION

AMENDED DECLARATION Effective: 01/14/07

LIMITS OF INSURANCE

Each Occurrence Limit 2,000,000

Retained Limit 250

AMENDED POLICY PREMIUM TOTAL $517.00

FORMS AND ENDORSEMENTS

WARNING: A person who knowingly submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime and may be subject to criminal and civil penalties.

Authorized Representative ROGER A. KETCHUM, CIC 4000

Pharmacists Mutual® Insurance Company

NAMED INSURED TEST UMP	
CUSTOMER NUMBER	0000100302
POLICY NUMBER	UMP 0003047 09
POLICY PERIOD 01-14-07 **TO** 01-14-08	
12 01 A.M. Standard Time at the described location	

SCHEDULE OF UNDERLYING INSURANCE

COMPREHENSIVE PERSONAL LIABILITY
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

AUTOMOBILE LIABILITY
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

Property Damage $500,000 Each Occurrence

RECREATIONAL VEHICLE
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

Property Damage $100,000 Each Occurrence

MOTORCYCLE LIABILITY
Carrier Pharmacists Mutual
Combined Single Limit $250,000 Each Occurrence

Property Damage $250,000 Each Occurrence

WATERCRAFT LIABILITY
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

HOME BASED BUSINESS
Carrier Pharmacists Mutual
Combined Single Limit $300,000 Each Occurrence

PHARMACIST PROFESSIONAL LIABILITY
Carrier Pharmacists Mutual
$1,000,000 Each Occurrence
$3,000,000 Aggregate Limit

PHARMACY TECHNICIAN PROFESSIONAL LIABILITY
Carrier Pharmacists Mutual
$1,000,000 Each Occurrence
$3,000,000 Aggregate Limit

BUSINESS PURSUITS
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

OFFICE LIABILITY
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

FARM
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

LESSORS RISK
Carrier Pharmacists Mutual
Combined Single Limit $500,000 Each Occurrence

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Approved 09/04/2007

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent[1].pdf

Property & Casualty Transmittal Document

Reset Form

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 #
	Pharmacists Mutual Companies	0775

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Pharmacists Mutual Ins. Company	Iowa	13714	42-0223390	

5.	Company Tracking Number	AR-UMP-01-08-F

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Lori Stokes 808 Highway 18 West Algona, IA 50511	Forms Manager	800-247-5930	515-295-9306	lori.stokes@phmic.com

7.	Signature of authorized filer	Lori Stokes Digitally signed by Lori Stokes DN: CN = Lori Stokes, C = US Date: 2007.08.30 09:42:26 -05'00'
8.	Please print name of authorized filer	Lori Stokes

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

9.	**Type of Insurance (TOI)**	17.2 Other Liability-Occ Only
10.	**Sub-Type of Insurance (Sub-TOI)**	17.2021 Personal Umbrella and Excess
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	Personal Umbrella
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: 01-01-2008 Renewal: 01-01-2008
15.	**Reference Filing?**	☑ Yes ☐ No
16.	**Reference Organization** (if applicable)	AAIS
17.	**Reference Organization # & Title**	AAIS-2000-12;AAIS-2004-41;AAIS-2003-25
18.	**Company's Date of Filing**	
19.	**Status of filing in domicile**	☐ Not Filed ☑ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	**This filing transmittal is part of Company Tracking #**	AR-UMP-01-08-F

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

Pharmacists Mutual Insurance Company (PhMIC) is a member and subscriber of AAIS for its Personal Umbrella program in this state. Currently, PhMIC's Personal Umbrella program contains all of our own independent forms and endorsements. We would now like to begin using AAIS' forms and endorsements for this program. In addition to AAIS' endorsements, we would like to file 3 independent endorsements and our own declaration and schedule pages. Below is a complete list of our independent endorsements.

PM 5003 04-06•How Much We Pay – Aggregate Limits - Optional
PM 5137 04-06•Specified Home-Based Business Activities - Optional
PM 5312 10-07•Pharmacists Professional Liability Coverage - Optional
PM 1000 10-01•Mutual Policy Conditions (already on file) - Mandatory
UMPDEC 01-08•Declarations/Schedule Page - Mandatory

Please refer to the form schedule tab for a copy of the independent endorsements we wish to file for your approval and/or withdraw from our Personal Umbrella 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: 50.00

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.)**

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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.)

1.	**This filing transmittal is part of Company Tracking #**	AR-UMP-01-08-F
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	

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	How Much We Pay - Aggregate Limits	PM 5003 04-06	☑ New ☐ Replacement ☐ Withdrawn		
02	Specified Hom-Based Business Activities	PM 5137 04-06	☑ New ☐ Replacement ☐ Withdrawn		
03	Pharmacists Professional Liability Coverage	PM 5312 10-07	☑ New ☐ Replacement ☐ Withdrawn		
04	Declaration/Schedule Page	UMPDEC 01-08	☐ New ☑ Replacement ☐ Withdrawn	PM 1033 1-97	
05	Application	PM 217 4-94	☐ New ☐ Replacement ☑ Withdrawn		
06	Personal Umbrella Policy	PM 1030 1-97	☐ New ☐ Replacement ☑ Withdrawn		
07	Non Stacking of Limits Endorsement	PM 1053 1-97	☐ New ☐ Replacement ☑ Withdrawn		
08	Amendatory Endorsement - Arkansas	PM 1064 1-97	☐ New ☐ Replacement ☑ Withdrawn		
09	Additional Named Insured - Automobile	PM 5300 1-97	☐ New ☐ Replacement ☑ Withdrawn		
10	Additional Named Insured - Other Entities	PM 5301 1-97	☐ New ☐ Replacement ☑ Withdrawn		

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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 #**	

2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

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

4a. Rate Change by Company (As Proposed)

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)

4b. Rate Change by Company (As Accepted) For State Use Only

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)

		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		☐ New ☐ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

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