

SERFF Tracking Number: UNFG-125285864 State: Arkansas
Filing Company: United Fire & Casualty Company State Tracking Number: AR-PC-07-026040
Company Tracking Number: WC-AR-01012008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: /

Filing at a Glance

Company: United Fire & Casualty Company

Product Name: Workers' Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

SERFF Tr Num: UNFG-125285864 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC-AR-01012008

Co Status: In Progress

Author: Doug Smith

Date Submitted: 09/10/2007

State Tr Num: AR-PC-07-026040

State Status:

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

Disposition Date: 09/11/2007

Disposition Status: Approved

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

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 09/11/2007

State Status Changed: 09/10/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular: AR-2007-10

Deemer Date:

We are filing to adopt the NCCI Loss costs as reflected in NCCI Filing Circular AR-2007-10 as a result of Arkansas Acts 1415 and 1599 to be effective January 1, 2008 for New and Renewal business.

Company and Contact

Filing Contact Information

Doug Smith, Analyst

118 2nd Ave SE

Cedar Rapids, IA 52407-3909

Filing Company Information

dsmith@unitedfiregroup.com

(800) 655-7942 [Phone]

(319) 286-2570[FAX]

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United Fire & Casualty Company CoCode: 13021 State of Domicile: Iowa
118 2nd Ave SE Group Code: 248 Company Type: Property Casualty
PO Box 73909
Cedar Rapids, IA 52407-3909 Group Name: United Fire Group State ID Number:
(319) 399-5700 ext. [Phone] FEIN Number: 42-0644327

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Fire & Casualty Company	\$50.00	09/10/2007	15510538

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/11/2007	09/11/2007

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending	Carol Stiffler	09/11/2007	09/11/2007

Industry Response

Response Letters

Responded By	Created On	Date Submitted
Doug Smith	09/11/2007	09/11/2007

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Disposition

Disposition Date: 09/11/2007
 Effective Date (New): 01/01/2008
 Effective Date (Renewal):
 Status: Approved
 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:
United Fire & Casualty Company	2.700%	\$0	0	\$0	%	%	2.700%

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

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/11/2007

Submitted Date 09/11/2007

Respond By Date

Dear Doug Smith,

This will acknowledge receipt of the captioned filing.

This filing adopts Circular AR-2007-10 but does not state the Item Filing number which is often different than the Circular number. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/11/2007

Submitted Date 09/11/2007

Dear Carol Stiffler,

Comments:

Response 1

Comments: Carol, in response to your objection letter, the NCCI Item Filing on this is:

Item AR-2007-10

I apologize for any inconvenience.

Doug Smith

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Doug Smith

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 07/01/2007
Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	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):
United Fire & Casualty Company	2.700%	2.700%	\$0	0	\$0	%	%

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Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- 09/10/2007
Property & Casualty

Comments:

Attachment:

F777AR_021307-WC.pdf

Review Status:
Satisfied -Name: NAIC Loss Cost Filing Document 09/10/2007
for Workers' Compensation

Comments:

Attachments:

F909AR_010906-WC Standard.pdf

F909AR_010906-WC Surcharge.pdf

F909AR_010906-WC Deviated.pdf

Review Status:
Satisfied -Name: NAIC loss cost data entry document 09/10/2007

Comments:

Attachment:

F319AR_051205-WC.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	WC-AR-01012008
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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 filing the following to be effective January 1, 2008 for New and Renewal business:

United Fire & Casualty is a member of the National Council of Compensation Insurance, Inc., and they are authorized to file Loss Costs and Rules on our behalf.

NCCI has filed and received approval for a los cost revision in response to Arkansas Acts 1599 and 1415.

We are filing to adopt these loss costs with no changes to our currently filed loss cost multipliers.

The effect of this change is the NCCI increase of +2.7%.

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 #: NA
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.)**

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.036
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	..948
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.391
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.400

Yes No

10. Are you amending your minimum premium formula?

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.036
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	..948
8.	Company Formula Loss Cost Multiplier [3B / ((7 – 4F) X 6)]	1.680
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.680

Yes No

10. Are you amending your minimum premium formula?

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	1.036
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	..948
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	1.300
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.300

Yes No

10. Are you amending your minimum premium formula?

If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

11. Are you changing your premium discount schedules?

If yes, attach schedules and support, detailing premium or rate level changes.

