

SERFF Tracking Number: TWRG-125426926 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: #? \$150
Company Tracking Number: 08-AR-4-GL-001
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Initial Adoption of ISO Commercial General Liability Loss Costs and Rules
Project Name/Number: Initial Adoption of ISO Commercial General Liability Loss Costs and Rules/08-AR-4-GL-001

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Initial Adoption of ISO SERFF Tr Num: TWRG-125426926 State: Arkansas

Commercial General Liability Loss Costs and Rules

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$150

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-AR-4-GL-001 State Status: Fees verified and received

Filing Type: Rate/Rule Co Status: Pending Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Faye Storch Disposition Date: 01/23/2008

Date Submitted: 01/11/2008 Disposition Status: Filed

Effective Date Requested (New): 02/15/2008 Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Initial Adoption of ISO Commercial General Liability Loss Status of Filing in Domicile: Authorized Costs and Rules

Project Number: 08-AR-4-GL-001

Domicile Status Comments:

Reference Organization: ISO

Reference Number: GL-2007-BGL1

Reference Title: Loss Cost Revision

Advisory Org. Circular: LI-GL-2007-086

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Tower Insurance Company of New York is a subscriber of the Insurance Services Office, Inc. (ISO) for Commercial General Liability. At this time, we wish to adopt as our own filing, the loss costs, rules and rating plans, as noted in the referenced ISO Filings reflected in our cover letter, utilizing a loss cost multiplier of 1.538.

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We wish to make this filing effective for all policies effective on or after February 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested.

Our initial form adoption filing is being simultaneously filed with your Department under separate cover.

Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

Company and Contact

Filing Contact Information

Faye Storch, Senior Business Analyst fstorch@twrgp.com
 120 Broadway, 31st Floor (212) 655-2189 [Phone]
 New York, NY 10271-3199 (631) 824-9203[FAX]

Filing Company Information

Tower Insurance Company of New York CoCode: 44300 State of Domicile: New York
 120 Broadway, 31st Floor Group Code: 3703 Company Type: Property & Casualty
 New York, NY 10271-3199 Group Name: Tower Group State ID Number:
 Companies
 (212) 655-2000 ext. [Phone] FEIN Number: 13-3548249

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tower Insurance Company of New York	\$0.00	01/11/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
117189	\$150.00	10/17/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	01/23/2008	01/23/2008

SERFF Tracking Number: *TWRG-125426926* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *#? \$150*
Company Tracking Number: *08-AR-4-GL-001*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Initial Adoption of ISO Commercial General Liability Loss Costs and Rules*
Project Name/Number: *Initial Adoption of ISO Commercial General Liability Loss Costs and Rules/08-AR-4-GL-001*

Disposition

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125426926 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: #? \$150
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed	Yes
Supporting Document	P & C Transmittal Document	Filed	Yes
Rate	NAIC Loss Cost Data Entry Document	Filed	Yes
Rate	NAIC Loss Cost Filing Document	Filed	Yes

SERFF Tracking Number: *TWRG-125426926* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *#? \$150*
Company Tracking Number: *08-AR-4-GL-001*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	NAIC Loss Cost Data Entry Document	PC RLC	New	01-11-08 ARRFARF1.pdf
Filed	NAIC Loss Cost Filing Document	PC IRF	New	01-11-08 ARRFARF2.pdf

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

1. This filing transmittal is part of Company Tracking # 08-AR-4-GL-001

2. If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number ISO - GL-2006-RCTL; GL-2007-BGL1; GL-2006-BGL1; GL-2005-BGL1; GL-2004-RCLC1; GL-2004-BGL2 & GL-2004-BGL1

		Company Name		Company NAIC Number
3.	A.	Tower Insurance Company of New York	B.	44300

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Business (i.e., Sub-type of Insurance)
4.	A.	17.0001 - Commercial General Liability	B.	17.0001 Commercial General Liability

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	FOR LOSS COSTS ONLY			
				(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Commercial General Liability	N/A - Initial Filing		65.000		1.538		N/A
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
	N/A - Initial Filing						

7.

Expense Constants	Selected Provisions
A. Total Production Expense	26.100
B. General Expense	2.000
C. Taxes, License & Fees	2.800
D. Underwriting Profit & Contingencies	5.000
E. Other (explain)	-0.900
F. TOTAL	35.000

8. Y Apply Loss Cost Factors to Future Filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%) Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	08-AR-4-GL-001
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	08-AR-3-GL-002

Loss Cost Reference Filing GL-2007-BGL1 **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial General Liab

3. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):
 Without Modification (factor = 1.000)
 With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000
 Example 1: Loss Cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.
 Example 2: Loss Cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

		Selected Provisions	
A.	Total Production Expense	26.1	%
B.	General Expense	2.0	%
C.	Taxes, Licenses & Fees	2.8	%
D.	Underwriting Profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) Investment Income	-0.9	%
F.	Total	35.0	%

5.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	65.0	%
	B. ELR in Decimal Form =	0.650	
6.	Company Formula Loss Cost Multiplier (3B / 5B)	1.538	
7.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.538	
8.	Rate Level Change for the coverage(s) to which this page applies	N/A	

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Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Filed 01/23/2008
Comments:
Attachment:
01-11-08 Cover letter.pdf

Satisfied -Name: P & C Transmittal Document **Review Status:** Filed 01/23/2008
Comments:
Please see attached.
Attachment:
01-11-08 ARPCTD-1.pdf



120 BROADWAY, 31ST FLOOR
NEW YORK, NEW YORK 10271-3199

Faye V. Storch
Senior Business Analyst
Home Office Underwriting

Telephone: (212) 655-2189
Facsimile: (631) 824-9203
E-mail: fstorch@twrgrp.com

January 11, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Tower Insurance Company of New York
NAIC # 3703-44300 FEIN # 13-3548249
Commercial General Liability
Initial Adoption of ISO Commercial General Liability Loss Costs and Rules
Company Filing Number: 08-AR-4-GL-001

LOSS COSTS

ISO Reference Filing Numbers: GL-2006-RCTL; GL-2007-BGL1; GL-2006-BGL1; GL-2005-BGL1;
GL-2005-BGL1; GL-2004-RCLC1; GL-2004-BGL2' GL-2004-BGL1.

RULES

ISO Filing Designation Numbers: GL-2006-OCTRU; GL-2007-IALL1; RP-2006-RCR06; RP-2006-RRP06; CL-2006-OTR01; RP-2005-RGL05; GL-2005-RRPL1; GL-2005-IALL1; GL-2003-RRU03; GL-2004-RDD04; GL-2004-RPTRU; GL-2004-OSIER; CL-2004-RTERP; GL-2004-ORGLA; CL-2004-RTIPC; CL-2003-ORTRU; RP-2003-RRP03; RP-2003-RCR03; RP-2003-RGL03; CL-2002-OWLE2; CL-2002-OTRMU; GL-2003-IALL1; CL-2001-OMORU; GL-2001-OTA01; GL-2001-OAL01; CL-2001-OWTRU Amended; CL-2001-OCT01; GL-2001-ORU01 & GL-2000-OMR00.

Dear Commissioner Bowman:

Tower Insurance Company of New York is a subscriber of the Insurance Services Office, Inc. (ISO) for Commercial General Liability. At this time, we wish to adopt as our own filing, the loss costs, rules and rating plans, as noted in the above referenced ISO Filings, utilizing a loss cost multiplier of 1.538.

We wish to make this filing effective for all policies effective on or after February 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested.

Our initial form adoption filing is being simultaneously filed with your Department under separate cover.

Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

Yours very truly,

A handwritten signature in black ink, appearing to read 'Faye V. Storch', with a long horizontal flourish extending to the right.

Faye V. Storch

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 Tower Group Companies	Group NAIC # 3703			
4.	Company Name(s) Tower Insurance Company of New York	Domicile New York	NAIC # 44300	FEIN # 13-3548249	State #

5. Company Tracking Number	08-AR-4-GL-001
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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
	Faye V. Storch Tower Group Companies 120 Broadway, 31 st Floor New York, N.Y. 10271-	Senior Business Analyst	212-655-2189	631-824-9203	fstorch@twrgroup.com
	3199				
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Faye V. Storch		

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

9.	Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.2 Other Liability-Occ Only
12.	Company Program Title (Marketing title)	N/A
13.	Filing Type	<input checked="" 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: 02/15/2008 Renewal:

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	Insurance Services Office, Inc.
17.	Reference Organization # & Title	GL-2006-RCTLG; GL-2007-BGL1; GL-2006-BGL1; GL-2005-BGL1; GL-2005-BGL1; GL-2004-RCLC1; GL-2004-BGL2' GL-2004-BGL1
18.	Company's Date of Filing	01/11/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
20.	This filing transmittal is part of Company Tracking #	08-AR-4-GL-001

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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Tower Insurance Company of New York is a subscriber of the Insurance Services Office, Inc. (ISO) for Commercial General Liability. At this time, we wish to adopt as our own filing, the loss costs, rules and rating plans, as noted in the above referenced ISO Filings, utilizing a loss cost multiplier of 1.538.

We wish to make this filing effective for all policies effective on or after February 15, 2008, or the earliest date permitted by your state. Your favorable consideration and approval are respectfully requested.

Our initial form adoption filing is being simultaneously filed with your Department under separate cover. Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

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 #: 117189 Amount: \$150.00 \$100 = Rates/Rules \$50 = Forms</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.)

