

SERFF Tracking Number: CMPX-125863458 State: Arkansas
Filing Company: Companion Property & Casualty Insurance State Tracking Number: EFT \$25
Company
Company Tracking Number: 08226
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
Portion Only
Product Name: Multiple Lines
Project Name/Number: OFFICE EQUIPMENT BREAKDOWN/08226

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Multiple Lines

SERFF Tr Num: CMPX-125863458 State: Arkansas

TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed

State Tr Num: EFT \$25

Portion Only

Sub-TOI: 05.1007 Other CMP

Co Tr Num: 08226

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: SPI CompanionPCGroup

Disposition Date: 10/17/2008

Date Submitted: 10/17/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): 11/17/2008

Effective Date (New): 11/17/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):
11/17/2008

State Filing Description:

General Information

Project Name: OFFICE EQUIPMENT BREAKDOWN

Status of Filing in Domicile:

Project Number: 08226

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/17/2008

State Status Changed: 10/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

THIS FILING IS TO CHANGE REFERENCE FROM SYSTEMS BREAKDOWN TO EQUIPMENT BREAKDOWN IN THE RULES PAGES FOR THE OFFICE OCCUPANCY PACKAGE PROGRAM, AND TO INCLUDE EQUIPMENT BREAKDOWN COVERAGE IN THE BASIC POLICY.

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Company and Contact

Filing Contact Information

Susan Crews, Product Development Analyst susan.crews@companiongroup.com
 146 Rich Pine Drive (336) 973-5303 [Phone]
 Purlear, NC 28665 (803) 870-8982[FAX]

Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina
 Company
 P.O. Box 100165 Group Code: 661 Company Type:
 Columbia, SC 29202 Group Name: State ID Number:
 (800) 845-2724 ext. [Phone] FEIN Number: 57-0768836

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$25.00	10/17/2008	23260602

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	10/17/2008	10/17/2008

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Disposition

Disposition Date: 10/17/2008

Effective Date (New): 11/17/2008

Effective Date (Renewal): 11/17/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rule filing and review requirements.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR - NAIC P&C TRANSMITTAL	Accepted for	Yes
	DOCUMENT, AR - NAIC RATE RULE FILING SCHEDULE, Cover Letter	Informational Purposes	
Rate	PROPERTY RULES	Accepted for	Yes
		Informational Purposes	
Rate	PROPERTY RULES	Accepted for	Yes
		Informational Purposes	

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	PROPERTY RULES	CW-OPP-5	Replacement	CW-OPP-5.PDF
Accepted for Informational Purposes	PROPERTY RULES	OPP-AR-3	Replacement	OPP-AR-3.PDF

GENERAL RULES

**COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY**

GENERAL RULES

This manual contains the information governing the writing of the Office Occupancy Package Policy (OOP).

Unless specifically mentioned in this manual refer to the rules, rates, rating procedures, codes and forms as filed by or on behalf of Companion Property and Casualty Insurance Company under the ISO Commercial Lines Simplified Program under Division One, Two, Three, Five, Six and Nine.

COVERAGE

Commercial Building and/or Business Personal Property and General Liability are the basic coverages provided under this program.

ELIGIBILITY AND UNDERWRITING GUIDELINES

INELIGIBLE OPERATIONS

- ◆ Office buildings which contain more than 15,000 square feet of mercantile space are ineligible.
- ◆ Office buildings more than 6 stories tall are ineligible.
- ◆ Property in Protection classes 9 and 10 are ineligible.
- ◆ The following office occupancies are ineligible for this program because they present undesirable exposures:
 - Advertising agencies
 - Architects
 - Auto leasing or renting
 - Banks and other financial institutions
 - Collection agencies
 - Computer engineers or consultants, software development, or modification of software developed by others, data processing management, time rental, analyses or design of hardware and software packages
 - Consultants
 - Credit bureaus
 - Detective agencies
 - Employment agencies
 - Engineers
 - Governmental subdivisions
 - Health care facilities other than offices used for the private practice of a physician, dentist, optometrist or chiropractor
 - Holding companies
 - Inspection services
 - Insurance adjusting firms
 - Insurance companies
 - Labor unions
 - Manufacturers' representatives
 - Political parties
 - Public relation firms
 - Real estate firms that manage property
 - Risks where the office exposure is only a part of a larger, diversified entity.
 - Security or private police agencies
 - Surveyors
 - Temporary help services
 - Travel agencies which organize tours
 - Welfare services

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Use In	On & After	Use In	On & After	Use In	On & After	Use In	On & After
Alabama	9/1/05	Kentucky	9/1/05	South Carolina	9/1/05	Wisconsin	10/1/05
Arkansas	9/1/05	Maryland	9/1/05	Tennessee	9/1/05		
Georgia	9/1/05	North Carolina	9/1/05	Virginia	9/1/05		

Italics indicates change

Rev. 8/09/05

**GENERAL RULES
COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY**

ELIGIBLE OPERATIONS

1. Office and office condominium associations occupied principally for office purposes, through 6 stories in height or 100,000 square feet in total floor area.
2. Tenant occupied offices up to 30,000 square feet in any one building are eligible.
3. Buildings must be less than 30 years old, or must have updated wiring, heating, plumbing and roofing in the last 15 years.

AGENTS BINDING AUTHORITY

Agent's maximum binding authority, on a risk that meets the Eligibility and Underwriting Guidelines in this manual, is limited to a total insured value not to exceed \$1,000,000 on Buildings and Business Personal Property. Liability limits may not exceed \$1,000,000 per occurrence and \$2,000,000 aggregate.

Refer risks with two or more claims during the last three years to your underwriter for permission to bind.

Issue binders immediately on all bound risks. Mail binders to the company within three working days of the effective date of the binder.

POLICY PROVISIONS

1. **Policy Term:** Policies may be written for one specific term up to one year and renewed annually.
2. **Policy Cancellation**
 - a. It is not permissible to cancel the mandatory coverages (Property and General Liability Coverages) unless the entire policy is cancelled.
 - b. **Pro-Rata Cancellation** - Compute return premium pro-rata when a policy is cancelled:
 - at the company's request;
 - because the insured no longer has a financial or insurable interest in the property or business operations that is the subject of insurance; or
 - rewritten in the same company or company group.
 - c. **Other Calculations** -If Rule 2.b. (above) does not apply, compute return premium at .90 of the pro-rata unearned premium.
 - d. **Retention of Policywriting Minimum Premium** - The Company will retain \$100 Policywriting Minimum Premium when the return premium is calculated under Rule 2.c., except when a policy is cancelled as of the inception date.

Rule 2.d. does not apply in Georgia.

**GENERAL RULES
COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY**

RATING - GENERAL RULES

General Minimum Premiums

The minimum premium for the Office Occupancy package policy is \$500.

Premium and Rounding of Premium

Rates shown in this manual are composite annual rates per \$100 of property insurance and include a loading for the basic liability limit of \$500,000. All premium calculations are rounded to the nearest whole dollar. A premium of \$.50 or more is rounded to the next higher whole dollar.

Changes in Amounts or Coverages

- a. Additional or return premium for changes in amounts of insurance, location, or coverages after the inception date of the policy are computed on a pro rata basis.
- b. Rates in effect as of the effective date of the policy apply to any additional insurance.
- c. Waive additional and return premiums of \$15 or less. Grant any return premium if requested by the insured. This waiver only applies to cash exchange due on an endorsement effective date.

RATING TERRITORY - See the state Rates and Territories pages.

**GENERAL RULES
COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY**

PAYMENT PLANS

Agency Bill, Direct Bill and Customer (Account) Bill plans are available with several payment options.

ACCOUNT ANNUAL PREMI- UM	PAYMENT PLAN OPTIONS	BILLING PLANS
\$500 to \$999	Annual Payment OR Installment Option A	Agency, Direct or Customer Bill
\$1,000 - \$2,499	Annual Payment OR Installment Option A or B	Agency, Direct or Customer Bill
Over \$2,500	Annual Payment OR Installment Option A, B or C	Agency, Direct or Customer Bill

NOTE: An account qualifies for a pay plan when the total of the individual policy premiums is equal to or greater than the amount shown in the grid for the pay plan. **PAYMENT PLANS CANNOT BE CHANGED AFTER THE POLICY IS ISSUED.** Please request Payment Plan arrangements **PRIOR TO POLICY ISSUANCE** for new business and at least 90 days prior to renewal for a change at the renewal date.

INSTALLMENT OPTIONS:

- A** 40% down payment, and two installments of 30% each
- B** 34% down payment, 3 equal Quarterly payments
- C** 20% down payment and 8 equal Monthly payments

CUSTOMER BILL

Customer Bill for multiple-policy accounts is available for new business and for renewal accounts. Companion will automatically convert all existing Direct Bill multiple-policy accounts to Customer Bill at renewal. If you wish to leave them as Direct Bill you must notify us on the Expiration List we send you each month. **Please inform us of this or any other billing changes at least 90 days before renewal.** There is a \$5.00 installment service fee per Customer Bill installment, excluding the down payment.

CUSTOMER AND DIRECT BILL NOTES

Down Payment

Submit the initial or down payment with all new business applications issued on Customer or Direct Bill. Initial or down payment for renewals will be billed by Companion.

Service Fee

A Service Fee of \$5.00 will apply to each Customer or Direct Bill installment payment. This fee does not apply to Workers Comp in North Carolina.

Once & Done

Always be certain to indicate the Payment Plan you wish on the Bind Screen prior to issuing a Once & Done policy. If Customer Bill or Direct Bill is desired on a Once & Done submission, do not submit a down payment

**GENERAL RULES
COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY**

PROPERTY RULES

Building and Business Personal Property Coverage

(Forms CP 00 10 ,CP 10 30 ,CP 00 30 and OP 00 01, **CPP 120**).

Building and Business Personal Property Coverage is available for a specified amount of insurance on either an Actual Cash Value or Replacement Cost Basis. Coverage is "Special" Causes of Loss basis subject to exclusions in the policy.

1. 90% coinsurance applies.
2. A standard deductible of \$500 applies with options to increase the deductible to \$1,000.
3. **Equipment Breakdown coverage is included.**
4. Coverage includes the following at no additional charge:
 - a. Accounts Receivable \$10,000. Covered Causes of Loss includes flood and earthquake.
 - b. Back Up of Sewer or Drain and Underground Water Seepage \$5,000.
 - c. Business Income and Extra Expense- actual loss sustained for up to 12 months.
 - d. Computers and Computerized Equipment \$25,000.
 - e. Debris Removal limit increased to \$25,000.
 - f. Employee Dishonesty \$5,000.
 - g. Fire Department Service Charge \$5,000.
 - h. Money and Securities \$10,000.
 - i. Outdoor Property, including any Signs \$5,000.
 - j. Personal Property of others including theft \$5,000.
 - k. Trees, Shrubs and Plants \$2,500.
 - l. Valuable Papers and Records \$5,000 (other than Electronic Data)
 - m. Electronic Data \$5,000.

COVERAGE OPTIONS

The following optional coverage limits and additional property coverages are available.

Actual Cash Value - Coverage is available on an actual cash value basis for both buildings and business personal property. Refer to state pages for surcharge amount.

Earthquake Coverage - If selected, this optional coverage must be written for both Building and Personal Property. A 5% deductible will apply.

~~Systems Breakdown Coverage for Heating and Air Conditioning Equipment~~

~~Systems Breakdown Coverage is available. Refer to state pages for rates.~~

Higher Limits

Optional higher property coverage limits are available for these coverage extensions provided in Companion's Additional Coverage Endorsement for the Office Occupancy Package Policy (OP 00 01).

Accounts Receivable
Computers and Computerized Equipment
Employee Dishonesty
Outdoor Property including Signs
Valuable Papers and Records

See state pages for rates and premiums.

**GENERAL RULES
COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY**

SPECIAL RATING PLANS

Amount of Insurance Discount

This factor applies only to the Personal Property rates.

Amount of Insurance	Discount
0 - \$50,000	1.00
\$50,001 and over	.60

Blanket Insurance

Blanket Buildings or Blanket Business Personal Property is not permitted.

PROTECTION CLASS AND CONSTRUCTION

Public Fire Protection. Classify all risks according to the Public Fire Protection Classification applicable to the location of the property insured.

Building Construction. Classify all risks by the construction of the building containing the Business Personal Property based on the following construction definitions:

Frame (Code 1): Buildings where the exterior walls are wood or other combustible materials, including construction where combustible materials are combined with other materials (such as brick veneer, wood ironclad and stucco on wood).

Joisted Masonry (Code 2): Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible (disregarding floors resting directly on the ground).

Non-Combustible (Code 3): Buildings where the exterior walls, floors and roof are constructed of , and supported by metal, asbestos, gypsum, or other non-combustible materials.

Masonry Non-Combustible (Code 4): Buildings where the exterior walls are constructed of masonry materials, as described in Joisted Masonry above with the floors and roof of metal or other non-combustible materials.

Modified Fire Resistive (Code 5): Buildings where the exterior walls, floors and roof are constructed of masonry or fire resistive material with a fire resistance of one hour or more but less than two hours.

Fire Resistive (Code 6): Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

Risk Classification

For Building and Personal Property coverages, classify the risk as either:

- a. Owner Occupied
- b. Lessor's Risk Only

ADJUSTMENT FACTORS

Multiply the base rate by any of the following adjustment factors that apply, to determine the net rate.

Territorial Multiplier
ACV Surcharge
Sprinklered Property Credit
Deductible Credit
Amount of Insurance Credit
Schedule Rating Plan

**GENERAL RULES
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Multiply the Building or Business Personal Property limit per \$100 by the appropriate net rate as determined above.

**GENERAL RULES
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LIABILITY RULES

General Liability Coverage

(Form CG 00 01 as modified by OP 00 01) The Commercial General Liability Coverage Part is used to provide Bodily Injury and Property Damage coverage for office occupancy. Basic property rates include a loading to provide liability coverage at limits of \$500,000 per occurrence and \$1,000,000 annual aggregate. The liability limit can be increased to \$1,000,000 per occurrence with a \$2,000,000 annual aggregate for an additional premium charge.

Additional Coverages

The following additional coverages are included in the basic limits premium up to the limit of liability unless otherwise stated:

- Personal Injury and Advertising Injury
- \$5,000 Premises Operations Medical Payments
- Host Liquor Liability
- \$500,000 Fire or Explosion Legal Liability
- Incidental Medical Malpractice Liability
- Non-Owned Watercraft
- Extended Bodily Injury
- Automatic Liability Coverage - Newly Acquired Businesses
- Limited World Wide Liability Coverage
- Contractual Liability
- Products and Completed Operations

OPTIONAL LIABILITY COVERAGES

Additional Insureds

The endorsements listed below can be added. See state pages for the premium charges.

- State Or Political Subdivisions Permits Relating To Premises CG 2013
- Designated Person or Organization CG 2026
- Lessor of Leased Equipment CG 2028
- Manager or Lessor of Premises CG 2011

Non-Owned and Hired Automobile Liability

Protects the Insured for liability arising out of the use of non-owned and hired automobiles. Attach CPPCA 00 01. See state pages for the premium charges.

ARKANSAS

COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

OFFICE OCCUPANCY PACKAGE POLICY

PROPERTY RATES PER \$100 (INCLUDES LIABILITY AT \$500,000 LIMIT)

Construction Class	Protection Class	Office (Owner Occupied.)		Office (Lessor's Risk Only)	
		Building	Business Pers. Prop.	Building	Business Pers. Prop.
Code 1	01-04	0.526	1.086	0.560	N/A
	05-06	0.456	1.036	0.489	N/A
	07-08	0.539	1.224	0.572	N/A
Codes 2 and 3	01-04	0.278	0.840	0.311	N/A
	05-06	0.306	0.924	0.339	N/A
	07-08	0.361	1.092	0.394	N/A
Codes 4, 5, 6	01-04	0.197	0.575	0.231	N/A
	05-06	0.217	0.632	0.240	N/A
	07-08	0.256	0.747	0.290	N/A

PROPERTY RATE FACTORS

Deductible Options

Amount	Factor
\$500	1.00
\$1,000	.92

Territorial Multipliers:

Entire State	1.00
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Sprinkler Credit Factor: .90

Amount of Insurance Discount

This factor applies only to the Personal Property rates. This discount applies on a per location basis, not on a per building basis.

<u>Amount of Insurance</u>	<u>Discount</u>
0 - \$50,000	1.00
\$50,001 and over	.60

ARKANSAS

COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

OFFICE OCCUPANCY PACKAGE POLICY

PROPERTY OPTIONS - RATES AND PREMIUMS

Accounts Receivable

Charge 20% of the standard personal property rate times the additional limit requested.

Actual Cash Value

Multiply the building and personal property base rate by 1.10.

Computers and Computerized Equipment

Charge 120% of the standard personal property rate times the additional limit requested.

Employee Dishonesty

Charge the flat premium charge indicated below:

Limit	Flat Premium Charge
\$5,000	No additional charge
\$10,000	\$35.00
\$25,000	\$75.00
\$50,000	\$100.00
\$100,000	\$200.00

Outdoor Property including Signs

Charge \$2.50 per \$100 of additional limit requested.

Valuable Papers and Records

Charge 50% of the standard personal property rate times the additional limit requested.

Earthquake

Rates are per \$100 Building and Contents Value. A 10% deductible applies. Earthquake limits must equal the Building and/or Personal Property limits.

Earthquake Rates

	Building	Rates
	<u>Construction Class</u>	Building and Contents
Zone 2	1	0.066
	2	0.122
	3	0.122
	4-6 + masonry veneer	0.190
Zone 3,4,5	1	0.044
	2	0.093
	3	0.093
	4-6 + masonry veneer	0.137

Earthquake Zones

Zone 2: Counties of Clay, Craighead, Crittenden, Cross, Greene, Jackson, Mississippi, Poinsett.

Zone 3: Counties of Independence, Lawrence, Lee Monroe, Phillips, Randolph, St. Francis, White, Woodruff.

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Zone 4: Counties of Arkansas, Baxter, Cleburne, Conway, Desha, Faulkner, Fulton, Izard, Jefferson, Little River, Lonoke, Marion, Prairie, Pulaski, Searcy, Sebastian, Sharp, Stone, Van Buren.

Zone 5: Balance of state.

EQUIPMENT BREAKDOWN

The Rating Value for owners must be equal to 90% of the building replacement value. For tenants, the Rating Value must be equal to 90% of the Business Personal Property value.

For intermediate rating value amounts, use the nearest rating value - do not interpolate. If optional higher deductibles are desired, multiply the premium by the indicated factor. This coverage option is not subject to Schedule Rating. If there is more than one building at a location, the values of all covered buildings at that location may be added together to determine the rating value.

Equipment Breakdown Rates

Rating Value	Annual Premium Per Location	
	COMPREHENSIVE COVERAGE	COMPREHENSIVE COVERAGE
	With No Boilers	With Boilers
\$100,000	\$167	\$279
\$200,000	\$208	\$335
\$300,000	\$246	\$389
\$400,000	\$281	\$436
\$500,000	\$311	\$477
\$750,000	\$374	\$564
\$1,000,000	\$427	\$637
\$1,250,000	\$472	\$699

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COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY

LIABILITY OPTIONAL COVERAGES RATES AND PREMIUMS

Increased Liability Limits

To increase the liability limit to \$1,000,000 add .03 to the personal property rate if Owner Occupied or to the Lessor's Risk Only building rate, whichever is appropriate.

Additional Insured Endorsements

Endorsements listed below may be added for the premiums shown.

Type Of Additional Insured

	<u>Premium</u>
State Or Political Subdivisions - Permits Relating To Premises	No Charge
Designated Person Or Organization	\$25 Flat Charge
Lessor Of Leased Equipment	\$25 Flat Charge
Manager or Lessor of Premises	\$25 Flat Charge

Hired And Non-Owned Automobile Liability

Attach Endorsement CPPCA 00 01

<u>Limit</u>	<u>Premium</u>
\$500,000	\$100
\$1,000,000	\$110

ARKANSAS

COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY
OFFICE OCCUPANCY PACKAGE POLICY

SCHEDULE RATING PLAN

This plan may be applied to a policy which develops a total annual premium of \$750 (excluding owned autos) or more before application of this plan. The following modifications may be applicable to all coverages written as part of the Office Occupancy Package Policy.

An individual risk premium modification reflecting specified characteristics of the risk may be applied to the manual premium in accordance with the schedule below.

The Total Credit under this schedule may not exceed 40% nor reduce the policy premium below the policy-writing minimum premium.

The Total Debit under this schedule may not exceed 40%.

<u>Risk Characteristics</u>	<u>Range of Modifications</u>		
	Credits		Debits
Management-Co-operation in matter of safeguarding and proper handling of property covered	10%	to	10%
Location-Accessibility, congestion and exposures	10%	to	10%
Building Features—Age, condition and unusual structural features	10%	to	10%
Premises and Equipment-Care, condition and type	10%	to	10%
Employees-Selection, training, supervision and experience	10%	to	10%
Protection—Not otherwise recognized	10%	to	10%

The credits (debits) developed under this plan should be combined by addition. No other rating plan modifications apply.

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Supporting Document Schedules

Satisfied -Name: AR - NAIC P&C TRANSMITTAL DOCUMENT, AR - NAIC RATE RULE FILING SCHEDULE, Cover Letter

Review Status: Accepted for Informational Purposes 10/17/2008

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE RULE FILING SCHEDULE.PDF
Cover Letter.PDF

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 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					

3. Group Name	Group NAIC #			
	661			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

5. Company Tracking Number	08226
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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
	Susan E. Crews, CIC, CPIW 146 Rich Pine Drive Purlear NC 28665	Product Development Analyst	336-973-5303	803-870-8982	susan.crews@companiongroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Susan E. Crews, CIC, CPIW		

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

9.	Type of Insurance (TOI)	05.1 Commercial Multi-Peril - Non-Liability Portion Only			
10.	Sub-Type of Insurance (Sub-TOI)	05.1007 Other CMP			
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12.	Company Program Title (Marketing Title)	OFFICE OCCUPANCY PACKAGE POLICY			
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:	11/17/08	Renewal:	11/1708
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				
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	08226
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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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THIS FILING IS TO CHANGE REFERENCE FROM SYSTEMS BREAKDOWN TO EQUIPMENT BREAKDOWN IN THE RULES PAGES FOR THE OFFICE OCCUPANCY PACKAGE PROGRAM, AND TO INCLUDE EQUIPMENT BREAKDOWN COVERAGE IN THE BASIC POLICY.

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:
	Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY 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 #	08226
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	08226
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	FILE & USE
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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)
Companion Property & Casualty Insurance Company	0	0	0	0	0	0	0

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 (where required)	Minimum %Change (where required)

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	CW-OPP-5 10/13/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	OPP-AR-3 10/13/08	<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	



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

October 17, 2008

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

Attn: Property & Casualty Division

RE: Rule Filing - OFFICE EQUIPMENT BREAKDOWN
Slot-Rated
Company Filing#: MUL AR 08226 01 R 01
Companion Property & Casualty Insurance Company

NAIC#: 661-12157
FEIN#: 57-0768836

Dear Commissioner Benafield Bowman:

This filing is to change reference from systems breakdown to equipment breakdown in the rules pages for the office occupancy package program, and to include equipment breakdown coverage in the basic policy. A separate forms filing is being submitted.

Please let me know if you have any questions or need additional information.

Yours truly,

A handwritten signature in blue ink that reads "Susan E. Crews".

Susan E. Crews
Product Development Analyst
Phone: 336-973-5303
Fax: 803-870-8982
Email: susan.crews@companiongroup.com