

SERFF Tracking Number: HRLV-125836018 State: Arkansas
First Filing Company: Harleysville Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WCSE082008-1
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC
Project Name/Number: WC Product Standardization - Revised/

Filing at a Glance

Companies: Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company

Product Name: WC

SERFF Tr Num: HRLV-125836018 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCSE082008-1

State Status: Fees verified and received

Filing Type: Form

Co Status: Product Standardization
- Phase 3B - revised

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Carol Zwoyer

Disposition Date: 10/13/2008

Date Submitted: 10/01/2008

Disposition Status: Approved

Effective Date Requested (New): 02/01/2009

Effective Date (New): 02/01/2009

Effective Date Requested (Renewal): 07/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC Product Standardization - Revised

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/13/2008

State Status Changed: 10/01/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

With this filing it is our intent to submit to be applicable to our Workers Compensation program

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst

czwoyer@harleysvillegroup.com

355 Maple Avenue

(215) 256-5735 [Phone]

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Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

Harleysville Preferred Insurance Company CoCode: 35696 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-2384978

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$50.00	10/01/2008	22850669
Harleysville Preferred Insurance Company	\$0.00	10/01/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/13/2008	10/13/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	10/01/2008	10/01/2008	Carol Zwoyer	10/07/2008	10/07/2008

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Disposition

Disposition Date: 10/13/2008
Effective Date (New): 02/01/2009
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Supporting Document	John Doe Copies	Approved	Yes
Form	Policy Change Document	Approved	Yes
Form	Additional Interest Schedule	Approved	Yes
Form	Form Schedule	Approved	Yes
Form	Location Schedule	Approved	Yes
Form	Named Insured Schedule	Approved	Yes
Form	Policyholder Notice Schedule	Approved	Yes
Form	Policy Information Page Endorsement	Approved	Yes
Form	Workers Compensation and Employers Liability Policy	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/01/2008

Submitted Date 10/01/2008

Respond By Date

Dear Carol Zwoyer,

This will acknowledge receipt of the captioned filing.

Objection 1

- Additional Interest Schedule (Form)
- Named Insured Schedule (Form)

Comment: These are essentially blank endorsements. Can you provide a John Doe copy of each form?

Objection 2

- Policy Change Document (Form)

Comment: This form is essentially a blank endorsement which we cannot approve. Please provide a list of ways the form may be used.

Objection 3

- Policyholder Notice Schedule (Form)

Comment: Is this supposed to be just a list of policyholder notices? If so, where will the notices be? Please provide a sample form. If the full notices are supposed to be on this form, then I cannot approve it as a blank form.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/07/2008

Submitted Date 10/07/2008

Dear Carol Stiffler,

SERFF Tracking Number: HRLV-125836018 State: Arkansas
First Filing Company: Harleysville Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WCSE082008-1
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC
Project Name/Number: WC Product Standardization - Revised/

Comments:

Response 1

Comments: In response to your objections, we offer the following:

Objection 1 - We wish to withdraw GU-7003 at this time
Please see attached John Doe copy of GU-7008

Objection 2 - Attached is a John Doe copy of GU-7001 which is used to describe amendments made to the policy such as but not limited to payroll changes and location additions/deletions.

Objection 3 - GU-7009 is used to list policyholder notices. The policyholder notices will be attached to the policy.

Related Objection 1

Applies To:

- Additional Interest Schedule (Form)
- Named Insured Schedule (Form)

Comment:

These are essentially blank endorsements. Can you provide a John Doe copy of each form?

Related Objection 2

Applies To:

- Policy Change Document (Form)

Comment:

This form is essentially a blank endorsement which we cannot approve. Please provide a list of ways the form may be used.

Related Objection 3

Applies To:

- Policyholder Notice Schedule (Form)

Comment:

Is this supposed to be just a list of policyholder notices? If so, where will the notices be? Please provide a sample form. If the full notices are supposed to be on this form, then I cannot approve it as a blank form.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: John Doe Copies

SERFF Tracking Number: *HRLV-125836018* *State:* *Arkansas*
First Filing Company: *Harleysville Mutual Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *WCSE082008-1*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *WC*
Project Name/Number: *WC Product Standardization - Revised/*

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Carol Zwoyer

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 Product Name: WC
 Project Name/Number: WC Product Standardization - Revised/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Change Document	GU-7001	07-08	Endorsement/Amendment/Conditions		0.00	GU-7001.pdf
Approved	Additional Interest Schedule	GU-7003	11-06	Declaration News/Schedule		0.00	GU-7003 (Ed 11-06) Additional Interest Schedule.pdf
Approved	Form Schedule	GU-7004	11-06	Declaration News/Schedule		0.00	GU-7004 (Ed 11-06) Form Schedule.pdf
Approved	Location Schedule	GU-7005	11-06	Declaration News/Schedule		0.00	GU-7005 (Ed 11-06) Location Schedule.pdf
Approved	Named Insured Schedule	GU-7008	11-06	Declaration News/Schedule		0.00	GU-7008 (Ed 11-06) Named Insured Schedule.pdf
Approved	Policyholder Notice Schedule	GU-7009	11-06	Declaration News/Schedule		0.00	GU-7009 (Ed 11-06) Policyholder Notice Schedule.pdf
Approved	Policy Information Page Endorsement	WC-7000	11-06	Endorsement/Amendment/Conditions		0.00	WC-7000 (Ed 11-06) Policy Information Page Endorsement

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Approved	Workers	WC	11-06	Policy/CoveNew	0.00	t.pdf
	Compensation	000001A		rage Form		WC-
	and Employers					000001A
	Liability Policy					Workers
						Compensati
						on and
						Employers
						Liability
						Policy.pdf

POLICY CHANGES

Policy Number:

Named Insured:

Agency/Producer Code:

Policy Period: From: _____ To: _____

CHANGE EFFECTIVE _____ CHANGE # _____

DESCRIPTION

Original Premium \$ _____ New Premium \$ _____ Total Add'l/Return Premium \$ _____

Company name goes here

ADDITIONAL INTEREST SCHEDULE

Policy Number:

Policy Period: From:

To:

Company name goes here

FORM SCHEDULE

Policy Number:

Policy Period: From:

To:

Form	Edition	Description
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Company name goes here

LOCATION SCHEDULE

Policy Number:

Policy Period: From:

To:

Premis.	Bldg.	
No.	No.	Address

Company name goes here

NAMED INSURED SCHEDULE

Policy Number:

Policy Period: From:

To:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy Number: _____

POLICY INFORMATION PAGE ENDORSEMENT

Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium



NCCI # 25415

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

This information page with "Policy Provisions" completes the below numbered

Insured's Name and Mailing Address – ITEM 1

Policy No.

Renewal or Rewrite of No.

Agent:

FEDERAL EMPLOYER I.D. NO.:

Risk ID:

Policy Period – ITEM 2: From: _____ To: _____ 12:01 A.M. Standard Time

Form of Business:

Coverage – ITEM 3:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here.

B. Employers Liability Insurance: Part Two of the policy applies to work in each states listed in Item 3A.
 The limits of our liability under Part Two are:

Bodily Injury by Accident	each accident
Bodily Injury by Disease	policy limit
Bodily Injury by Disease	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
 AL, AK, AR, CO, CT, DE, DC, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NC, NV, NH, NJ, NM, NY, PA, OK, RI, SC, SD, TN, TX, UT, VT, VA, and WI

D. This policy includes these Endorsements and Schedules: **SEE SCHEDULES GU-7004 and GU-7009**

Premium – ITEM 4: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE WC-7000				
			Total Estimated Cost	

SERFF Tracking Number: *HRLV-125836018* *State:* *Arkansas*
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Company Tracking Number: *WCSE082008-1*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *WC*
Project Name/Number: *WC Product Standardization - Revised/*

Rate Information

Rate data does NOT apply to filing.

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC
Project Name/Number: WC Product Standardization - Revised/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Approved	10/13/2008
Comments:		
Attachment: NAIC 2007- forms.pdf		
Satisfied -Name: cover letter	Review Status: Approved	10/13/2008
Comments:		
Attachment: forms cover letter.pdf		
Satisfied -Name: John Doe Copies	Review Status: Approved	10/13/2008
Comments:		
Attachments: GU-7001 _Ed. 7-08_ Policy Change document.pdf GU-7008 _Ed. 11-06_.pdf GU-7009 _Ed. 11-06_.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 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	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	

5. Company Tracking Number	125836018
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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
	Carol Zwoyer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwoyer@harleysvillegroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Carol Zwoyer

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

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: 02/01/2009 Renewal: 07/01/2009

HARLEYSVILLE INSURANCE
355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com

September 30, 2008

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

NAIC # 14168, 35696
WORKERS COMPENSATION INSURANCE
Forms Filing
Company Filing Number: 125836018

Dear Honorable Bowman:

With this filing it is our intent to submit the following revisions to apply to our Workers Compensation program.

We wish to submit the following new forms that we intent to use in affording Workers Compensation coverage. Please see the attached exhibit A.

Rule of Application: Applicable to all new business policies effective on or after February 1, 2009 and renewals effective on or after July 1, 2009

Your favorable consideration will be appreciated.

Very truly yours,
Harleysville Mutual Insurance Company
Harleysville Preferred Insurance Company



Carol Zwoyer
Senior State Filing Analyst
215-256-5735
czwoyer@harleysvillegroup.com

FORMS LISTING
EXHIBIT A

<u>TITLE</u>	<u>FORM</u>	<u>EDITION</u>
Policy Change Document	GU-7001	7-08
Additional Interest Schedule	GU-7003	11/06
Form Schedule	GU-7004	11/06
Location Schedule	GU-7005	11/06
Named Insured Schedule	GU-7008	11/06
Policyholder Notice Schedule	GU-7009	11/06
Workers Compensation and Employers Liability Policy	WC 000001A	11/06
Policy Information Page	WC-7000	11/06

POLICY CHANGES

Policy Number: WC000000012345A

Named Insured: John Doe Manufacturing Inc.

Agency/Producer Code: 37-XXXX

Policy Period: From: 10/1/2008 To: 10/1/2009

CHANGE EFFECTIVE 10/1/2008

CHANGE # 1

DESCRIPTION

Payroll is amended as follows: (123) to \$300,000

Original Premium \$ 13,000 New Premium \$ 15,000 Total Add'l/Return Premium \$ 2,000

Harleysville Mutual Insurance Company

NAMED INSURED SCHEDULE

Policy Number: WC000000012345A

Policy Period: From:10/1/2008 To: 10/1/2009

John Doe DBA
John Doe Manufacturing Inc.
123 Street Lane
Your Town, Arkansas, 12345

Federal Employers Identification Number:XXXXXXX

AR Loc #1

POLICYHOLDER NOTICE SCHEDULE

Policy Number: WC000000012345A

Policy Period: From: 10/1/2008 To: 10/1/2009

The following material contains important information about your policy. Please read it carefully.

Form	Edition	Description
		POLICY FORMS
C1146	0893	Important Notice – Please read
GU 1197	0706	Harleysville Insurance Privacy Pledge