

SERFF Tracking Number: FICI-125913886 State: Arkansas
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: WC-AR-08-10
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: WC Rule Filing
Project Name/Number: WC-AR-08-10/WC-AR-08-10

Filing at a Glance

Company: FirstComp Insurance Company

Product Name: WC Rule Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Filing Type: Rule

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

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

State Filing Description:

SERFF Tr Num: FICI-125913886

SERFF Status: Closed

Co Tr Num: WC-AR-08-10

Co Status:

Author: Julynda Bohlman

Date Submitted: 11/24/2008

State: Arkansas

State Tr Num: EFT \$25

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 11/24/2008

Disposition Status: Approved

Effective Date (New): 02/01/2009

Effective Date (Renewal):

General Information

Project Name: WC-AR-08-10

Project Number: WC-AR-08-10

Reference Organization: National Council on Compensation Insurance, Inc. Reference Number:

Reference Title:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Corresponding Filing Tracking Number:

Filing Description:

FirstComp Insurance Company is filing an amended Waiver of Subrogation Rating Rule. The amendment adds a blanket waiver to the previously filed rule and changed the filed 10% on individual waivers to 5%. The individual waiver rule was previously listed on the company's miscellaneous values page and as such the revised miscellaneous values page is also attached.

We would like this filing available for use effective February 1, 2009. Thank you.

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Sincerely,
 Julynda Bohlman

Company and Contact

Filing Contact Information

Julynda Bohlman, Regulatory Compliance Analyst
 jbohlman@firstcomp.com
 222 South 15th Street
 Omaha, NE 68102-1680 (402) 943-1086 [Phone]

Filing Company Information

FirstComp Insurance Company CoCode: 27626 State of Domicile: Nebraska
 222 South 15th Street Group Code: Company Type:
 Suite 1500N
 Omaha, NE 68102-1680 Group Name: State ID Number:
 (888) 500-3344 ext. [Phone] FEIN Number: 43-1429637

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: 1 rule filing x \$25.00= \$25.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------|---------|----------------|---------------|
| FirstComp Insurance Company | \$25.00 | 11/24/2008 | 24113269 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 11/24/2008 | 11/24/2008 |

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Disposition

Disposition Date: 11/24/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for Workers' Compensation | Approved | Yes |
| Supporting Document | NAIC loss cost data entry document | Approved | Yes |
| Rate | Arkansas Waiver of Right to Recover From Others | Approved | Yes |
| Rate | FirstComp Insurance Company Miscellaneous Values | Approved | Yes |

| | | | |
|---------------------------------|------------------------------------|-------------------------------|--|
| <i>SERFF Tracking Number:</i> | <i>FICI-125913886</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>FirstComp Insurance Company</i> | <i>State Tracking Number:</i> | <i>EFT \$25</i> |
| <i>Company Tracking Number:</i> | <i>WC-AR-08-10</i> | | |
| <i>TOI:</i> | <i>16.0 Workers Compensation</i> | <i>Sub-TOI:</i> | <i>16.0000 WC Sub-TOI Combinations</i> |
| <i>Product Name:</i> | <i>WC Rule Filing</i> | | |
| <i>Project Name/Number:</i> | <i>WC-AR-08-10/WC-AR-08-10</i> | | |

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 Number: | Filing Attachments |
|----------------|--|-------------------|-------------|-------------------------------|--------------------------|
| Approved | Arkansas Waiver of Right to Recover From Others | WC-E-WAIVER | New | | wc-e-waiver.pdf |
| Approved | FirstComp Insurance Company Miscellaneous Values | FIC-WC-AR-S1 | Replacement | WC-AR-08-09 | FCARMiscValues2-1-09.pdf |

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
FIRSTCOMP INSURANCE COMPANY
EXCEPTION PAGE**

ARKANSAS

Rule 3-A-22. Waiver of Right to Recover From Others (Subrogation) is amended as follows:

1. Specific Waiver:

Charge a premium equal to 5% of the unmodified premium developed in connection with the work performed for the person or organization.

Specific Waiver of Subrogation Minimum Premium: \$250

Use form WC 00 03 13

2. Blanket Waiver:

Charge a premium equal to 2% of the total unmodified premium.

Blanket Waiver of Subrogation Minimum Premium: \$750

Use form WC 00 03 13

FirstComp Insurance Company
Workers Compensation
Effective February 1, 2009
Arkansas

MISCELLANEOUS VALUES

Loss Cost Multiplier (LCM): Tier I – 1.350
Tier II – 0.956

Expense Constant: \$190.00

Basis of premium applicable in accordance with the *Basic Manual* footnote instructions for Code:

7370 – “Taxicab Co.”:

Employee operated vehicle.....\$48,893.00
Leased or rented vehicle.....\$32,595.00

7420 – “Aviation – Aerial Application, Seeding, Herding, or Scintillometer Surveying – Flying Crew”

Maximum payroll per week per employee.....\$750.00

Maximum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 – “Executive Officers” and the *Basic Manual* footnote instructions for Code 9178 – “Athletic Sports or Park: Noncontact Sports,” code 9179 – “Athletic Sports or Park: Contact Sports,” and Code 9186 – “Carnival—Traveling”.....\$2,500.00

Minimum Payroll applicable in accordance with *Basic Manual* Rule 2-E-1 – “Executive Officers”.....\$300.00

Per Passenger Seat Surcharge – In accordance with the *Basic Manual* footnote instructions for Code 7421, the surcharge is:

Maximum surcharge per aircraft.....\$1,000
Per passenger seat.....\$100

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with *Basic Manual* Rule 2-E...\$31,900.00

United States Longshore and Harbor Workers’ Compensation Coverage Percentage applicable only in connection with *Basic Manual* Rule 3-A-4.....86%

(Multiply a Non-F classification loss cost by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

FirstComp Insurance Company
Workers Compensation
Effective February 1, 2009
Arkansas

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the ***Experience Rating Plan Manual*** should be referenced for the latest approved eligibility amounts by state.

Premium Discount Percentages:

The following premium discounts are applicable to standard premium—NCCI Table 7, Type A Carriers:

| | |
|-------|-------------------|
| First | \$5,000 – 0.0% |
| Next | \$95,000 – 10.9% |
| Next | \$400,000 – 12.6% |
| Over | \$500,000 – 14.4% |

Minimum Premium Formula:

Minimum Premium = (Tier I Filed LCM * The NCCI's loss cost* Minimum Premium Multiplier) + Expense constant

Minimum Premium Multiplier: 135
Maximum Minimum Premium: \$750

Terrorism Rate: Apply the current, Tier I filed LCM to the NCCI's Terrorism loss cost, rounded to two decimal places

Catastrophe (other than Certified Acts of Terrorism) Rate: Apply the current, Tier I filed LCM to the NCCI's Catastrophe (other than Certified Acts of Terrorism) loss cost, rounded to two decimal places.

Deductible Premium Reduction Percentages: Calculate percentages by dividing the NCCI referenced loss elimination ratios by our Tier I filed LCM.

| | | | |
|---------------------------------|------------------------------------|-------------------------------|--|
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Supporting Document Schedules

| | | | |
|-------------------------|--|-----------------------------------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Review Status: Approved | 11/24/2008 |
|-------------------------|--|-----------------------------------|------------|

Comments:

The NAIC P & C Transmittal Documents are attached in PDF format.

Attachments:

F777AR.pdf

F779AR.pdf

| | | | |
|------------------------|---|-----------------------------------|------------|
| Bypassed -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: Approved | 11/24/2008 |
|------------------------|---|-----------------------------------|------------|

Bypass Reason: This is not a loss cost filing.

Comments:

| | | | |
|------------------------|------------------------------------|-----------------------------------|------------|
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: Approved | 11/24/2008 |
|------------------------|------------------------------------|-----------------------------------|------------|

Bypass Reason: This is not a loss cost filing

Comments:

Property & Casualty Transmittal Document—

| | |
|--|-------------|
| 20. This filing transmittal is part of Company Tracking # | WC-AR-08-10 |
|--|-------------|

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

FirstComp Insurance Company is filing an amended Waiver of Subrogation Rating Rule. The amendment adds a blanket waiver to the previously filed rule and changes the filed 10% on individual waivers to 5%. The individual waiver rule was previously listed on the company's miscellaneous values page and as such the revised miscellaneous values page is also attached.

We would like this filing available for use effective February 1, 2009.

| |
|---|
| 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 #: EFT

Amount: \$25

1 rule filing x \$25 = \$25

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.)**

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 # | WC-AR-08-10 |
|-----------|--|--------------------|

| | | |
|-----------|---|--|
| 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 (where required) | Minimum % Change (where required) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

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|--|--|--|--|
| 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 | FIC-WC-AR-S1 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | WC-AR-08-09 |
| 02 | WC-E-WAIVER | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |