

SERFF Tracking Number: MEMC-125908412 State: Arkansas
Filing Company: MEMIC Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-04
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Arkansas Item B-1407
Project Name/Number: /

Filing at a Glance

Company: MEMIC Indemnity Company

Product Name: Arkansas Item B-1407

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

State Filing Description:

SERFF Tr Num: MEMC-125908412 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2008-04

Co Status:

Authors: Karen Schwartz, Sherry
Ingalls, Lori Parker

Date Submitted: 11/19/2008

State Tr Num: EFT \$50

State Status: Fees verified and
received

Reviewer(s): Betty Montesi, Carol
Stiffler

Disposition Date: 11/20/2008

Disposition Status: Approved

Effective Date (New): 12/20/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 11/20/2008

State Status Changed: 11/20/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt the Catastrophe and Terrorism loss costs as filed by NCCI in Item filing B-1407. If possible, we would like to adopt these loss costs effective as of 9/1/08. Since the Terrorism loss cost has been decreased, we would like to use this lower rate on policies effective as of 9/1/08. We have included a revised Miscellaneous Values Page effective 9-1-08 which shows the Catastrophe and Terrorism rates.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular: CIF 2008-07

Deemer Date:

SERFF Tracking Number: MEMC-125908412 State: Arkansas
 Filing Company: MEMIC Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-04
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Arkansas Item B-1407
 Project Name/Number: /

Company and Contact

Filing Contact Information

Karen Schwartz, Product Manager
 261 Commercial Street
 Portland, ME 04104
 kschwartz@memic.com
 (207) 791-3350 [Phone]
 (207) 482-4169[FAX]

Filing Company Information

MEMIC Indemnity Company
 261 Commercial Street
 Portland, ME 04104
 (207) 791-3350 ext. [Phone]

CoCode: 11030 State of Domicile: New Hampshire
 Group Code: 1332 Company Type: Stock Company
 Group Name: ME Employers' Mut State ID Number:
 Ins Grp
 FEIN Number: 02-0515329

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Filing to adopt advisory organization's loss costs with no change to loss cost multiplier currently on file.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MEMIC Indemnity Company	\$50.00	11/19/2008	24039569

SERFF Tracking Number: MEMC-125908412

State: Arkansas

Filing Company: MEMIC Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-04

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Arkansas Item B-1407

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/20/2008	11/20/2008

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending	Carol Stiffler	11/20/2008	11/20/2008

Industry Response

Response Letters

Responded By	Created On	Date Submitted
Sherry Ingalls	11/20/2008	11/20/2008

SERFF Tracking Number: MEMC-125908412

State: Arkansas

Filing Company: MEMIC Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-04

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Arkansas Item B-1407

Project Name/Number: /

Disposition

Disposition Date: 11/20/2008

Effective Date (New): 12/20/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEMC-125908412 State: Arkansas
 Filing Company: MEMIC Indemnity Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008-04
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Arkansas Item B-1407
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	No
Supporting Document	NAIC loss cost data entry document	Approved	No
Rate	Miscellnaeous Values Page	Approved	No

SERFF Tracking Number: MEMC-125908412 State: Arkansas
Filing Company: MEMIC Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-04
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Arkansas Item B-1407
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/20/2008

Submitted Date 11/20/2008

Respond By Date

Dear Karen Schwartz,

The requested date on this filing is 9/1/08. All workers' compensation filings in Arkansas are prior approval and cannot be approved retroactively. Please request an effective date after 11/20/08.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 11/20/2008

Submitted Date 11/20/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: We request an effective date of 12/20/08. All of the approved material will reflect the approved effective date (and not the 9/1/08 date).

Thank you.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number: MEMC-125908412

State: Arkansas

Filing Company: MEMIC Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-04

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Arkansas Item B-1407

Project Name/Number: /

No Rate/Rule Schedule items changed.

Sincerely,

Karen Schwartz, Lori Parker, Sherry Ingalls

SERFF Tracking Number: *MEMC-125908412*

State: *Arkansas*

Filing Company: *MEMIC Indemnity Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *2008-04*

TOI: *16.0 Workers Compensation*

Sub-TOI: *16.0004 Standard WC*

Product Name: *Arkansas Item B-1407*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MEMC-125908412

State: Arkansas

Filing Company: MEMIC Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-04

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Arkansas Item B-1407

Project Name/Number: /

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellnaeous Values Page		New	Miscellaneous Values Page 9-1-08.pdf

MEMIC Indemnity Company
Arkansas Workers Compensation
Miscellaneous Values
Effective September 1, 2008

Basis of premium applicable in accordance with **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

Catastrophe (Other Than Certified Acts of Terrorism) \$0.015

Terrorism \$0.015

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: Non-Contact 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 **Basic Manual** footnote instructions for Code 7421, the surcharge is

Maximum surcharge per aircraft	\$1,000.00
Per passenger seat	\$100.00

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with **Basic Manual** Rule 2-E-3 \$31,900.00

Expense Constant applicable in accordance with **Basic Manual** Rule 3-A-11 \$140.00

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 rate by a factor of 1.86 to adjust for the difference 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).)

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.

MEMIC Indemnity Company
Arkansas Workers Compensation
Miscellaneous Values
Effective July 1, 2008

Deductible Credits – The following percentages are applicable by deductible amount and hazard group on a per claim basis.

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

SERFF Tracking Number: MEMC-125908412 State: Arkansas
Filing Company: MEMIC Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: 2008-04
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Arkansas Item B-1407
Project Name/Number: /

Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Approved** 11/20/2008

Comments:

Please see the attached P&C Transmittal and Rate/Rule Schedule. The RF-WC form is attached with applicable sections completed.

Attachments:

P&C Transmittal Document.pdf
RateRule Transmittal.pdf

Review Status:
Satisfied -Name: NAIC Loss Cost Filing Document for Workers' Compensation **Approved** 11/20/2008

Comments:

The RF-WC form is attached. I have completed the sections I believed to be applicable to this filing. Please advise if the other forms are required for this filing since we are only adopting the NCCI Terrorism and Catastrophe loss costs.

Attachment:

RF-WC Form.pdf

Review Status:
Satisfied -Name: NAIC loss cost data entry document **Approved** 11/20/2008

Comments:

Please see the attached Rate Filing Abstract.

Attachment:

FORM RF-1 Rate Filing Abstract.pdf

Effective March 1, 2007

18. Company's Date of Filing	11/19/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-04
--	---------

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

We are filing to adopt the Catastrophe and Terrorism loss costs as filed by NCCI in Item filing B-1407. If possible, we would like to adopt these loss costs effective as of 9/1/08. Since the Terrorism loss cost has been decreased, we would like to use this lower rate on policies effective as of 9/1/08.

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: \$50.00
Filing to adopt advisory organization's loss cost without change to loss cost multiplier currently on file.
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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 #	2008-04
-----------	--	----------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
-----------	---	------------

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)
--------------	--	-----------------------	---	--	----------------------------------	-----------------------------------	-----------------------------------

MEMIC							
Indemnity	-3.6%	-3.6%	-\$18	1	\$492		

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)
--------------	--	-----------------------	---	--	----------------------------------	-----------------------------------	-----------------------------------

Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE

--	--	--	--

5a.	Overall percentage rate indication (when applicable)	-3.6%	
------------	--	-------	--

5b.	Overall percentage rate impact for this filing	-3.6%	
------------	--	-------	--

5c.	Effect of Rate Filing – Written premium change for this program	-\$18	
------------	---	-------	--

5d.	Effect of Rate Filing – Number of policyholders affected	1	
------------	--	---	--

6.	Overall percentage of last rate revision	-12.8%	
-----------	--	--------	--

7.	Effective Date of last rate revision	7/1/08 to adopt NCCI Loss Cost Filing	
-----------	--------------------------------------	---------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval	
-----------	--	----------------	--

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
-----------	---------------------------------------	---------------------------	--

01	Miscellaneous Values Page	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
----	---------------------------	---	--

02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
----	--	--	--

03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
----	--	--	--

FORM RF-WC NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	2008-04
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

- Loss Cost Reference Filing Item B-1407** **Independent Rate Filing**
 (Advisory Org, & Reference filing #) Item B-1407

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:

- 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.

- 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. Does this filing apply to all class codes? This applies to Terrorism/Catastrophe loss costs per Item B-1407. If no, complete a copy of this form for each affected class with appropriate justification.

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) _____

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 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions	
A.	Total Production Expense		%
B.	General Expense		%
C.	Taxes, Licenses & Fee		%
D.	Underwriting profit & contingencies*		%
E.	Other (explain)		%
F.	Total		%
	* Explain how investment income is taken into account		

5.	A.	Expected Loss Ratio: ELR = 100% - 4F =	
	B.	ELR in Decimal Form =	

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)	
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)	
8.		Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	
9.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 8 and 9)	

- | | | 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. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. | Are you changing your premium discount schedules? | | |
| | If yes, attach schedules and support, detailing premium or rate level changes. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2008-04
-----------	---	----------------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	NCCI – Item B-1407
-----------	---	---------------------------

	Company Name		Company NAIC Number
3.	A.	MEMIC Indemnity Company	B. 11030

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	16.0 Workers' Compensation	B. 16.0004 Standard Workers' Compensation

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Compensation	-3.6%	-3.6%	N/A	N/A	N/A	Currently at \$140	1.45
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
2007	432	N/A	N/A	34,762	20,129	N/A	
2006	396	N/A	N/A	30,268	17,891	N/A	
2005	329	N/A	N/A	23,316	10,897	N/A	
2004	299	N/A	N/A	28,388	18,857	N/A	
2003	496	N/A	N/A	25,147	23,740	N/A	
2002	445	N/A	N/A	12,588	11,604	N/A	
*Countrywide data							

7.

Expense Constants	Selected Provisions
A. Total Production Expense	
B. General Expense	
C. Taxes, License & Fees	
D. Underwriting Profit & Contingencies	
E. Other (explain)	
F. TOTAL	

- 8.** N Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** -3.6% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____