

SERFF Tracking Number: TRGR-125887245 State: Arkansas  
Filing Company: Republic Underwriters Insurance Company State Tracking Number: #? \$25  
Company Tracking Number: 08-237  
TOI: 01.0 Property Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)  
Product Name: Standard Dwelling (DP3)  
Project Name/Number: Revised Underwriting Guidelines/08-237

## Filing at a Glance

Company: Republic Underwriters Insurance Company

Product Name: Standard Dwelling (DP3)

SERFF Tr Num: TRGR-125887245 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: #? \$25

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Co Tr Num: 08-237

State Status: Fees verified

Filing Type: Rule

Co Status: Submitted

Reviewer(s): Becky Harrington, Betty Montesi

Author: William Bradford

Disposition Date: 11/05/2008

Date Submitted: 11/04/2008

Disposition Status: Filed

Effective Date Requested (New): 12/15/2008

Effective Date (New): 12/15/2008

Effective Date Requested (Renewal): 12/15/2008

Effective Date (Renewal):

12/15/2008

State Filing Description:

## General Information

Project Name: Revised Underwriting Guidelines

Status of Filing in Domicile: Authorized

Project Number: 08-237

Domicile Status Comments: Approved in Texas.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 11/05/2008

State Status Changed: 11/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are making some minor changes to clarify loss history. A comparison is attached. The prior filing number is TRGR-125640254

## Company and Contact

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### Filing Contact Information

William Bradford, Senior Products Filing Specialist  
bill.bradford@republicgroup.com  
5525 LBJ Freeway (972) 788-6617 [Phone]  
Dallas, TX 75240 (972) 788-6022[FAX]

### Filing Company Information

Republic Underwriters Insurance Company CoCode: 24538 State of Domicile: Texas  
5525 LBJ Freeway Group Code: 3489 Company Type:  
Dallas, TX 75240-6241 Group Name: The Republic Group State ID Number:  
(972) 788-6001 ext. [Phone] FEIN Number: 75-1221537  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: 1 company X \$100.00  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/05/2008	11/05/2008

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## **Disposition**

Disposition Date: 11/05/2008

Effective Date (New): 12/15/2008

Effective Date (Renewal): 12/15/2008

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	Underwriting Guidelines	Filed	No
Supporting Document	Comparison	Filed	No

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## Supporting Document Schedules

**Satisfied -Name:** Form RF-1 NAIC Loss Cost Data **Review Status:** Filed 11/05/2008  
Entry Document--All P&C Lines

**Comments:**  
has not changed since initial filing

**Attachment:**  
RF!.pdf

**Satisfied -Name:** Uniform Transmittal Document- **Review Status:** Filed 11/05/2008  
Property & Casualty

**Comments:**  
**Attachment:**  
AR Trans.pdf

**NAIC LOSS COST DATA ENTRY DOCUMENT**

1. This filing transmittal is part of Company Tracking # \_\_\_\_\_

2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number \_\_\_\_\_

	Company Name		Company NAIC Number
3.	<b>A. Republic Underwriters Insurance Company</b>	<b>B.</b>	<b>24538</b>

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	<b>A. 01.0 Property</b>	<b>B.</b>	<b>1.0002 Personal Property</b>

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
n/a							
n/a							
n/a							
n/a							
n/a							
n/a							
<b>TOTAL OVERALL EFFECT</b>							

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	n/a	n/a	n/a	n/a	n/a	n/a	39.8%
2006	n/a	n/a	n/a	n/a	n/a	n/a	38.0%
2005	n/a	n/a	n/a	n/a	n/a	n/a	65.3%
2004	n/a	n/a	n/a	n/a	n/a	n/a	36.3%
2003	n/a	n/a	n/a	n/a	n/a	n/a	43.5%

7.

Expense Constants	Selected Provisions
A. Total Production Expense	22.6%
B. General Expense	7.0%
C. Taxes, License & Fees	2.1%
D. Underwriting Profit & Contingencies	7.4%
E. Other (explain)	
<b>F. TOTAL</b>	<b>39.1%</b>

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.   n/a   Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): \_\_\_\_\_

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>Filing Fees</b> (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]
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**Check #:**  
**Amount:**

**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.)**

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## FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input 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		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	