

SERFF Tracking Number: CMPX-125470209 State: Arkansas
 Filing Company: Companion Property & Casualty Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: P#05098
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations
 Product Name: Inland Marine
 Project Name/Number: MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08/P#05098

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

| | | |
|---|------------------------------|---|
| Product Name: Inland Marine | SERFF Tr Num: CMPX-125470209 | State: Arkansas |
| TOI: 09.0 Inland Marine | SERFF Status: Closed | State Tr Num: EFT \$100 |
| Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations | Co Tr Num: P#05098 | State Status: Fees verified and received |
| Filing Type: Rate/Rule | Co Status: | Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding |
| | Author: SPI CompanionPCGroup | Disposition Date: 02/12/2008 |
| | Date Submitted: 02/01/2008 | Disposition Status: Exempt from Review |
| Effective Date Requested (New): 04/01/2008 | | Effective Date (New): 04/01/2008 |
| Effective Date Requested (Renewal): | | Effective Date (Renewal): |
| State Filing Description: | | |

General Information

| | |
|---|-------------------------------|
| Project Name: MU FILED INLAND MARINE CONVERSION TO ISO 4/1/08 | Status of Filing in Domicile: |
| Project Number: P#05098 | Domicile Status Comments: |
| Reference Organization: | Reference Number: |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 02/12/2008 | |
| State Status Changed: 02/12/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |
| Companion Property and Casualty Insurance Company wishes to submit its ISO Inland Marine filing. We wish to adopt ISO's loss cost filing reference CM-2006-RLA1 and ISO rules filing reference CM-2002-ORU03. The following information has been attached for review: | |

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- " Appropriate transmittal forms
- " Companion Manual Exception Rules
- " Payment Plan Information.

Companion also wishes to withdraw the 3/99 AAIS Revision 2.0 Inland Marine filing.

We are requesting an effective date of April 1, 2008.

Company and Contact

Filing Contact Information

LaTonya Ivey, Regulatory Compliance Analyst latonya.ivey@companiongroup.com
II

P.O. Box 100165 (803) 795-7770 [Phone]
Columbia, SC 29202 (803) 865-3155[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: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| Companion Property & Casualty Insurance Company | \$100.00 | 02/01/2008 | 17779423 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------------|------------------|------------|----------------|
| Exempt from Review | Llyweyia Rawlins | 02/12/2008 | 02/12/2008 |

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Disposition

Disposition Date: 02/12/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal):

Status: Exempt from Review

Comment:

This line is exempt from filing rates 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 filing and review requirements.

| Company Name: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): | Overall % Indicated Change: |
|---|------------------------|--|--|-----------|------------------------------------|------------------------------------|-----------------------------|
| Companion Property & Casualty Insurance Company | 0.000% | \$0 | 96 | \$178,655 | % | % | % |

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|--|---------------|
| Supporting Document | Cover Letter | Accepted for Informational Purposes | Yes |
| Supporting Document | AR - RATE FILING ABSTRACT RF-1 | Accepted for Informational Purposes | Yes |
| Supporting Document | AR - REFERENCE FILING ABSTRACT RF-2 | Accepted for Informational Purposes | Yes |
| Supporting Document | AR - NAIC P&C TRANSMITTAL DOCUMENT | Accepted for Informational Purposes | Yes |
| Supporting Document | Payment Plan | Accepted for Informational Purposes | Yes |
| Rate | Manual Exception Pages | Accepted for Informational Purposes | Yes |

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Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: Neutral
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Premium: | Maximum % Change (where required): | Minimum % Change (where required): |
|---|-----------------------------|------------------------|--|--|-----------|------------------------------------|------------------------------------|
| Companion Property & Casualty Insurance Company | % | 0.000% | \$0 | 96 | \$178,655 | % | % |

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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 | Manual Exception Pages | 1 | New | 1.PDF |

COMPANION PROPERTY & CASUALTY

ARKANSAS

EXCEPTIONS TO ISO COMMERCIAL LINES MANUAL DIVISION EIGHT – INLAND MARINE

LOSS COSTS AND MULTIPLIER

New business and renewals effective 4/01/08 and later, use ISO 8/06 Countrywide Loss Cost pages with our 1.35 multiplier.

Replace or amend ISO manual rules with the following:

- 9. **POLICY WRITING MINIMUM PREMIUM**
 - A. Prepaid Policies.....\$100
 - B. Annual Premium Payment Policies.....\$100
 - Continuous Policies.....Not Available

- 10. **ADDITIONAL PREMIUM CHANGES**
 - B. Waive additional premium of:.....\$15 or less

- 11. **RETURN PREMIUM CHANGES**
 - B. Waive return premium of:.....\$15 or less

However, any return premium due must be granted if requested by the insured

- 36. **ACCOUNTS RECEIVABLE MINIMUM MODIFIED BASE RATE**
 - A. Minimum Modified Base Rate.....\$.04

- 38. **ACCOUNTS RECEIVABLE MINIMUM PREMIUM**
 - A. Reporting.....\$100

- 53. **CAMERA & MUSICAL INSTRUMENT DEALERS MINIMUM PREMIUM**
 - A. Nonreporting.....\$100
 - B. Reporting.....\$100

- 64. **COMMERCIAL ARTICLES COVERAGE**

The following is added to Loss Cost Rule 64 Premium Determination:

 - C. Blanket Rating**

Blanket Rating for all types and classes:

| | |
|----------------------------------|-------|
| Loss Cost for 0-1500 | 0.742 |
| Loss Cost for 1,501 – 15,000 | 0.597 |
| Loss Cost for 15,001 and greater | 0.473 |

- 79. **EQUIPMENT DEALERS MINIMUM PREMIUM**
 - A. Nonreporting.....\$100
 - B. Reporting.....\$100

- 93. **FILM MINIMUM PREMIUM**.....\$100

- 174. **VALUABLE PAPERS MINIMUM LOADING**.....\$.05

COMPANION PROPERTY & CASUALTY

ARKANSAS

EXCEPTIONS TO ISO COMMERCIAL LINES MANUAL DIVISION EIGHT – INLAND MARINE

3. RATING MODIFICATION – The Rating Modification Table is replaced with the following:

| Risk Characteristics | Description | Range Of Modifications | |
|---|---|-------------------------------|---------------|
| | | Credits | Debits |
| Management | Cooperation in matters of safeguarding and proper handling of the property covered. | 8% to | 8% |
| Location | Accessibility and environment. | 7% to | 7% |
| Building Features | Age, condition and unusual structural features. | 5% to | 5% |
| Premises And Equipment | Care, condition and type. | 5% to | 5% |
| Employees | Selection, training, supervision, and experience. | 5% to | 5% |
| Protection | Not otherwise recognized. | 10% to | 10% |
| * MAXIMUM CREDIT NOT TO EXCEED 40% MAXIMUM DEBIT NOT TO EXCEED 40% | | | |

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Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational 02/12/2008
Purposes

Comments:

Attachment:

Cover Letter.PDF

Satisfied -Name: AR - RATE FILING ABSTRACT RF-1 **Review Status:** Accepted for Informational 02/12/2008
Purposes

Comments:

Attachment:

AR - RATE FILING ABSTRACT RF-1.PDF

Satisfied -Name: AR - REFERENCE FILING ABSTRACT RF-2 **Review Status:** Accepted for Informational 02/12/2008
Purposes

Comments:

Attachment:

AR - REFERENCE FILING ABSTRACT RF-2.PDF

Satisfied -Name: AR - NAIC P&C TRANSMITTAL DOCUMENT **Review Status:** Accepted for Informational 02/12/2008
Purposes

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Payment Plan **Review Status:** Accepted for Informational 02/12/2008
Purposes

Comments:



Companion Property & Casualty Group

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

February 1, 2008

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

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836
Comm Inland Marine - MU Filed Inland Marine Conversion To ISO 4/1/08
Company Filing: P#05098
Proposed effective date for new and renewal business on and after April 1, 2008

Dear Commissioner Benafield Bowman:

Companion Property and Casualty Insurance Company wishes to submit its ISO Inland Marine filing. We wish to adopt ISO's loss cost filing reference CM-2006-RLA1 and ISO rules filing reference CM-2002-ORU03. The following information has been attached for review:

- " Appropriate transmittal forms
- " Companion Manual Exception Rules
- " Payment Plan Information.

Companion also wishes to withdraw the 3/99 AAIS Revision 2.0 Inland Marine filing.

We are requesting an effective date of April 1, 2008.

Please let me know if you need additional information.

Sincerely,

LaTonya Ivey
Regulatory Compliance Analyst II
Phone: 803-795-7770
Fax: 803 865-3155
Email: latonya.ivey@companiongroup.com

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

| | | |
|----|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | CIMAR0509801R01 |
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number | ISO, CM-2006-RLA1 |

| | | | |
|--------------|--|---------------------|-----------|
| Company Name | | Company NAIC Number | |
| 3. | A. Companion Property & Casualty Insurance Company | B. | 661-12157 |

| | | | |
|--|------------------------|---|---------------|
| 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. Commercial Property | B. | Inland Marine |

5.

| (A) COVERAGE (See Instructions) | (B) Indicated % Rate Level Change | (C) Requested % Rate Level Change | FOR LOSS COSTS ONLY | | | | (H) Co. Current Loss Cost Multiplier |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|
| | | | (D) Expected Loss Ratio | (E) Loss Cost Modification Factor | (F) Selected Loss Cost Multiplier | (G) Expense Constant (If Applicable) | |
| Commercial Inland Marine | 0% | 0% | .5710 | .885 | 1.55 | | 1.35 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | 0% | 0% | .5710 | .885 | 1.55 | | 1.35 |

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 |
|------|--------------|-------------|----------------|----------------------------|-----------------------|------------------|------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

7.

| Expense Constants | Selected Provisions |
|--|---------------------|
| A. Total Production Expense | 19.40 |
| B. General Expense | 13.60 |
| C. Taxes, License & Fees | 4.50 |
| D. Underwriting Profit & Contingencies | 5.40 |
| E. Other (explain) | |
| F. TOTAL | 42.90 |

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. 0% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. 0% Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): _____

**FORM RF2- Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN
WORKERS' COMPENSATION**

CALCULATION OF COMPANY LOSS COST MULTIPLIER

| | |
|---|-----------------|
| This filing transmittal is part of Company Tracking # | CIMAR0509801R01 |
| This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | |

- Loss Cost Reference Filing** ISO CM-2006-RLA1 _____ **Independent Rate Filing**
(Advisory Org. & Reference filing #)

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:

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies: Commercial Property, Inland Marine

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.) **-11.5%, based on underwriting results and market conditions**

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) **.885**

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 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

| | | Selected Provisions | |
|-----------|--|---------------------|---|
| A. | Total Production Expense | 19.40 | % |
| B. | General Expense | 13.60 | % |
| C. | Taxes, Licenses & Fee | 4.50 | % |
| D. | Underwriting profit & Contingencies (explain how investment income is taken into account) | 5.40 | % |
| E. | Other (explain) | | % |
| F. | Total | 42.90 | % |

| | | | |
|-----------|---|-------|---|
| 5. | A. Expected Loss Ratio: ELR = 100% - 4F = A | 57.10 | % |
| | B. ELR in Decimal Form = | .5710 | |
| 6. | Company Formula Loss Cost Multiplier (3B/5B) | 1.550 | |
| 7. | Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7) | 1.550 | |
| 8. | Rate Level Change for the coverage(s) to which this page applies | 0% | |

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: 50%; 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 | P#05098 |
|-----------------------------------|---------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|-----------|--|--|--------------|--------------|-------------------------------------|
| | LaTonya Ivey P.O. Box 100165 Columbia SC 29202 | Regulatory Compliance Analyst II | 800-845-2724 | 803 865-3155 | latonya.ivey@companion group.com |
| 7. | Signature of authorized filer | | | | |
| 8. | Please print name of authorized filer | | LaTonya Ivey | | |

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

| | | |
|------------|---|--|
| 9. | Type of Insurance (TOI) | 09.0 Inland Marine |
| 10. | Sub-Type of Insurance (Sub-TOI) | 09.0000 Inland Marine Sub-TOI Combinations |
| 11. | State Specific Product code(s) (if applicable) [See State Specific Requirements] | |
| 12. | Company Program Title (Marketing Title) | Inland Marine |
| 13. | Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" 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: 4/1/08 Renewal: |
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | ISO |
| 17. | Reference Organization # & Title | CM-2006-RLA1; CM-2003-ORU03 |
| 18. | Company's Date of Filing | 1/28/08 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

PAYMENT PLANS

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

| ACCOUNT ANNUAL PREMIUM | PAYMENT PLAN OPTIONS | BILLING PLANS and TYPES OF POLICIES |
|------------------------|--|---|
| Up to \$499 | Annual Payment | Agency, Direct or Customer Bill CPP CA CU WC |
| \$500 to \$999 | Annual Payment Or Installment Option A | Agency, Direct or Customer Bill CPP CA CU WC |
| \$1,000 - \$2,499 | Annual Payment Or Installment Option A or B | Agency, Direct or Customer Bill CPP CA CU WC |
| \$2,500 – \$9,999 | Annual Payment Or Installment Option A, B or C | Agency, Direct or Customer Bill CPP CA CU WC |
| Over \$10,000 | Annual Payment Or Installment Option D | Agency, Direct or Customer Bill CPP CA CU WC |

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.

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
- (D) 15% down payment and 10 equal Monthly payments

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.

Policy Types: CPP = Commercial Package Policy, and mono-line Property or General Liability

CA = Commercial Auto policy

CU = Commercial Umbrella Policy

WC = Workers Compensation Policy