

SERFF Tracking Number: HART-125296619 State: Arkansas
 Filing Company: Twin City Fire Insurance Company State Tracking Number: AR-PC-07-026162
 Company Tracking Number: FN.13HS.802.2007.02
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: The Hartford Professional Choice Liability Policy Program
 Project Name/Number: The Hartford Professional Choice Liability Policy Program/FN.13HS.802.2007.02

Filing at a Glance

Company: Twin City Fire Insurance Company
 Product Name: The Hartford Professional Choice Liability Policy Program
 TOI: 17.0 Other Liability - Claims Made/Occurrence
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Filing Type: Rule
 SERFF Tr Num: HART-125296619 State: Arkansas
 SERFF Status: Closed State Tr Num: AR-PC-07-026162
 Co Tr Num: FN.13HS.802.2007.02 State Status: Fees verified and received
 Co Status: Initial Filing Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
 Author: Regina McLendon Disposition Date: 02/12/2008
 Date Submitted: 09/21/2007 Disposition Status: Filed
 Effective Date Requested (New): On Approval Effective Date (New):
 Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: The Hartford Professional Choice Liability Policy Program Status of Filing in Domicile: Pending
 Project Number: FN.13HS.802.2007.02 Domicile Status Comments:
 Reference Organization: N/A Reference Number: N/A
 Reference Title: N/A Advisory Org. Circular: N/A
 Filing Status Changed: 02/12/2008
 State Status Changed: 02/12/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 The Hartford Professional Choice Liability Policy Program
 Rule Filing

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Company and Contact

Filing Contact Information

Regina McLendon, Account Analyst regina.mclendon@thehartford.com
 690 Asylum Avenue (860) 547-2594 [Phone]
 Hartford, CT 06115 (860) 547-3838[FAX]

Filing Company Information

Twin City Fire Insurance Company CoCode: 29459 State of Domicile: Indiana
 Hartford Plaza Group Code: 91 Company Type: Property
 Hartford, CT 06115 Group Name: State ID Number:
 (860) 547-5000 ext. [Phone] FEIN Number: 06-0732738

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 fee for rules.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Twin City Fire Insurance Company	\$50.00	09/21/2007	15749674

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	02/12/2008	02/12/2008

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	Edith Roberts	10/02/2007	10/02/2007	Regina McLendon	02/08/2008	02/08/2008

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Disposition

Disposition Date: 02/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125296619 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/02/2007
Submitted Date 10/02/2007

Respond By Date

Dear Regina McLendon,

This will acknowledge receipt of the captioned filing.

You must also add to the "Refer to Company" rule that an individual risk filing must be made to the AR Department for any risk written in AR.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/08/2008
Submitted Date 02/08/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Ms. Roberts:

In response to your objection letter dated 10/2/07 please see the attached MPL Rating Plan and the Tax Preparers Rating Plan.

If you need anything else, please let me know. Thank you.

Changed Items:

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Supporting Document Schedule Item Changes

Satisfied -Name: MPL Rating Plan

Comment:

Satisfied -Name: Tax Preparers Rating Plan

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Regina McLendon

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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: The Hartford Professional Choice Liability Policy Program/FN.13HS.802.2007.02

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	MPL CW	Page 1 of 1 (Ed. New 09/07)		MPL Rating Plan _a_ _CW_.pdf

MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE COUNTRYWIDE RATING PLAN

I. Description of Coverage

This is a claims made and reported policy which provides miscellaneous professional liability coverage. The terms and conditions of the insurance are set forth in the Professional Choice Liability Insurance Policy and accompanying endorsements.

II. Premium Computation

The policy and endorsements will be rated on a "refer to company" basis in accordance with your states regulatory requirements.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 02/12/2008

Comments:

Attachment:

AR PC-TD-1_2007 & RR Filing Schedule.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 02/12/2008

Bypass Reason: NOT APPLICABLE

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 02/12/2008

Bypass Reason: NOT APPLICABLE

Comments:

Satisfied -Name: Explanatory Memorandum **Review Status:** Filed 02/12/2008

Comments:

Attachment:

cwexplanatory a rated.pdf

Satisfied -Name: MPL Rating Plan **Review Status:** Filed 02/12/2008

Comments:

Attachment:

MPL Rating Plan.pdf

Review Status:

SERFF Tracking Number: HART-125296619 State: Arkansas
Filing Company: Twin City Fire Insurance Company State Tracking Number: AR-PC-07-026162
Company Tracking Number: FN.13HS.802.2007.02
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions
Liability
Product Name: The Hartford Professional Choice Liability Policy Program
Project Name/Number: The Hartford Professional Choice Liability Policy Program/FN.13HS.802.2007.02
Satisfied -Name: Tax Preparers Rating Plan Filed 02/12/2008
Comments:
Attachment:
ATP Rate 08_07 _AR_.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

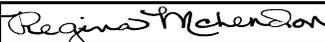
3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	

5. Company Tracking Number	FN.13HS.802.2007.02
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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
Regina McLendon	Filing Analyst			regina.mclendon@thhartford.com
Hartford Plaza, Hartford, CT 06115		860-547-2594	866-497-7565	ehartford.com

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

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

9. Type of Insurance (TOI)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Errors & Omissions Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	The Hartford Professional Choice Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: upon your approval Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	9/20/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # FN.13HS.802.2007.02

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

Re: **OTHER LIABILITY - THE HARTFORD PROFESSIONAL CHOICE LIABILITY
POLICY PROGRAM - RULE FILING**

Our Filing Number: FN.13HS.802.2007.02
Twin City Fire Insurance Company NAIC #29459

Dear Sir or Madam:

Enclosed are the following:

- Filing Fee submitted via EFT.
- P & C Transmittal Document and Forms Filing Schedule.
- Explanatory Memorandum.
- Professional Choice Liability Insurance Program rule page - MPL CW page 1 of 1 (Ed. 09/07)

For the above listed company, to be effective upon your disposition date, we hereby file the enclosed rule page.

Cordially,

Regina McLendon

Regina McLendon, Filing Analyst
Product Support and Compliance
Telephone: (860) 547-2594
FAX No.: (866) 497-7565
E-Mail Address: regina.mclendon@thehartford.com

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 #: Filing fee being submitted via EFT.
Amount: Filing fee being submitted via EFT.

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; Lost 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 #	FN.13HS.802.2007.02
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	FN.13HS.802.2007.02
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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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)
Twin City Fire Insurance Company	0.0	0.0					
N/A - This is a rule only filing. Please see explanatory memorandum.							

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)
Hartford Fire Insurance Company							
Hartford Accident and Indemnity Co.							
Hartford Casualty Ins. Co.							
Hartford Underwriters Ins. Co.							
Twin City Fire Insurance Company							
Hartford Ins. Co. of the Midwest							
Trumbull Insurance Company							
Property & Casualty Ins. Co. of Hartford							
Sentinel Insurance Company							

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. See Next Page

PC RRFS-1

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn ?	Previous state filing number, if required by state
01	Professional Choice Liability Insurance Program rule page - MPL CW page 1 of 1 (Ed. 09/07)	<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	
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	
11		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
14		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
15		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

THE HARTFORD PROFESSIONAL CHOICE LIABILITY POLICY

SUPPLEMENTAL EXPLANATORY COUNTRYWIDE RULES

The Hartford Professional Choice Liability Policy was approved by your Department under our Company filing number FN.13HS.802.2006.01 and as stated the policy and endorsements will be rated on a "refer to company" basis in accordance with your states regulatory requirements.

At this time we are submitting revised and new forms. We created a rule page making this statement.

Attached please find a copy of the Professional Choice Liability Insurance Program page MPL CW page 1 of 1.

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
ARKANSAS RATING PLAN**

I. Minimum Premium

The minimum policy premium shall be \$5,000.

II. Base Rate

The base rate is per \$1,000 of weighted revenue.

Revenue	Hazard Group			
	1	2	3	4
First \$250,000	2,000	2,500	5,500	8,800
\$250,001 - \$500,000	2.640	3.200	4.400	7.040
\$500,001 - \$1,000,000	2.482	3.008	4.136	6.618
\$1,000,001 - \$1,500,000	2.308	2.797	3.846	6.154
\$1,500,001 - \$2,000,000	2.123	2.574	3.539	5.662
\$2,000,001 - \$3,000,000	1.932	2.342	3.220	5.152
\$3,000,001 - \$5,000,000	1.700	2.061	2.834	4.534
\$5,000,001 - \$10,000,000	1.394	1.690	2.324	3.718
\$10,000,001 - \$15,000,000	1.060	1.284	1.766	2.826
\$15,000,001 - \$25,000,000	0.742	0.899	1.236	1.978
\$25,000,001 - \$35,000,000	0.475	0.575	0.791	1.266
\$35,000,001 - \$50,000,000	0.275	0.334	0.459	0.734
\$50,000,001 - \$65,000,000	0.160	0.194	0.266	0.426
\$65,000,001 - \$100,000,000	0.093	0.112	0.154	0.247
\$100,000,001 +	Refer to Company	Refer to Company	Refer to Company	Refer to Company

Base Premium = Weighted Revenue x Base Rate

The Weighted Revenue is calculated using the weights as shown in the following table.

Number of Years	Weights					
	1	2	3	4	5	6
1	100.0%	0%	0%	0%	0%	0%
2	80.9%	19.1%	0%	0%	0%	0%
3	70.5%	16.7%	12.8%	0%	0%	0%
4	64.7%	15.3%	11.8%	8.2%	0%	0%
5	59.1%	14.0%	10.8%	7.5%	8.6%	0%
6	55.0%	13.0%	10.0%	7.0%	8.0%	7.0%

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
ARKANSAS RATING PLAN**

Sample Calculation:

If there are three years of revenue history, the calculation of the weighted revenue would be as follows:

$$\text{Weighted Revenue} = \text{current year revenue} \times 70.5\% + 1^{\text{st}} \text{ year prior revenue} \times 16.7\% + 2^{\text{nd}} \text{ year prior revenue} \times 12.8\%$$

III. Limits of Liability

		A	G	G	R	E	G	A	T	E		
		500,000	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000	6,000,000	7,000,000	8,000,000	9,000,000	10,000,000
	\$ 500,000	0.85	0.92	0.97	1.02	1.05	1.08	1.11	1.12	1.14	1.15	1.16
P	\$ 1,000,000		1.00	1.08	1.14	1.19	1.23	1.26	1.29	1.31	1.33	1.34
E	\$ 2,000,000			1.58	1.69	1.78	1.86	1.92	1.97	2.00	2.03	2.06
R	\$ 3,000,000				1.98	2.11	2.21	2.29	2.36	2.41	2.46	2.49
	\$ 4,000,000					2.27	2.40	2.50	2.58	2.65	2.71	2.75
O	\$ 5,000,000						2.47	2.59	2.69	2.77	2.83	2.88
C	\$ 6,000,000							2.65	2.76	2.85	2.92	2.98
C	\$ 7,000,000								2.80	2.90	2.98	3.04
	\$ 8,000,000									2.94	3.03	3.10
	\$ 9,000,000										3.05	3.13
	\$ 10,000,000											3.15

The minimum limit of liability for a policy that contains defense within limits is \$1,000,000.

Where limit options do not exist, such options shall be interpolated based on the factors above.

IV. Deductibles

Deductible Amount	Deductible Factor
2,500	+0.100
5,000	+0.050
10,000	0
15,000	-0.050
20,000	-0.075
25,000	-0.100
50,000	-0.200
75,000	-0.275
100,000	-0.330
150,000	-0.380
250,000	-0.450
500,000	-0.530
750,000	-0.570
1,000,000	-0.600
Over 1,000,000	Refer to Company

Where deductible options do not exist, such options shall be interpolated based on the factors above.

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
ARKANSAS RATING PLAN**

V. Prior Acts Coverage

Prior Acts Limitation Rates	Prior Acts Factor
Full Prior Acts	1.00
Four Years Prior Acts	0.93
Three Years Prior Acts	0.85
Two Years Prior Acts	0.78
One Year Prior Acts	0.68
No Prior Acts	0.55

VI. Premium Modifications

A. Territory

1.25	1.15	1.10	1.05	1.00
California	Alabama	New Mexico	Michigan	All Other States
	Louisiana	Texas		

B. Legal Review of Contracts

Description	Minimum Factor	Maximum Factor
Outside legal counsel reviews contracts	0.90	1.00
In-house legal counsel reviews contracts	0.95	1.05
No legal review	1.05	1.15

C. Severity Potential

Severity potential for risks in the same hazard group may vary. The type of customers, the size of contracts, the number of services provided and revenues per service are considered when reviewing severity potential.

Severity Potential	Minimum Factor	Maximum Factor
High	1.10	1.25
Average	0.90	1.10
Low	0.75	0.90

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
ARKANSAS RATING PLAN**

D. Quality of Written Contracts

Quality of Written Contracts	Minimum Factor	Maximum Factor
Above Average	0.85	0.95
Average	0.95	1.05
Below Average	1.05	1.15
Poor	1.15	1.25

E. Risk Management

Risk Management	Minimum Factor	Maximum Factor
Use of written procedures manual & training	0.85	0.95
Use of written procedures OR training manual	0.95	1.05
No formal procedures	1.05	1.15

F. Claims History

Claims History	Minimum Factor	Maximum Factor
Based on at least 3 years of experience	0.75	1.25

G. Individual Risk Modification Plan

Exposures inherent in individual risks vary over a wide range. In order to reflect such differences, the premium as otherwise determined may be modified based upon the following table to reflect individual risk characteristics. The total modification for a firm shall be the sum of the applicable credits and/or debits.

Risk Characteristics	Maximum Credit	Maximum Debit
Nature of Services	-25%	+25%
Number of Services	-25%	+25%
Amount of Work Sub-Contracted	-15%	+15%
Professional Experience of Insureds	-25%	+25%

Maximum total Debit/Credit allowances differ by state. Please refer to State Modification Limits table below.

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
ARKANSAS RATING PLAN**

Maximum Available Debits/Credits (%)	State(s)
+/-25	CA, CO, DE, DC, FL, KS, LA, MI, MO, NJ, ND, NV, OH, OR, PR, SD, UT, WA
+/-40	AK, AR, ME, MD, MS, MT, NH, RI, TX, WV
+/-50	AZ, NC, TN, VA
+40; -50	GA

VII. Runoff Policies

When a change in control is invoked and our contract allows for the purchase of an extended reporting period, the following guidelines will apply:

3 Year Policies	1.00 - 3.00 x the annualized price
4 Year Policies	1.25 - 3.50 x the annualized price
5 Year Policies	1.50 - 4.00 x the annualized price
6 Year Policies	1.75 - 4.50 x the annualized price

VIII. Extended Reporting Period

1 Year	0.75 - 2.00 x the annualized price
2 Year	0.75 - 2.50 x the annualized price
3 Year	1.00 - 3.00 x the annualized price
4 Year	1.25 - 3.50 x the annualized price
5 Year	1.50 - 4.00 x the annualized price
6 Year	1.75 - 4.50 x the annualized price

Total Premium =

Base Premium * (Increased Limit Factor ± Deductible Factor) * Prior Acts Factor * Territory Factor * Legal Review Factor * Severity Potential Factor * Quality of Written Contracts Factor * Risk Management Factor * Individual Risk Modification Factor * Experience Modification Factor

Premium will be rounded to the nearest whole dollar.

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
ARKANSAS RATING PLAN**

IX. Hazard Group Definitions

Subclass Code Description	Hazard Group
Advertisers	3
Answering Services	2
Appraisers	4
Arbitrator/Mediator	3
Associations	2
Auctioneers	4
Broadcasters	3
Business Brokers	3
Call Center	4
Career Counseling	1
Claims Adjusters	4
Contest Managers / Incentive Promoters	4
Corporate Trainers	2
Court Reporters	2
Direct Marketing / Mailing	3
Educators	3
Electronic Data Processors	3
Event Planning	2
Franchisors	4
Graphic Design	2
Healthcare Consultants	3
HR Consultants	2
Interior Designers	2
Landscape Architects	2
Management Consultants	2
Marketing Researcher	2
Media Liability	3
Notaries	1
Payroll Services	3
Printing	2
Private Investigators	1
Process Servers	3
Property Managers	3
Publishers	4
Public Relations	2
Real Estate	3
Risk Management Consulting	3

**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
ARKANSAS RATING PLAN**

SERVICES NOC 1	1
SERVICES NOC 2	2
SERVICES NOC 3	3
SERVICES NOC 4	4
Staffing Services	2
Third Party Administrators	4
Translators/Transcribers	2
Travel Agents	2
Trustees	2

**TAX PREPARERS
 ERRORS AND OMISSIONS LIABILITY INSURANCE
 ARKANSAS RATING PLAN**

I. Base Rate

Staff Number	\$10,000 Each Claim \$20,000 Aggregate	\$25,000 Each Claim \$50,000 Aggregate	\$50,000 Each Claim \$100,000 Aggregate	\$100,000 Each Claim \$200,000 Aggregate
1 to 3	165	330	495	660
4	205	409	614	818
5	244	488	733	977
6	284	568	851	1135
7	323	647	970	1294
8	363	726	1089	1452
9	403	805	1208	1610
10	442	884	1327	1769
11	482	964	1445	1927
12	521	1043	1564	2086
13	561	1122	1683	2244
14	601	1201	1802	2402
15	640	1280	1921	2561
>15	Refer to Company			

II. Prior Acts Coverage

Years of Prior Acts Coverage	Prior Acts Factor
Full Prior Acts	1.000
One Year Prior Acts	0.909
No Prior Acts	0.758

III. Bookkeeping Charge

Bookkeeping % of Your Receipts	Minimum Factor
0% (no coverage desired)	1.00
1 – 10%	1.15
11 – 25%	1.25
26% and over	1.33

IV. Extended Reporting Period

Extended Reporting Period	Additional Premium Charge
One year	100%
Two years	170%
Three years	200%

Total Premium =

Base Premium * Prior Acts Factor * Bookkeeping Charge