

SERFF Tracking Number: TWRG-125475869 State: Arkansas  
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100  
 Company Tracking Number: 08-AR-4-CU-014  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess  
 Product Name: Initial Adoption of ISOs Commercial Liability Umbrella Rules & Independent Rates  
 Project Name/Number: Initial Adoption of ISOs Commercial Liability Umbrella Rules & Independent Rates/08-AR-4-CU-014

## Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Initial Adoption of ISO's SERFF Tr Num: TWRG-125475869 State: Arkansas

Commercial Liability Umbrella Rules & Independent Rates

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 17.2020 Commercial Umbrella & Excess

Co Tr Num: 08-AR-4-CU-014

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status: Pending

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Faye Storch

Disposition Date: 02/20/2008

Date Submitted: 02/06/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): 03/15/2008

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Initial Adoption of ISO's Commercial Liability Umbrella Rules & Independent Rates

Status of Filing in Domicile: Authorized

Project Number: 08-AR-4-CU-014

Domicile Status Comments:

Reference Organization: ISO

Reference Number: Various

Reference Title: Various

Advisory Org. Circular: Various

Filing Status Changed: 02/20/2008

State Status Changed: 02/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Tower Insurance Company of New York is a subscriber company of the Insurance Services Office, Inc. (ISO) for Commercial Liability Umbrella. At this time, we wish to adopt as our own filing the rules as noted in the cover letter referencing ISO Filings and our independent rates.

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Additionally, we are submitting (simultaneously under separate cover) twenty-two (22) endorsements to be used in conjunction with ISO's Commercial Liability Umbrella Coverage Form, currently on file with your Department. All rating associated with this Program is attached for your review.

We wish to make this filing effective for all policies effective on or after March 15, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested. Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

## Company and Contact

### Filing Contact Information

Faye Storch, Senior Business Analyst fstorch@twrgrp.com  
 120 Broadway, 31st Floor (212) 655-2189 [Phone]  
 New York, NY 10271-3199 (631) 824-9203[FAX]

### Filing Company Information

Tower Insurance Company of New York	CoCode: 44300	State of Domicile: New York
120 Broadway, 31st Floor	Group Code: 3703	Company Type: Property & Casualty
New York, NY 10271-3199	Group Name: Tower Group Companies	State ID Number:
(212) 655-2000 ext. [Phone]	FEIN Number: 13-3548249	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$100.00 - Rate/Rule Filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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*SERFF Tracking Number:*      *TWRG-125475869*                      *State:*                      *Arkansas*  
*Filing Company:*              *Tower Insurance Company of New York*              *State Tracking Number:*              *EFT \$100*  
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Tower Insurance Company of New York              \$100.00              02/06/2008              17846564



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	02/20/2008	02/20/2008

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## **Disposition**

Disposition Date: 02/20/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *TWRG-125475869*                      *State:*                      *Arkansas*  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	NAIC Transmittal PC TD-1	Accepted for Informational Purposes	Yes
<b>Rate</b>	Rating Plan	Accepted for Informational Purposes	Yes

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## **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 Attachments Number:
Accepted for Informational Purposes	Rating Plan	Umbrella Rates 1/08 Edition	New	02-06-08 Final Rates - TICNY.pdf

# Tower Insurance Company of New York Commercial Umbrella Liability Program Rating Plan

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Minimum Commercial Umbrella Liability Program premium is as follows:

<u>Line of Business</u>	<u>First Million Dollars</u>	<u>Each Additional Million Dollars</u>
Commercial Package Policies and Monoline Commercial Liability	\$1,000	\$750
Businessowners (BOP)	\$1,000	\$500

Annual minimum premium may be pro-rated for short-term policies.

## **Pricing**

### **A. General Liability**

In order to price the Commercial Umbrella over the Commercial General Liability, multiply the final modified underlying premium using the table below, which is based on ISO's Increased Limit tables.

### **B. BOP**

In order to provide the limit ID for BOP written on a unit rate basis, refer to the ISO Classification Table to determine the appropriate limit ID.

1. Use the highest table for risks that have more than one exposure.
2. Multiply the total BOP premium by 60%. The result will reflect the total BOP liability premium.
3. Multiply the BOP liability premium to determine the product premium.

## **Factors**

<u>Limits</u>	<u>\$1M/\$2M</u>
Table 1	.11
Table 2	.17
Table 3	.26
Table A	.28
Table B	.28
Table C	.44

All BOP using split rates will be rated using the liability portion only.

## Tower Insurance Company of New York Commercial Umbrella Liability Program Rating Plan cont'd

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### **C. Automobile**

Identify the underlying Commercial auto liability premium and apply the following factors:

Limit	PPT/Light/Medium/ All Other	Heavy Truck	Extra Heavy Trucks and Tractors
\$1,000,000	.19	.28	.29

The final Commercial Umbrella premium will be modified based on catastrophe potential.

- A modification of up to 50% is permitted for risks with low catastrophe potential.
- A modification of up to 40% for risks of moderate catastrophe potential.

### **D. Employers' Liability**

If coverage is provided for by the Employers' Liability Insurance Policy listed in the Schedule of Underlying Insurance the charges are as follows:

<b><u>Limits</u></b>	<b><u>Charge</u></b>
\$1,000,000	\$50.00
\$500,000	\$100.00

### **E. Increased Limits**

The following factors are to be applied to the first \$1,000,000 of premium for higher limits:

<b><u>Limits</u></b>	<b><u>Medium</u></b>
\$1,000,000 Xs \$1,000,000	.40
\$1,000,000 Xs \$2,000,000	.30
\$1,000,000 Xs \$3,000,000	.20
\$1,000,000 Xs \$4,000,000	.10

### **F. Terrorism**

The charge for Certified Acts of Terrorism will be 10% of the Commercial Umbrella Premium.

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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Accepted for Informational Purposes 02/20/2008

**Comments:**  
Please see attached.

**Attachment:**  
02-06-08 Cover Letter-R.pdf

**Satisfied -Name:** NAIC Transmittal PC TD-1 **Review Status:** Accepted for Informational Purposes 02/20/2008

**Comments:**  
Please see attached.

**Attachment:**  
02-06-08 ARPCTD-1.pdf



120 BROADWAY, 31ST FLOOR  
NEW YORK, NEW YORK 10271-3199

Faye V. Storch  
Senior Business Analyst  
Home Office Underwriting

Telephone: (212) 655-2189  
Facsimile: (631) 824-9203  
E-mail: fstorch@twrgrp.com

February 6, 2008

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

**RE: Tower Insurance Company of New York**  
NAIC # 3703-44300 FEIN # 13-3548249  
**Commercial Liability Umbrella Program**  
**Initial Adoption of ISO's Commercial Liability Umbrella Rules**  
**Independent Commercial Umbrella Rates**  
**Company Filing Number: 08-AR-4-CU-014**

**RULES**

**ISO Filing Designation Numbers:** CU-2007-RTRL1; CU-2007-OCTRU; CU-2005-ORU05; CU-2006-OTRRU; CL-2006-OTR01; CU-2004-OSIER; CU-2004-RRU03; CL-2004-RTERP; CL-2004-RTIPC; CL-2003-ORTRU; CL-2002-OWLE2; CL-2002-OTRMU; CL-2001-OMORU; CU 2001-OEDRU; CL-2001-OWTRU; CU-2001-ORUCU & CU-2000-RRU00.

Dear Commissioner Bowman:

Tower Insurance Company of New York is a subscriber company of the Insurance Services Office, Inc. (ISO) for Commercial Liability Umbrella. At this time, we wish to adopt as our own filing the rules as noted in the above referenced ISO Filings and our independent rates.

Additionally, we are submitting (simultaneously under separate cover) twenty-two (22) endorsements to be used in conjunction with ISO's Commercial Liability Umbrella Coverage Form, currently on file with your Department. All rating associated with this Program is attached for your review.

We wish to make this filing effective for all policies effective on or after March 15, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested. Please contact me if you should have any questions or comments. Thank you for your attention in this matter.

Yours very truly,

A handwritten signature in black ink, appearing to be "Faye V. Storch", written over a horizontal line.

Faye V. Storch

## Property & Casualty Transmittal Document

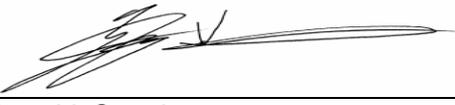
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Tower Group Companies	3703

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Tower Insurance Company of New York	New York	44300	13-3548249	

<b>5. Company Tracking Number</b>	<b>08-AR-4-CU-014</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
	Faye V. Storch Tower Group Companies 120 Broadway, 31 <sup>st</sup> Floor New York, N.Y. 10271-3199	Senior Business Analyst	212-655-2189	631-824-9203	fstorch@twrgrp.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Faye V. Storch		

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

<b>9.</b>	Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	17.2 Other Liability – Occ Only
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.2020 Commercial Umbrella and Excess
<b>12.</b>	Company Program Title (Marketing title)	N/A
<b>13.</b>	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)
<b>14.</b>	Effective Date(s) Requested	New: 03/15/2008      Renewal: 0

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	ISO
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	Please see cover letter
<b>18.</b>	<b>Company's Date of Filing</b>	02/06/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-AR-4-CU-014

<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]
<p><b>Check #: EFT</b>  <b>Amount: \$100.00</b>                  \$100 = Rates/Rules</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**