

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>TWRG-125487089</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Tower Insurance Company of New York</i> | <i>State Tracking Number:</i> | <i>EFT \$100</i> |
| <i>Company Tracking Number:</i> | <i>08-AR-4-GL-039</i> | | |
| <i>TOI:</i> | <i>17.2 Other Liability - Occurrence Only</i> | <i>Sub-TOI:</i> | <i>17.2001 Commercial General Liability</i> |
| <i>Product Name:</i> | <i>Independent GL Rules and Rules</i> | | |
| <i>Project Name/Number:</i> | <i>Independent GL Rules and Rules/08-AR-4-GL-039</i> | | |

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Independent GL Rules and Rules SERFF Tr Num: TWRG-125487089 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-AR-4-GL-039 State Status: Fees verified and received

Filing Type: Rate/Rule Co Status: Pending Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Faye Storch

Date Submitted: 02/14/2008

Disposition Date: 02/20/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): 03/20/2008

Effective Date (New):

Effective Date Requested (Renewal): 03/20/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Independent GL Rules and Rules

Status of Filing in Domicile: Authorized

Project Number: 08-AR-4-GL-039

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

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 submits for your Department's review and approval, twenty-four (24) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department.

This filing corresponds to the rating rules associated with those forms.

SERFF Tracking Number: TWRG-125487089 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
 Company Tracking Number: 08-AR-4-GL-039
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Independent GL Rules and Rules
 Project Name/Number: Independent GL Rules and Rules/08-AR-4-GL-039

The forms associated with this filing are being simultaneously submitted under separate cover.

We wish to make this filing effective for all policies effective on or after March 20, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested.

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 Fee
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|----------|----------------|---------------|
| Tower Insurance Company of New York | \$100.00 | 02/14/2008 | 17976680 |

SERFF Tracking Number: TWRG-125487089 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
Company Tracking Number: 08-AR-4-GL-039
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Independent GL Rules and Rules
Project Name/Number: Independent GL Rules and Rules/08-AR-4-GL-039

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *TWRG-125487089* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *08-AR-4-GL-039*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Independent GL Rules and Rules*
Project Name/Number: *Independent GL Rules and Rules/08-AR-4-GL-039*

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-125487089 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
 Company Tracking Number: 08-AR-4-GL-039
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Independent GL Rules and Rules
 Project Name/Number: Independent GL Rules and Rules/08-AR-4-GL-039

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|-------------------------|--|----------------------|
| Supporting Document | Cover Letter | Accepted for Informational Purposes | Yes |
| Supporting Document | NAIC Transmittal | Accepted for Informational Purposes | Yes |
| Rate | Company Exception Pages | Accepted for Informational Purposes | Yes |

SERFF Tracking Number: *TWRG-125487089* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *08-AR-4-GL-039*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Independent GL Rules and Rules*
Project Name/Number: *Independent GL Rules and Rules/08-AR-4-GL-039*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125487089 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
 Company Tracking Number: 08-AR-4-GL-039
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Independent GL Rules and Rules
 Project Name/Number: Independent GL Rules and Rules/08-AR-4-GL-039

Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|-------------------------------------|-------------------------|-------------------|----------------|---|
| Accepted for Informational Purposes | Company Exception Pages | GL-C-E-1 & 2 | New 08 Edition | 02-14-08 Independent GL Rates_Rules.pdf |

ADDITIONAL RULE(S)

MINIMUM PREMIUM

A minimum premium of \$100 shall be applied.

GENERAL LIABILITY EXTENSION ENDORSEMENT

If the General Liability Extension Endorsement, Form **CG9 04 11** is attached to the Policy, charge the following additional premium based on the final Commercial General Liability Premium of the Policy as follows:

| <u>CGL Final Premium</u> | <u>Additional Premium</u> |
|-------------------------------|------------------------------|
| Up to \$10,000 in CGL premium | \$250 |
| \$10,001-\$50,000 | \$500 |
| \$50,001-\$150,000 | \$1,000 |
| \$150,001-\$250,000 | \$1,400 |
| \$250,001-\$350,000 | \$2,100 |
| \$350,001-\$450,000 | \$2,800 |
| \$450,001-\$550,000 | \$3,500 |
| \$550,001-\$650,000 | \$4,200 |
| \$650,001-\$750,000 | \$4,900 |
| \$750,001 and higher | .007 of the final GL premium |

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS– SCHEDULE PERSON OR ORGANIZATION

When the following form is selected, a rate of \$15 will be charged for each additional insured:

Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization – Form **CG9 20 01**.

AMENDATORY ENDORSEMENT - SUPPLEMENTAL

If the Amendatory Endorsement – Supplemental (Knowledge of Occurrence, Notice of Occurrence, Unintentional E & O) Endorsement, Form **CG9 24 01** is attached to the policy, a \$5 flat charge per policy would apply.

BARBERS AND BEAUTICIANS PROFESSIONAL LIABILITY

When our Barbers and Beauticians Professional Liability, Form **CG9 04 12** is used, the following rates will apply:

| <u>Liability Limit</u> | <u>Rate</u> |
|------------------------|-------------|
| \$300,000 | \$85 |
| \$500,000 | \$100 |
| \$1,000,000 | \$125 |

FIREARMS EXCLUSION

Any policy that has the endorsement **CG9 21 04** attached shall have a credit of 1% applied to the Premises/Operations portion of the policy premium.

EMPLOYEE BENEFITS LIABILITY COVERAGE

This additional flat charge is for providing optional coverage for the employer negligent acts or omissions that result in the failure to enroll eligible employees in any party of the employer's benefit package.

This coverage is available to all policyholders that have the CGL Coverage Part. The limit of insurance will follow the CGL limits offered to policyholder with the maximum coverage available for Employee's Benefits being \$1,000,000 per occurrence and a \$2,000,000 aggregate limit. The coverage will also include for this coverage part.

The flat charge is as follows:

| | |
|------------------------|-------|
| 0-500 Employees | \$200 |
| 501-1200 Employees | \$400 |
| 1201 Employees or more | \$600 |

FUNERAL DIRECTORS PROFESSIONAL LIABILITY

When our Funeral Directors Professional Liability, Form **CG9 04 13** is used, the following rates will apply:

| <u>Liability Limit</u> | <u>Rate</u> |
|------------------------|-------------|
| \$300,000 | \$80 |
| \$500,000 | \$90 |
| \$1,000,000 | \$100 |

GARAGEKEEPERS' INSURANCE

A. Eligibility

Use Garagekeepers' Coverage Form **CG9 04 03**. Garagekeepers' insurance may be issued only to a single garage owner or operator described in this Section. Do not group two or more garage owners or operators in a single policy.

B. Premium Development

1. Rating Basis
 - a. Legal liability;
 - b. Direct coverage – primary basis (without regard to legal liability); or
 - c. Direct coverage – excess over customer's policy (without regard to legal liability).
2. Show each location with its limit of liability.
3. Multiply the General Liability loss cost multiplier by the loss cost shown in the Garagekeepers' Insurance – Premium Development table displayed in the state company rates/ISO loss costs pages of the CLM Division One – Automobile based on the limit of liability selected for each location. Total the premium for all locations.

**COMMERCIAL LINES MANUAL
DIVISION SIX
GENERAL LIABILITY
COMPANY EXCEPTION PAGES**

ARKANSAS

HIRED AUTO PHYSICAL DAMAGE

A. Premium Computation

1. Estimate the total cost for the hire of autos for each state where the insured does business. Do not include charges for any auto that is leased, hired, rented or borrowed with driver.
2. To compute the advance premium for each state where the insured does business:
 - a. Determine the types of coverage desired; and
 - b. Multiply each \$100 estimated annual cost of hire by the rates shown in the Hired Auto Physical Damage – Premium Development table displayed in the state company rates/ISO loss costs pages of the CLM Division One – Automobile for each coverage per each \$100 estimated annual cost of hire.
3. Add the total cost of hire premium for all states.
4. Unless there is substantial change in exposures during the policy period, the advance premium is the earned premium.

HIRED AUTO AND NON-OWNED AUTO LIABILITY

This coverage will only be offered to risks with 0-25 employees. The charge for this coverage is a flat \$80. Attach Hired Auto and Non-Owned Auto Liability endorsement **CG9 04 02**.

PRINTERS ERRORS AND OMISSIONS LIABILITY COVERAGE

When our Printers Errors and Omissions Liability Coverage, Form **CG9 04 14** is used, the following rates will apply:

| <u>Liability Limit</u> | <u>Rate</u> |
|------------------------|-------------|
| \$300,000 | \$160 |
| \$500,000 | \$213 |
| \$1,000,000 | \$282 |

**COMMERCIAL GENERAL LIABILITY
EXPERIENCE AND SCHEDULE RATING PLAN**

Rule 9. is replaced by the following:

9. SCHEDULE RATING

A schedule rating modification may also be applied to the otherwise chargeable premium in accordance with the following table, subject to a maximum credit or debit of 40%, to reflect such characteristics of the risk as are not reflected in its experience.

Schedule Rating Modifications

| Risk Characteristic | Description | Range Of Modifications | | |
|--------------------------------|---|-----------------------------------|----|--------------|
| | | Credit | | Debit |
| Location | Exposure inside premises. | 8% | to | 8% |
| | Exposure outside premises. | 8% | to | 8% |
| Premises | Condition and care of premises. | 16% | to | 16% |
| Equipment | Type, condition and care of equipment. | 16% | to | 16% |
| Classification | Peculiarities of classification. | 16% | to | 16% |
| Employees | Selection, training, supervision, experience. | 10% | to | 10% |
| Cooperation | Medical Facilities. | 3% | to | 3% |
| | Safety Program. | 3% | to | 3% |

Table 9. Schedule Rating Modifications

SERFF Tracking Number: TWRG-125487089 State: Arkansas
Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$100
Company Tracking Number: 08-AR-4-GL-039
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Independent GL Rules and Rules
Project Name/Number: Independent GL Rules and Rules/08-AR-4-GL-039

Supporting Document Schedules

Satisfied -Name: Cover Letter

Review Status:

Accepted for Informational Purposes 02/20/2008

Comments:

Please see attached.

Attachment:

02-14-08 Cover letter-R.pdf

Satisfied -Name: NAIC Transmittal

Review Status:

Accepted for Informational Purposes 02/20/2008

Comments:

Please see attached.

Attachment:

02-14-08 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 14, 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 General Liability
Rating Rule Filing
Company Filing Number: 08-AR-4-GL-039

Dear Commissioner Bell:

Tower Insurance Company of New York submits for your Department's review and approval, twenty-four (24) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department.

This filing corresponds to the rating rules associated with those forms.

The forms associated with this filing are being simultaneously submitted under separate cover.

We wish to make this filing effective for all policies effective on or after March 20, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested.

Yours very truly,

A handwritten signature in black ink, appearing to read 'Faye V. Storch', with a long horizontal flourish extending to the right.

Faye V. Storch

Property & Casualty Transmittal Document

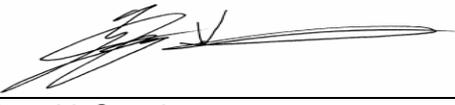
| | | | | | |
|---|---|--------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 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 | | | | | |

| | |
|-----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Tower Group Companies | 3703 |

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

| | |
|-----------------------------------|-----------------------|
| 5. Company Tracking Number | 08-AR-4-GL-039 |
|-----------------------------------|-----------------------|

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 st Floor New York, N.Y. 10271-3199 | Senior Business Analyst | 212-655-2189 | 631-824-9203 | fstorch@twrgroup.com |
| | | | | | |
| 7. | Signature of authorized filer | |  | | |
| 8. | Please print name of authorized filer | | Faye V. Storch | | |

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

| | | |
|------------|---|--|
| 9. | Type of Insurance (TOI) | 17.0 Other Liability-Occ/Claims Made |
| 10. | Sub-Type of Insurance (Sub-TOI) | 17.0001 Commercial General Liability |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | 17.2 Other Liability-Occ Only |
| 12. | Company Program Title (Marketing title) | N/A |
| 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: 03/20/08 Renewal: 03/20/2008 |

Property & Casualty Transmittal Document---

| | | |
|------------|--|---|
| 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 | 02/14/2008 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |
| 20. | This filing transmittal is part of Company Tracking # | 08-AR-4-GL-039 |

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

Tower Insurance Company of New York submits for your Department's review and approval, twenty-four (24) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department.

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The forms associated with this filing are being simultaneously submitted under separate cover.

We wish to make this filing effective for all policies effective on or after March 20, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested.

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

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