

SERFF Tracking Number: MADC-125579432 State: Arkansas  
Filing Company: Advantage Workers Compensation Insurance Company State Tracking Number: EFT \$25  
Company Tracking Number: AWCIC-AR-2008-007  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation Program  
Project Name/Number: Schedule Rating Plan/

## Filing at a Glance

Company: Advantage Workers Compensation Insurance Company

Product Name: Workers Compensation Program SERFF Tr Num: MADC-125579432 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AWCIC-AR-2008-007

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Tina Gill, Margaret Lovejoy Disposition Date: 03/26/2008

Date Submitted: 03/26/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 03/26/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Schedule Rating Plan

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/26/2008

State Status Changed: 03/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with Arkansas regulatory law, we wish to make the enclosed schedule rating plan for Advantage Workers Compensation Insurance Company's (the Company's) workers compensation program in Arkansas. The plan proposes a maximum debit or credit of 25%.

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - madisonconsultinggroup)

Tina Gill, Analyst tina@madisoninc.com  
 200 North 2nd Street (706) 342-7750 [Phone]  
 Madison, GA 30650 (706) 342-7775[FAX]

### Filing Company Information

Advantage Workers Compensation Insurance CoCode: 40517 State of Domicile: Indiana  
 Company  
 1100 East 6600 South Group Code: Company Type: Property &  
 Casualty  
 Suite 280  
 Murray, UT 84121 Group Name: State ID Number:  
 (801) 288-8750 ext. [Phone] FEIN Number: 13-3088732  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation: \$25.00 per company  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Advantage Workers Compensation Insurance Company	\$25.00	03/26/2008	18981806

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/26/2008	03/26/2008



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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Rate</b>	Schedule Rating Plan	Approved	Yes



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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Schedule Rating Plan	1 - 3	New	Schedule Rating Plan.PDF

**ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY**

**WORKERS COMPENSATION PROGRAM**

**STATE OF ARKANSAS**

**SCHEDULE RATING PLAN**

Within a class there are businesses whose characteristics make them better or worse than average. Schedule rating modifications can be used to give recognition to those peculiarities or risk characteristics in determining the rate for the policyholder.

**SCHEDULE RATING TABLE**

The premium for an individual risk may be modified in accordance with the following, subject to a maximum aggregate debit or credit of 25%, to reflect such characteristics of the risk that are not reflected in its historical experience.

	Range of Modifications	
	<u>Credit</u>	<u>Debit</u>
A. Premises	-5%	5%
B. Classification Peculiarities	-5%	5%
C. Health and Medical	-10%	10%
D. Safety Devices and Equipment	-10%	10%
E. Employees	-10%	10%
F. Management	-10%	10%
G. Safety Organization	-10%	10%

Notes:

1. This plan is available to any risk whose estimated annual standard premium is equal to or greater than the minimum for experience rating eligibility.
2. The amount of schedule credit or debit shall be applied to an experience rated risk in a multiplicative manner after application of the experience modification and before the application of premium discounts and expense constants.
3. All schedule credits or debits shall be based on documented evidence that is contained in the file at the time the schedule credit or debit is applied.
4. The effective date of any schedule debit or credit shall not be any date prior to the receipt in Advantage's office of the evidence supporting the debit or credit.

5. The derivation of the schedule rating factor will be made available to the insured upon request. To the degree that the insured can correct the reason for any schedule debit to the satisfaction of the insurer, the debit may be removed effective the date documentation for the correction is received by Advantage.

## **GUIDELINES FOR SCHEDULE RATING TABLE**

### **A. PREMISES**

Debit or Credit shall be applied to reflect the overall physical condition, preventive maintenance, hazards controlled and housekeeping of the individual risk. Housekeeping conditions include, but are not limited to, lighting, warning notices, "clear" hallways and stairways, etc.

### **B. CLASSIFICATION PECULIARITIES**

Debit or Credit shall be applied to reflect technology or methodology variations, exposure identification, employee distribution, employee turnover and interchange that may be peculiar for the individual risk.

### **C. MEDICAL FACILITIES**

Debit or Credit shall be applied to reflect first aid or medical assistance, emergency or disaster plans, return-to-work policy, alcohol or substance abuse programs, industrial hygiene and ergonomics.

### **D. SAFETY DEVICES OR EQUIPMENT**

Debit or Credit shall be applied to reflect the type and condition of safety devices, guarding, personal protective equipment and maintenance of any programs or policies designed to ensure their effective use.

### **E. EMPLOYEES**

Debit or Credit shall be applied to reflect the selection, training, experience, motivation and supervision of employees.

### **F. MANAGEMENT**

Debit or Credit shall be applied to reflect management's commitment to workplace safety, involvement in loss control programs, and cooperation with insurer.

## **G. SAFETY ORGANIZATION**

Debit or Credit shall be applied to reflect the level of accident investigation and analysis, record keeping, and safety committee organization and effectiveness.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/26/2008

**Comments:**

**Attachment:**

P&C Transmittals.PDF

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** Approved 03/26/2008

**Bypass Reason:** N/A

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 03/26/2008

**Bypass Reason:** N/A

**Comments:**

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 03/26/2008

**Comments:**

**Attachment:**

Authorization letter 2008.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 03/26/2008

**Comments:**

**Attachment:**

Cover Letter.PDF

## Property & Casualty Transmittal Document

Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>
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<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	

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Advantage Workers Comp. Ins. Co.	IN	40517		

<b>5. Company Tracking Number</b>	AWCIC-AR-2008-007
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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
	Tina Gill Madison Consulting Group	Analyst	706-342-7750	706-342-7775	tina@madisoninc.com

7.	Signature of authorized filer	<i>Tina Gill</i>
8.	Please print name of authorized filer	Tina Gill, Analyst

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

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Workers Compensation 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:    On Approval                      Renewal:    On Approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	3/26/08
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—

20. This filing transmittal is part of Company Tracking # AWCIC-AR-2008-007

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

In accordance with Arkansas regulatory law, we wish to make the enclosed schedule rating plan for Advantage Workers Compensation Insurance Company's (the Company's) workers compensation program in Arkansas. The plan proposes a maximum debit or credit of 25%.

[View Complete Filing Description](#)

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 #:

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.)

**ADVANTAGE**  
WORKERS COMPENSATION INSURANCE CO.

January 7, 2008

To Whom It May Concern:

Madison Consulting Group, Inc. is authorized to make workers compensation filings on behalf of Advantage Workers Compensation Insurance Company. The NAIC number for the company is 40517.

Sincerely,



Teresa J. Mareck  
Vice President & General Counsel



# MADISON CONSULTING GROUP

Actuaries • Property/Casualty Consulting Services

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March 26, 2008

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

RE: Advantage Workers Compensation Insurance Company  
NAIC# 1147-40517  
Workers Compensation Program  
Schedule Rating Plan

Dear Commissioner Bowman:

In accordance with Arkansas regulatory law, we wish to make the enclosed schedule rating plan for Advantage Workers Compensation Insurance Company's (the Company's) workers compensation program in Arkansas. The plan proposes a maximum debit or credit of 25%.

Please direct any technical questions related to this filing to:

Tina Gill  
Madison Consulting Group, Inc.  
200 North Second Street  
Madison, Georgia 30650  
706-342-7750 FAX 706-342-7775  
e-mail: [tina@madisoninc.com](mailto:tina@madisoninc.com)

Thank you for your consideration and assistance.

Sincerely,

Tina Gill  
Analyst

TG/ml  
Attachments

Cc: NCCI

200 North Second Street • Madison, Georgia 30650