

SERFF Tracking Number: ZURC-125563411 State: Arkansas
 Filing Company: Empire Fire and Marine Insurance Company State Tracking Number: EFT \$25
 Company Tracking Number: CW-PR-26276A
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Commercial Professional Liability Rating Rules Adoption of ISO's Division Seven - Professional Liability Rules
 Project Name/Number: Commercial Professional Liability Rating Rules Adoption of ISO's Division Seven - Professional Liability Rules/CW-PR-26276a

Filing at a Glance

Company: Empire Fire and Marine Insurance Company

Product Name: Commercial Professional SERFF Tr Num: ZURC-125563411 State: Arkansas

Liability Rating Rules Adoption of ISO's Division

Seven - Professional Liability Rules

TOI: 17.0 Other Liability - Claims
 Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 17.0019 Professional Errors &
 Omissions Liability

Co Tr Num: CW-PR-26276A

State Status: Fees verified and
 received

Filing Type: Rule

Co Status: Not Applicable

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

Authors: Carole Amato, Diane
 Zaborowski

Disposition Date: 03/27/2008

Date Submitted: 03/20/2008

Disposition Status: Filed

Effective Date Requested (New): 05/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 05/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Commercial Professional Liability Rating Rules Adoption Status of Filing in Domicile: Pending
 of ISO's Division Seven - Professional Liability Rules

Project Number: CW-PR-26276a

Domicile Status Comments:

Reference Organization: ISO

Reference Number: See List of ISO's Filing
 Designation Numbers

Reference Title: Various

Advisory Org. Circular: Various

Filing Status Changed: 03/27/2008

State Status Changed: 03/27/2008

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

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In accordance with the filing requirements of your state, pleased be advised that we wish to adopt ISO's rules for Division Seven – Professional Liability. As of June 1, 2007, we became affiliated for the ISO Professional Liability line of business for Empire Fire and Marine Insurance Company. We are providing a separate list of the ISO filing Designation Numbers.

We request an effective date of May 1, 2008.

This filing is being submitted electronically through SERFF. If you have any questions or concerns, please do not hesitate to contact me.

Company and Contact

Filing Contact Information

Diane Zaborowski, Product Analyst diane.zaborowski@zurichna.com
 1400 American Lane (847) 605-6187 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

Empire Fire and Marine Insurance Company	CoCode: 21326	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 47-6022701	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	\$25.00 fee for adoption of advisory organization filings
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Empire Fire and Marine Insurance Company	\$25.00	03/20/2008	18832841

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	03/27/2008	03/27/2008

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Disposition

Disposition Date: 03/27/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	List of ISO's Professional Liability Rules - Filing Designation Numbers	Filed	Yes

SERFF Tracking Number: ZURC-125563411 *State:* Arkansas
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 03/27/2008

Comments:

Attachment:

26276a AR rule NAIC Transmittal.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 03/27/2008

Bypass Reason: This requirement is not applicable to this adoption filing of ISO rules.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 03/27/2008

Bypass Reason: This requirement is not applicable to this adoption filing of ISO rules.

Comments:

Satisfied -Name: List of ISO's Professional Liability Rules - Filing Designation Numbers **Review Status:** Filed 03/27/2008

Comments:

Attachment:

AR ISO Rules Filing Designation Numbers.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; 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 #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Empire Fire & Marine Ins. Co.	NE	21326	47-6022701	

5. Company Tracking Number	CW-PR-26276a
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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
	Diane M. Zaborowski, AIS 1400 American Lane Schaumburg, IL 60196	Product Analyst	847-605-6187	847-605-7768	diane.zaborowski@zurichna.com
7.	Signature of authorized filer		<i>Diane M. Zaborowski</i>		
8.	Please print name of authorized filer		Diane M. Zaborowski, AIS		

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

9. Type of Insurance (TOI)	17.0
10. Sub-Type of Insurance (Sub-TOI)	17.0019
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Professional Liability – Ambulance 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: 05-01-2008 Renewal: 05-01-2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	Various
18. Company's Date of Filing	3/20/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CW-PR-26276a
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 the filing requirements of your state, please be advised that we wish to adopt ISO's rules for Division Seven – Professional Liability. As of June 1, 2007, we became affiliated for the ISO Professional Liability line of business for Empire Fire and Marine Insurance Company. We are providing a separate list of the ISO filing Designation Numbers.

We request an effective date of May 1, 2008.

This filing is being submitted electronically through SERFF. If you have any questions or concerns, please do not hesitate to contact me.

2.	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 #: EFT Amount: 25.00	
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; Loss 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 #	CW-PR-26276a
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CW PR 26276
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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)
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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)
New Program							

4b.	Rate Change by Company (As Accepted) For State Use Only
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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	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)		
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	N/A	
5b	Overall percentage rate impact for this filing	N/A	
5c	Effect of Rate Filing – Written premium change for this program	N/A	
5d	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Adoption of ISO's Professional Liability Rules	<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	

Arkansas
ISO Division Seven – Professional Liability Rules Reference
Filing Designation Numbers

GL-95-IHPS1
PR-96-IHPS1
PR-96-IPROF
CL-97-ORU1
RP-97-R97CR
RP-97-R97HP
PR-97-RVET1
PR-97-R96RU
PR-97-OY2KR
PR-98-OY2KR
RP-98-R98RP
RP-98-R98CR
PR-99-IHPS1
RP-2000-RHP00
PR-2001-IPROF
PR-2002-RRU02
PR-2002-IHPS1
RP-2003-RRP03
RP-2003-RCR03
PR-2004-IPROF
PR-2004-IHPS1
RP-2004-RHP04
RP-2006-RRP06
RP-2006-RCR06
PR-2006-IALL1
PR-2007-RDD07