

SERFF Tracking Number: AMRS-125638419 State: Arkansas
First Filing Company: AMERISURE MUTUAL INSURANCE State Tracking Number: EFT \$50
COMPANY, ...
Company Tracking Number: AR-WC-80125-R
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: /

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY

Product Name: Workers Compensation SERFF Tr Num: AMRS-125638419 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: AR-WC-80125-R State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Tracy Upcott Disposition Date: 05/20/2008
Date Submitted: 05/20/2008 Disposition Status: Approved
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: NCCI, Inc. Reference Number: AR-2008-02
Reference Title: Voluntary Advisory Loss Costs and Rating Values and Assigned Risk Rates and Rating Values to be Effective July 1, 2008 Advisory Org. Circular: AR-2008-02 and AR-2008-06
Filing Status Changed: 05/20/2008
State Status Changed: 05/20/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Amerisure Mutual Insurance Company (AMIC) and Amerisure Insurance Company (AIC) are members of the National Council on Compensation Insurance, Inc. (NCCI).

For new and renewal policies effective September 1, 2008, we wish to adopt the voluntary advisory loss costs and rating values as referenced in Item # AR-2008-02. We are maintaining our current LCM's of 1.300 for AMIC - Tier 1, 1.450 for

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AMIC – Tier 2 and 1.200 for AIC. Our multiplier, when applied to the Voluntary Loss Costs will develop our final rates.

In addition, we wish to make the following revisions:

- Expense Multiplier from 1.410 to 1.439
- Minimum Premium Multiplier from 185 to 195
- Maximum Minimum Premium from \$900 to \$950

We have revised our Miscellaneous Values Pages to reflect these changes. Pages AR-WC-MV-AMI-1 and -2 Ed 09/08 replace AR-WC-MV-AMI-1 and -2 Ed 11/07 and pages AR-WC-MV-AIC-1 and -2 Ed 09/08 replace AR-WC-AIC-1 and -2 Ed 11/07.

Company and Contact

Filing Contact Information

Tracy Upcott, Compliance Analyst I tupcott@amerisure.com
 26777 Halsted Rd. (800) 257-1900 [Phone]
 Farmington Hills, MI 48331 (248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 23396 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-0829210 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:
AMERISURE INSURANCE COMPANY 26777 HALSTED RD. FARMINGTON HILLS, MI 48331-2060 (800) 257-1900 ext. 54270[Phone]	CoCode: 19488 Group Code: 124 Group Name: AMERISURE INSURANCE FEIN Number: 38-1869912 -----	State of Domicile: Michigan Company Type: PROPERTY & CASUALTY State ID Number:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/20/2008	05/20/2008

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Disposition

Disposition Date: 05/20/2008
 Effective Date (New): 09/01/2008
 Effective Date (Renewal):
 Status: Approved
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
AMERISURE MUTUAL INSURANCE COMPANY	%	\$266,984	68	\$2,224,868	%	%	-12.000%
AMERISURE INSURANCE COMPANY	%	\$47,830	5	\$273,314	%	%	-17.500%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	-12.600%
Overall Percentage Rate Impact For This Filing	-12.600%
Effect of Rate Filing-Written Premium Change For This Program	\$314,814
Effect of Rate Filing - Number of Policyholders Affected	73

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Miscellaneous Values Page - AMI	Approved	Yes
Rate	Miscellaneous Values Page - AIC	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 2.800%
Effective Date of Last Rate Revision: 01/01/2008
Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
AMERISURE MUTUAL INSURANCE COMPANY	-12.000%	%	\$266,984	68	\$2,224,868	%	%
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Approved	Miscellaneous Values Page - AMI	AR-WC-MV-AMI-1 & -2, Ed 09/08	Replacement	AR-PC-07-026225	AR-WC-MV-AMI-1 and -2 Ed 09-08, Misc Values Pg.pdf
Approved	Miscellaneous Values Page - AIC	AR-WC-MV-AIC-1 & -2, Ed 09/08	Replacement	AR-PC-07-026225	AR-WC-MV-AIC-1 and -2 Ed 09-08, Misc Values Pg.pdf

**NCCI MANUAL
WORKERS COMPENSATION
STATE EXCEPTION PAGE
AMERISURE MUTUAL INSURANCE COMPANY**

The following information applies for Workers Compensation Loss Costs contained in the NCCI Manual.

Loss Cost Multiplier: 1.300 Tier 1
 1.450 Tier 2

Expense Multiplier: 1.439

Expense Constant: \$200

Minimum Premium for Schedule Credits: \$5000

Maximum Schedule Debits/Credits Allowed: 25% Debit 25% Credit

Premium Discount Factors:

1 st	\$10,000	0.0%
Next	\$190,000	5.1%
Next	\$1,550,000	6.5%
Over	\$1,750,000	7.5%

Minimum Premium Calculation

Minimum Premium Multiplier: 195
Maximum Minimum Premium: \$950

Minimum Premium Calculation Rule

Minimum Premium is the lesser of (Loss Cost x Expense Multiplier) x Minimum Premium Multiplier + Expense Constant or the Maximum Minimum Premium

EXAMPLE ONLY (Numbers DO NOT apply):

Loss Cost	\$11.20
Expense Multiplier	1.481
Minimum Premium Multiplier:	76
Expense Constant:	\$180
Maximum Minimum Premium:	\$300

$\$11.20 \times 1.481 = \$16.59 \times 76 = 1,261 + \$180 = \$1,441$ (the Maximum Minimum Premium of \$300 would apply)

Deductible Credits - Formula

$(LER \times \text{Safety Factor} \times \text{Expected Loss Ratio}) / (1 - \text{Fixed Expense Factor}) = \text{Deductible Credit}$

Safety Factor = 0.7

Expected Loss Ratio = 0.7

Fixed Expense Ratio = .225

**NCCI MANUAL
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Per Passenger Seat Surcharge – In accordance with the footnote instructions for classification code 7421, the surcharge is:

Aircraft Operation - Passenger Seat Surcharge - Aircraft with 8 or fewer passenger Seats. A policy surcharge of \$100 per passenger seat per aircraft shall be charged in addition to the premium otherwise determined under this classification.

Aircraft Operation - Passenger Seat Surcharge - Aircraft with 9 or more passenger seats. A flat surcharge of \$15,150 per aircraft shall be charged in addition to the premium otherwise determined under this classification.

Managed Care Arrangement Credit Program:

1. The premium for a risk may be reduced by 2% for an employer who agrees in writing to utilize our managed care arrangement.
2. The premium credit shall be applied to the insured's policy pro rata as of the date the employer signs the Managed Care Agreement (but no earlier than the effective date approved by the Department of Insurance).
3. The premium credit shall be applied to a risk in a multiplicative manner, after increased limits factor and deductible credits, if applicable, but before application of the experience modification, schedule credits, and before application of any other premium surcharge, factors and expense constants.
4. Standard earned premium reported to the National Council on Compensation Insurance, Inc., on the aggregate calls for experience (e.g., policy year, calendar/accident year, etc.) will be net of the affects of the credits.
5. The managed care premium credits will be reported under Statistical Code 9843 on Unit Statistical Reports submitted to the National Council on Compensation Insurance, Inc.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty Approved 05/20/2008
Bypass Reason: The General Information tab contains this information.
Comments:

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation Approved 05/20/2008
Bypass Reason: We are adopting NCCI's loss costs without revision to our LCM's.
Comments:

Review Status:
Bypassed -Name: NAIC loss cost data entry document Approved 05/20/2008
Bypass Reason: We are adopting NCCI's loss costs without revision to our LCM's.
Comments: