

SERFF Tracking Number: WDAS-125458903 State: Arkansas  
Filing Company: Jefferson Insurance Company State Tracking Number: #? \$100  
Company Tracking Number: 102-P-XX-01 R  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01 R

## Filing at a Glance

Company: Jefferson Insurance Company

Product Name: Inland Marine - Event Ticket Cancellation SERFF Tr Num: WDAS-125458903 State: Arkansas

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: #? \$100

Sub-TOI: 09.0008 Event Cancellation

Co Tr Num: 102-P-XX-01 R

State Status: Fees not received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Author: Susan Coulter

Disposition Date: 05/14/2008

Date Submitted: 05/09/2008

Disposition Status: Exempt from  
Review

Effective Date Requested (New): On Approval

Effective Date (New): 06/15/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Event Ticket Cancellation Filing

Status of Filing in Domicile: Pending

Project Number: 102-C-XX-01 R

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/14/2008

State Status Changed: 05/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Jefferson Insurance Company is filing the captioned event ticket cancellation forms and rate manual for your review. The program covers losses related to event cancellation. Benefits can be provided for single ticket events or seasonal/annual passes. The program is available on a retail and wholesale basis to those that purchase seasonal/annual passes or single event tickets. The master policy will be issued to the World Access Service Corporate Trust located in Rhode Island.

SERFF Tracking Number: WDAS-125458903 State: Arkansas  
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 Product Name: Inland Marine - Event Ticket Cancellation  
 Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01 R

Coverage is issued for a stated term on a single premium basis.

These are new forms and will not replace any forms on file with the department.

Bracketed language is included or deleted in its entirety and not revised within the brackets. Language within the soft brackets is for wholesale opportunities and included in those certificates issued under those opportunities.

The companion form filing is WDAS-125458902

## Company and Contact

### Filing Contact Information

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

Susan Coulter, Consultant susan@coulter-and-associates.com  
 379 Princeton-Hightstown Road (609) 443-7540 [Phone]  
 Cranbury, NJ 08512

### Filing Company Information

Jefferson Insurance Company CoCode: 11630 State of Domicile: New York  
 2805 North Parham Road Group Code: Company Type:  
 Richmond, VA 23294 Group Name: State ID Number:  
 (804) 285-3300 ext. [Phone] FEIN Number: 13-5556470  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Jefferson Insurance Company	\$0.00	05/09/2008	

SERFF Tracking Number: WDAS-125458903 State: Arkansas  
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Company Tracking Number: 102-P-XX-01 R  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01 R

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
4252	\$100.00	05/07/2008

SERFF Tracking Number: WDAS-125458903 State: Arkansas  
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Company Tracking Number: 102-P-XX-01 R  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01 R

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	05/14/2008	05/14/2008

SERFF Tracking Number: WDAS-125458903 State: Arkansas  
 Filing Company: Jefferson Insurance Company State Tracking Number: #? \$100  
 Company Tracking Number: 102-P-XX-01 R  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
 Product Name: Inland Marine - Event Ticket Cancellation  
 Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01 R

**Disposition**

Disposition Date: 05/14/2008

Effective Date (New): 06/15/2008

Effective Date (Renewal):

Status: Exempt from Review

Comment: This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rates/rules filing and review requirements.

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

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:
Jefferson Insurance Company	%	\$		\$	%	%	%

SERFF Tracking Number: WDAS-125458903 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	authorization to file	Accepted for Informational Purposes	Yes
Supporting Document	transmittal	Accepted for Informational Purposes	Yes
Rate	Rate Manual	Accepted for Informational Purposes	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** file and use  
**Rate Change Type:**  
**Overall Percentage of Last Rate Revision:**  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**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):
Jefferson Insurance Company	%	%				%	%

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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	Rate Manual	201	New	Rate Manual - Ticket Protector Version 201.pdf

JEFFERSON INSURANCE COMPANY

**RULES AND RATE MANUAL  
FOR  
TICKET PROTECTION INSURANCE POLICY**

**Rule 1.**

Form available is policy form 102-XX-MP-01. Certificate form is 102-C-XX-01

**Rule 2.**

The rates shall apply to policy form 102-XX-MP-01 and certificate form 102-C-XX-01.

### Rule 3. Premiums – Retail Program

#### *Manual Loss Costs*

Manual Loss Costs should be calculated using the Loss Costs in Table 6 and the factors in Tables 7 through 10. The procedure for doing this, and an example of the calculation is shown in Tables 2, 2a and 2b, respectively.

#### *Experience Modified Loss Costs*

Manual Loss Costs may be modified based on recent experience information. The formula and an example of this are shown in Tables 3 and 3a, respectively.

The EMF may be used to modify rates for each program. In this way, the rates charged most accurately reflect the risks associated with each program.

#### *Gross Premium*

The Manual Loss Costs, Experience Modifier and factors from Table 11 are combined to produce the Gross Premium. The formula for this and an example of this is shown in Tables 5 and 5a, respectively.

Rule 4. Tables for Premium Calculation – Retail Program

*Table 1 - Policy Information*

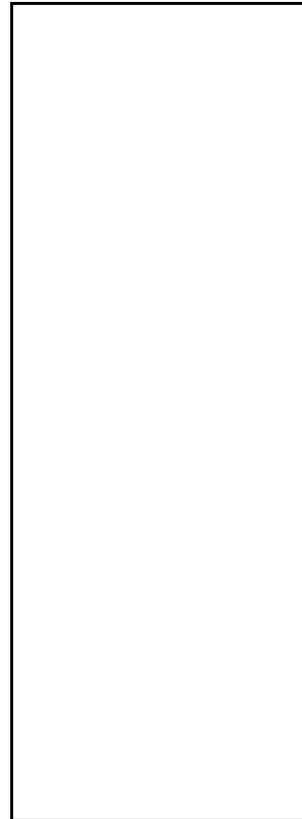
*I. General information*

- 1 Ticket Type
- 2 Ticket Cost
- 3 Maximum Limit of Liability per person
- 4 Maximum Limit of Liability per occurrence
- 5 Pre-Existing Conditions
- 6 Companion Included



*II. Use with Single Day or Series Tickets*

- 7 Average number of days for Advanced Purchase
- 8 Injury or Illness of Policy holder or Companion  
Injury or Illness to Policy holder's family member that requires Policy holder to provide
- 9 primary care
- 10 Life threatening Injury or Illness to Policy holder's family member
- 11 Policy holders death
- 12 Death of policy holder's Family member or Companion
- 13 Jury Duty
- 14 Home uninhabitable
- 15 Traffic Accident
- 16 Military leave cancelled
- 17 Lay off
- 18 Relocation by employer
- 19 Pregnancy
- 20 Attending Child birth
- 21 Auto Theft
- 22 Stolen Tickets
- 23 Common Carrier Delay
- 24 Auto Mechanical Breakdown
- 25 Work requirement
- 26 Workplace Unsuitable
- 27 Travel Accident on traveling companion
- 28 Event cancellation by the venue or promoter
- 29 Merger or Acquisition



*Table 1 - Policy Information (continues)*

*III. Use with Season/Annual pass*

- 30 Season length
- 31 Minimum number of days unavailable
- 32 Total of length of coverage
- 33 Injury or Illness of Policy holder or Companion  
Injury or Illness to Policy holder's family member that requires Policy
- 34 holder to provide primary care
- 35 Life threatening Injury or Illness to Policy holder's family member
- 36 Policy holders death
- 37 Companion's Death
- 38 Jury duty
- 39 Home Uninhabitable
- 40 Military leave cancelled
- 41 Lay off
- 42 Relocation by employer
- 43 Pregnancy
- 44 Stolen Tickets

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*IV. Additional Coverages*

- 45 Lost or Stolen Ticket Coverage
- 46 Change Fee Coverage

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*Note:*

Total length of coverage for Season/Annual Pass is time between purchase and season start plus the season length

*Table 2 - Development of Manual Loss Cost*

Ticket Cost (TC)

Table 1

<i>Coverage</i>	<i>A</i> <i>Relativity</i>	<i>B</i> <i>Coverage Limit</i> <i>Adjustment</i>	<i>C</i> <i>Loss Cost</i>
<i>Single Day of Series Tickets</i>			
Injury or Illness of Policy holder or Companion	See Table 6	See Tables 1, 7, 9 and 10	=TC*A*B
Work requirement		See Tables 1, 7 and 10	
Military leave cancelled			
Lay off			
Stolen Tickets			
Common Carrier Delay		See Tables 1 and 10	
Death of policy holder's Family member or Companion			
Merger or Acquisition		See Table 1 and 7	
Auto Mechanical Breakdown			
Travel Accident on traveling companion			
Traffic Accident			
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care			
Life threatening Injury or Illness to Policy holder's family member	See Table 1		
Jury Duty			
Home uninhabitable			
Relocation by employer			
Pregnancy			
Attending Child birth			
Policy holders death			
Event cancellation by the venue or promoter			
Workplace Unsuitable			
Auto Theft			

*Table 2 - Development of Manual Loss Cost (continued)*

<i>Season/Annual Pass</i>		
Lay off	See Tables 1 and 10	=TC*A*B
Injury or Illness of Policy holder or Companion	See Tables 1, 8, 9 and 10	
Military leave cancelled	See Tables 1, 8 and 10	
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	See Tables 1 and 8	
Life threatening Injury or Illness to Policy holder's family member		
Jury duty	See Tables 1 and 6	
Home Uninhabitable	1.000	
Pregnancy		
Policy holders death		
Companion's Death		
Relocation by employer		
Stolen Tickets		

<i>Additional Coverages</i>	<i>Benefit</i>	<i>Relativity</i>	<i>Loss Cost</i>
Lost or Stolen Ticket Change Fee	See Table 1	See Table 6	=A*B

*LC = sum of column C*

**Table 3 - Experience Modification Formula**

	Year 1	Year 2	Year 3	Total
Lives Covered	L1	L2	L3	$L=L1+L2+L3$
Manual Loss Cost	MLC1	MLC2	MLC3	$MLC=W1*MLC1+W2*MLC2+W3*MLC3$
Incurred Losses	IL1	IL2	IL3	$IL=W1*IL1+W2*IL2+W3*IL3$
Experience Factor				$EF=IL/MLC$
Credibility Factor				CF = See Table 4
Experience Modifier				$EM = (1-CF) + (CF*EF)$

Notes:

Year 3 is the most recent year

W1=15%; W2=35%; W3=50%

**Table 4 – Credibility Factors**

Policies with Claims	Total Policies	Factor
	Under 250	0%
5	250	
12	315	10%
20	500	20%
32	815	30%
44	1125	40%
61	1565	50%
78	2000	60%
112	2875	70%
147	3750	80%
220	5625	90%
293	7500	100%

Notes

Use number of claims to determine credibility

If not available, use number of Policies

For numbers not shown, use linear interpolation

*Table 5 – Development of Gross Premium*

Manual Loss Cost	MLC	See Table 2
Experience Modifier	EM	See Table 3
Maximum Limit of Liability	MLL	See Table 11
Loss Cost Multiplier	LCM	
Gross Premium	GP	=MLC*EM*LCM*MLL
Gross Premium may be rounded to nearest \$.01		

Table 6 - Loss Relativities

**Single Day Ticket**

Injury or Illness of Policy holder or Companion	(1)	0.32991%
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	(1)	0.09181%
Life threatening Injury or Illness to Policy holder's family member	(1)	0.05296%
Policy holders death	(1)	0.01379%
Death of policy holder's Family member or Companion	(1)	0.01375%
Jury Duty	(1)	0.00482%
Home uninhabitable	(1)	0.00275%
Traffic Accident	(1)	0.00031%
Military leave cancelled	(1)	0.00427%
Lay off	(1)	0.01286%
Relocation by employer	(1)	0.02931%
Pregnancy	(1)	0.08397%
Attending Child birth	(1)	0.01716%
Auto Theft	(2)	0.00062%
Stolen Tickets	(1)	0.01375%
Common Carrier Delay	(1)	0.00362%
Auto Mechanical Breakdown	(2)	0.04698%
Work requirement	(1)	0.04932%
Workplace Unsuitable	(2)	0.00115%
Travel Accident on traveling companion	(2)	0.00016%
Event cancellation by the venue or promoter	(1)	0.00162%
Merger or Acquisition	(1)	0.00062%
<b>Series Ticket</b>		
Injury or Illness of Policy holder or Companion	(1)	0.37280%
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	(1)	0.10375%
Life threatening Injury or Illness to Policy holder's family member	(1)	0.05985%
Policy holders death	(1)	0.01559%
Death of policy holder's Family member or Companion	(1)	0.01553%
Jury Duty	(1)	0.00545%
Home uninhabitable	(1)	0.00311%
Traffic Accident	(1)	0.00035%
Military leave cancelled	(1)	0.00482%
Lay off	(1)	0.01454%
Relocation by employer	(1)	0.03311%
Pregnancy	(1)	0.09489%
Attending Child birth	(1)	0.01939%
Auto Theft	(2)	0.00070%
Stolen Tickets	(1)	0.01553%
Common Carrier Delay	(1)	0.00409%
Auto Mechanical Breakdown	(2)	0.04158%
Work requirement	(1)	0.04365%
Workplace Unsuitable	(2)	0.00102%
Travel Accident on traveling companion	(2)	0.00014%
Event cancellation by the venue or promoter	(1)	0.00143%
Merger or Acquisition	(1)	0.00055%

Table 6 - Loss Relativities (continues)

<b>Season/Annual Pass</b>		
Injury or Illness of Policy holder or Companion	(1)	0.18419%
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	(1)	0.05126%
Life threatening Injury or Illness to Policy holder's family member	(1)	0.02957%
Policy holders death	(4)	0.01379%
Companion's Death	(4)	0.01375%
Jury duty	(1)	0.00687%
Home Uninhabitable	(1)	0.00241%
Military leave cancelled	(1)	0.00482%
Lay off	(1)	0.02617%
Relocation by employer	(1)	0.05961%
Pregnancy	(1)	0.43499%
Stolen Tickets	(1)	0.02796%
<b>Additional Coverages</b>		
Lost/Stolen Ticket coverage	(3)	0.50000%
Change fee coverage	(3)	0.80000%
	(1)	Applied to ticket cost
	(2)	Applied to ticket cost per day of coverage
	(3)	Applied to maximum for the coverage
	(4)	Applied to ticket cost per 30 days of effective coverage

**Table 7 - Adjustment factors for Single-Day and Series Tickets**

Average Number of Days Advanced Purchase	Other coverages	Death and Pregnancy
less than 11	0.50	0.33
11 to 20	0.90	0.66
21 to 30	1.00	1.00
31 to 60	1.10	2.00
61 to 90	1.15	3.00
91 and higher	1.18	6.00

**Table 8 - Adjustment factors for Season/Annual Pass**

Minimum Unavailable Days

Length of Season days	5	10	15	30
less than 31	0.90	0.80	0.60	0.33
31 to 60	1.00	0.90	0.70	0.60
61 to 90	1.10	0.95	0.90	0.80
91 to 180	1.25	1.10	1.00	0.90
181 and higher	1.50	1.25	1.15	1.00

**Table 9 - Existing Medical Conditions Coverage**

<i>Existing Medical Conditions covered if Insurance purchased:</i>	Look Back Period			
	60 days	90 days	120 days	180 days
within 24 hours of Initial Ticket Purchase	1.000	0.950	0.925	0.900
within 7 days of Initial Ticket Purchase	1.050	1.000	0.975	0.950
within 14 days of Initial Ticket Purchase	1.100	1.050	1.025	1.000
Not waived	0.900	0.850	0.825	0.800

Traveling Companion Coverage Included	1.000
Traveling Companion Coverage Not Included	0.930

Maximum Liability per Person	2x	5x	10x	20x	30x	40x	50x	60x	70x	80x	100x
\$10,000	80.5%	82.2%	84.0%	85.8%	87.2%	88.7%	90.2%	91.2%	91.9%	95.7%	97.3%
\$20,000	81.2%	83.7%	86.3%	88.9%	90.0%	91.1%	92.2%	93.0%	93.7%	96.9%	98.2%
\$30,000	83.5%	86.2%	89.0%	91.8%	93.6%	95.4%	97.2%	97.9%	98.0%	98.5%	98.8%
\$40,000	87.4%	89.1%	90.7%	92.4%	94.2%	95.9%	97.7%	98.3%	98.4%	98.9%	99.1%
\$50,000	92.1%	93.9%	95.8%	97.7%	98.1%	98.6%	99.0%	99.2%	99.3%	99.4%	99.5%
\$75,000	93.1%	94.8%	96.5%	98.2%	98.6%	99.0%	99.2%	99.4%	99.6%	99.7%	99.8%
\$100,000	93.5%	94.9%	96.7%	98.6%	98.9%	99.3%	99.4%	99.5%	99.7%	99.8%	99.9%

## Rule 5. Sample Premium Calculation – Retail Program

**Table 1a - Policy Information Example Single-Day Ticket*****I. General information***

1	Ticket Type	Single-day
2	Ticket Cost	\$125.00
3	Maximum Limit of Liability per person	\$100,000.00
4	Maximum Limit of Liability per occurrence	20x limit per person
5	Pre-Existing Conditions	14 days of purchase/ 90 days look back period
6	Companion Included	Y

***II. Use with Single Day or Series Tickets***

7	Average number of days for Advanced Purchase	10 days
8	Injury or Illness	Included
9	Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	Included
10	Life threatening Injury or Illness to Policy holder's family member	Included
11	Policy holders death	Included
12	Death of policy holder's Family member or Companion	Included
13	Jury Duty	Included
14	Home uninhabitable	Included
15	Traffic Accident	Included
16	Military leave cancelled	Included
17	Lay off	Included
18	Relocation by employer	Included
19	Pregnancy	Included
20	Attending Child birth	Included
21	Auto Theft	Included/ 5 days
22	Stolen Tickets	Included
23	Common Carrier Delay	Included
24	Auto Mechanical Breakdown	Included/ 2 days
25	Work requirement	Included
26	Workplace Unsuitable	Included/ 2 days
27	Travel Accident on traveling companion	Included/ 2 days
28	Event cancellation by the venue or promoter	Included
29	Merger or Acquisition	Included

***IV. Additional Coverages***

45	Lost or Stolen Ticket Coverage	\$50.00
46	Change Fee Coverage	\$50.00

**Table 1b - Policy Information Example Season Pass**

***I. General information***

1	Ticket Type	Season pass
2	Ticket Cost	\$3,000.00
3	Maximum Limit of Liability per person	\$200,000.00
4	Maximum Limit of Liability per occurrence	20x limit per person
5	Pre-Existing Conditions	14 days of purchase/ 90 days look back period
6	Companion Included	Y

***III. Use with Season/Annual pass***

30	Season length	6 months
31	Minimum number of days unavailable	15
32	Total of length of coverage	8 months
33	Injury or illness	Included
34	Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	Included
35	Life threatening Injury or Illness to Policy holder's family member	Included
36	Policy holders death	Included
37	Companions Death	Included
38	Jury duty	Included
39	Home Uninhabitable	Included
40	Military leave cancelled	Included
41	Lay off	Included
42	Relocation by employer	Included
43	Pregnancy	Included
44	Stolen Tickets	Included

***IV. Additional Coverages***

45	Lost or Stolen Ticket Coverage	\$100.00
46	Change Fee Coverage	N/A

**Table 2a - Development of Manual Loss Cost Example Single day**

Ticket Cost (TC)			\$125.00
<b>Coverage</b>	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Relativity</b>	<b>Coverage Limit Adjustment</b>	<b>Loss Cost</b>
<b>Single Day or Series Tickets</b>			
Injury or Illness of Policy holder or Companion	0.32991%	0.525	\$0.217
Work requirement	0.04932%	0.500	\$0.031
Military leave cancelled	0.00427%	0.500	\$0.003
Lay off	0.01286%	0.500	\$0.008
Stolen Tickets	0.01375%	0.500	\$0.009
Common Carrier Delay	0.00362%	0.500	\$0.002
Death of policy holder's Family member or Companion	0.01375%	0.330	\$0.006
Merger or Acquisition	0.00062%	0.500	\$0.000
Auto Mechanical Breakdown	0.04698%	2.000	\$0.117
Travel Accident on traveling companion	0.00016%	2.000	\$0.000
Traffic Accident	0.00031%	1.000	\$0.000
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	0.09181%	0.500	\$0.057
Life threatening Injury or Illness to Policy holder's family member	0.05296%	0.500	\$0.033
Jury Duty	0.00482%	0.500	\$0.003
Home uninhabitable	0.00275%	0.500	\$0.002
Relocation by employer	0.02931%	0.500	\$0.018
Pregnancy	0.08397%	0.500	\$0.052
Attending Child birth	0.01716%	0.500	\$0.011
Policy holders death	0.01379%	0.330	\$0.006
Event cancellation by the venue or promoter	0.00162%	0.500	\$0.001
Workplace Unsuitable	0.00115%	2.000	\$0.003
Auto Theft	0.00062%	5.000	\$0.004
	<b>Benefit</b>	<b>Relativity</b>	<b>Loss Cost</b>
Lost or Stolen Ticket	\$50.00	0.5000%	\$0.250
Change Fee	\$50.00	0.8000%	\$0.400
		LC=	\$1.233

JEFFERSON INSURANCE COMPANY

**Table 2b - Development of Manual Loss Cost Example Season Pass**

		\$3,000.00		
		<i>A</i>	<i>B</i>	<i>C</i>
		<i>Relativity</i>	<i>Coverage Limit Adjustment</i>	<i>Loss Cost</i>
<i>Season/Annual Pass</i>				
Lay off		0.02617%	1.00	\$0.785
Injury or Illness of Policy holder or Companion		0.18419%	1.05	\$5.802
Military leave cancelled		0.00482%	1.00	\$0.145
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care		0.05126%	1.00	\$1.538
Life threatening Injury or Illness to Policy holder's family member		0.02957%	1.00	\$0.887
Jury duty		0.00687%	1.00	\$0.206
Home Uninhabitable		0.00241%	1.00	\$0.072
Pregnancy		0.43499%	1.00	\$13.050
Policy holders death		0.01379%	8.00	\$3.310
Companion's Death		0.01375%	8.00	\$3.299
Relocation by employer		0.05961%	1.00	\$1.788
Stolen Tickets		0.02796%	1.00	\$0.839
<i>Additional Coverages</i>		<i>Benefit</i>	<i>Relativity</i>	<i>Loss Cost</i>
Lost or Stolen Ticket		\$100.00	<i>0.5000%</i>	\$0.500
Change Fee		\$0.00	<i>0.8000%</i>	\$0.000

LC= \$32.220

Tables 3a and 5a are continuing example from Tables 1b and 2b.

***Table 3a - Experience Modification Formula Example***

	Year 1	Year 2	Year 3	Total
Lives Covered	500	700	800	2000
Manual Loss Cost	\$16,110.25	\$22,554.35	\$25,776.40	\$23,198.76
Incurred Losses	\$20,000.00	\$27,000.00	\$30,250.00	\$27,575.00
Experience Factor				1.18864117
Credibility Factor				60%
Experience Modifier				1.113

***Table 5a – Development of Gross Premium Example***

Manual Loss Cost	32.220	See Table 2
Experience Modifier	1.113	See Table 3
Maximum Limit of Liability	0.889	See Table 11
Loss Cost Multiplier	1.9013	LCM
Gross Premium	\$60.61	=MLC*EM*LCM*MLL
Gross Premium may be rounded to nearest \$.01		

## Rule 6. – Premiums for Blanket Coverage

### *Manual Loss Costs*

Manual Loss Costs should be calculated using the Loss Costs in Table 106 and the factors in Tables 107 and 108. The procedure for doing this, and an example of the calculation is shown in Tables 102 and 102a, respectively.

### *Experience Modified Loss Costs*

Manual Loss Costs may be modified based on recent experience information. The formula and an example of this are shown in Tables 103 and 103a, respectively.

The EMF may be used to modify rates for each group. In this way, the rates charged most accurately reflect the risks associated with each group.

### *Gross Premium*

The Manual Loss Costs, Experience Modifier and factors from Table 109 are combined to produce the Gross Premium. The formula for this and an example of this is shown in Tables 105 and 105a, respectively.

**Rule 7. Tables for Blanket Premium Calculation**

*Table 101 - Policy Information*

*I. General information*

- 1 Description of Insureds
- 2 Companion Included
- 3 Pre-Existing Conditions
- 4 Maximum Limit of Liability per person
- 5 Maximum Limit of Liability per occurrence

--

*II. Average Amount*

- 6 Average Annual Eligible Purchases (\$) per customer

--

*III. Coverages*

- 7 Lost or Stolen Ticket Coverage
- 8 Change Fee Coverage
- 9 Injury or Illness of Policy holder or Companion
- 10 Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care
- 11 Life threatening Injury or Illness to Policy holder's family member
- 12 Policy holders death
- 13 Death of policy holder's Family member or Companion
- 14 Jury Duty
- 15 Home uninhabitable
- 16 Traffic Accident
- 17 Military leave cancelled
- 18 Lay off
- 19 Relocation by employer
- 20 Pregnancy
- 21 Attending Child birth
- 22 Auto Theft
- 23 Stolen Tickets
- 24 Common Carrier Delay
- 25 Auto Mechanical Breakdown
- 26 Work requirement
- 27 Workplace Unsuitable
- 28 Travel Accident on traveling companion
- 29 Event cancellation by the venue or promoter
- 30 Merger or Acquisition
- 31 Auto Mechanical Breakdown
- 32 Work requirement
- 33 Workplace Unsuitable
- 34 Travel Accident on traveling companion
- 35 Event cancellation by the venue or promoter
- 36 Merger or Acquisition

--

**Table 102 - Development of Manual Loss Cost**

Average Annual Eligible Purchases (\$) (EP) See Table 101

<i>Coverage</i>	<i>A</i> <i>Relativity</i>	<i>B</i> <i>Coverage Limit</i> <i>Adjustment</i>	<i>C</i> <i>Loss Cost</i>
Injury or Illness of Policy holder or Companion	See Table 106	See Tables 101, 107 and 108	=EP*A*B
Traffic Accident			
Military leave cancelled			
Lay off			
Stolen Tickets			
Common Carrier Delay			
Death of policy holder's Family member or Companion			
Work requirement			
Merger or Acquisition			
Auto Mechanical Breakdown			
Travel Accident on traveling companion			
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care		1.000	
Life threatening Injury or Illness to Policy holder's family member		1.000	
Jury Duty		1.000	
Home uninhabitable		1.000	
Relocation by employer	1.000		
Pregnancy	1.000		
Attending Child birth	1.000		
Policy holders death	1.000		
Event cancellation by the venue or promoter	1.000		
Workplace Unsuitable			
Auto Theft		See Table 101	
	<i>Benefit</i>	<i>Relativity</i>	<i>Loss Cost</i>
Lost or Stolen Ticket	See Table 101	See Table 106	=A*B*C
Change Fee			

*LC = sum of column C*

**Table 103 - Experience Modification Formula**

	Year 1	Year 2	Year 3		Total
Lives Covered	L1	L2	L3		$L=L1+L2+L3$
Manual Loss Cost	MLC1	MLC2	MLC3	$MLC=W1*MLC1+W2*MLC2+W3*MLC3$	
Incurred Losses	IL1	IL2	IL3	$IL=W1*IL1+W2*IL2+W3*IL3$	
Experience Factor					$EF=IL/MLC$
Credibility Factor					CF = See Table 104
Experience Modifier					$EM = (1-CF) + (CF*EF)$

Notes:

Year 3 is the most recent year

W1=15%; W2=35%;W3=50%

**Table 104 – Credibility Factors**

Policies with Claims	Total Policies	Factor
5	Under 4,211	0%
12	10,106	10%
20	16,844	20%
32	26,950	30%
44	37,056	40%
61	51,373	50%
78	65,690	60%
112	94,324	70%
147	123,800	80%
220	185,279	90%
293	246,758	100%

Notes  
 Use number of claims to determine credibility  
 If not available, use number of Policies  
 For numbers not shown, use linear interpolation

*Table 105 – Development of Gross Premium*

Manual Loss Cost	MLC	See Table 102
Experience Modifier	EM	See Table 103
Maximum Limit of Liability	MLL	See Table 109
Loss Cost Multiplier	LCM	
Gross Premium	GP	=MLC*EM*LCM*MLL
Gross Premium may be rounded to nearest \$.01		

JEFFERSON INSURANCE COMPANY

Table 106 - Loss Relativities

		Financial Institutions	Employer Groups	Affinity Groups
Injury or Illness of Policy holder or Companion	(1)	0.01969%	0.02462%	0.02462%
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	(1)	0.00548%	0.00685%	0.00685%
Life threatening Injury or Illness to Policy holder's family member	(1)	0.00316%	0.00395%	0.00395%
Policy holders death	(1)	0.01032%	0.01290%	0.01290%
Death of policy holder's Family member or Companion	(1)	0.01028%	0.01285%	0.01285%
Jury Duty	(1)	0.00031%	0.00039%	0.00039%
Home uninhabitable	(1)	0.00017%	0.00021%	0.00021%
Traffic Accident	(1)	0.00002%	0.00002%	0.00002%
Military leave cancelled	(1)	0.00027%	0.00034%	0.00034%
Lay off	(1)	0.00088%	0.00110%	0.00110%
Relocation by employer	(1)	0.00201%	0.00251%	0.00251%
Pregnancy	(1)	0.00734%	0.00918%	0.00918%
Attending Child birth	(1)	0.00097%	0.00121%	0.00121%
Auto Theft	(3)	0.00003%	0.00004%	0.00004%
Stolen Tickets	(1)	0.00094%	0.00118%	0.00118%
Common Carrier Delay	(1)	0.00020%	0.00025%	0.00025%
Lost/Stolen Tickets	(2)	0.03000%	0.03750%	0.03750%
Change Fee	(2)	0.04800%	0.06000%	0.06000%
Auto Mechanical Breakdown	(3)	0.00282%	0.00352%	0.00352%
Work requirement	(1)	0.00296%	0.00370%	0.00370%
Workplace Unsuitable	(3)	0.00007%	0.00009%	0.00009%
Travel Accident on traveling companion	(3)	0.00001%	0.00001%	0.00001%
Event cancellation by the venue or promoter	(1)	0.00010%	0.00012%	0.00012%
Merger or Acquisition	(1)	0.00004%	0.00005%	0.00005%

- (1) Applied to  
Average trip cost
- (2) Applied to the  
Coverage  
maximum
- (3) Per day of  
coverage

**Table 107 - Existing Medical Conditions Coverage**

<i>Existing Medical Conditions covered if Insurance purchased:</i>	Look Back Period			
	60 days	90 days	120 days	180 days
within 24 hours of Initial Ticket Purchase	1.000	0.950	0.925	0.900
within 7 days of Initial Ticket Purchase	1.050	1.000	0.975	0.950
within 14 days of Initial Ticket Purchase	1.100	1.050	1.025	1.000
Not waived	0.900	0.850	0.825	0.800

**Table 108 - Adjustments for Traveling Companion Coverage**

Traveling Companion Coverage Included	1.000
Traveling Companion Coverage Not Included	0.930

**Table 109 - Maximum Limit of Liability Per Occurrence as multiple of Maximum Limit per Person**

Maximum Liability per Person	2x	5x	10x	20x	30x	40x	50x	60x	70x	80x	100x
\$10,000	80.5%	82.2%	84.0%	85.8%	87.2%	88.7%	90.2%	91.2%	91.9%	95.7%	97.3%
\$20,000	81.2%	83.7%	86.3%	88.9%	90.0%	91.1%	92.2%	93.0%	93.7%	96.9%	98.2%
\$30,000	83.5%	86.2%	89.0%	91.8%	93.6%	95.4%	97.2%	97.9%	98.0%	98.5%	98.8%
\$40,000	87.4%	89.1%	90.7%	92.4%	94.2%	95.9%	97.7%	98.3%	98.4%	98.9%	99.1%
\$50,000	92.1%	93.9%	95.8%	97.7%	98.1%	98.6%	99.0%	99.2%	99.3%	99.4%	99.5%
\$75,000	93.1%	94.8%	96.5%	98.2%	98.6%	99.0%	99.2%	99.4%	99.6%	99.7%	99.8%
\$100,000	93.5%	94.9%	96.7%	98.6%	98.9%	99.3%	99.4%	99.5%	99.7%	99.8%	99.9%

**Rule 8. – Sample Premium Calculation for Blanket Coverage*****Table 101a - Policy Information******I. General information***

1	Description of Insureds	Credit Card Customers
2	Companion Included	Y
3	Pre-Existing Conditions	14 days of purchase/ 90 days look back period
4	Maximum Limit of Liability per person	\$20,000.00
5	Maximum Limit of Liability per occurrence	20x limit per person

***II. Average Amount***

6	Average Annual Eligible Purchases (\$) per customer	\$1,500.00
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***III. Coverages***

7	Lost or Stolen Ticket Coverage	Up to \$150/ per year
8	Change Fee Coverage	Up to \$150/ per year
9	Injury or Illness of Policy holder or Companion	Included
10	Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	Included
11	Life threatening Injury or Illness to Policy holder's family member	Included
12	Policy holders death	Included
13	Death of policy holder's Family member or Companion	Included
14	Jury Duty	Included
15	Home uninhabitable	Included
16	Traffic Accident	Included
17	Military leave cancelled	Included
18	Lay off	Included
19	Relocation by employer	Included
20	Pregnancy	Included
21	Attending Child birth	Included
22	Auto Theft	Included/ 5 days
23	Stolen Tickets	Included
24	Common Carrier Delay	Included
25	Auto Mechanical Breakdown	Included
26	Work requirement	Included
27	Workplace Unsuitable	Included
28	Travel Accident on traveling companion	Included
29	Event cancellation by the venue or promoter	Included
30	Merger or Acquisition	Included
31	Auto Mechanical Breakdown	Included/ 2 days
32	Work requirement	Included
33	Workplace Unsuitable	Included/ 2 days
34	Travel Accident on traveling companion	Included/ 2 days
35	Event cancellation by the venue or promoter	Included
36	Merger or Acquisition	Included

JEFFERSON INSURANCE COMPANY

**Table 102a - Development of Manual Loss Cost**

Average Annual Eligible Purchases (\$) (EP) \$1,500.00

<i>Coverage</i>	<i>A</i> <i>Relativity</i>	<i>B</i> <i>Coverage</i> <i>Limit</i> <i>Adjustment</i>	<i>C</i> <i>Loss Cost</i>
Injury or Illness of Policy holder or Companion	0.01969%	1.050	\$0.310
Traffic Accident	0.00002%	1.000	\$0.000
Military leave cancelled	0.00027%	1.000	\$0.004
Lay off	0.00088%	1.000	\$0.013
Stolen Tickets	0.00094%	1.000	\$0.014
Common Carrier Delay	0.00020%	1.000	\$0.003
Death of policy holder's Family member or Companion	0.01028%	1.000	\$0.154
Work requirement	0.00296%	1.000	\$0.044
Merger or Acquisition	0.00004%	1.000	\$0.001
Auto Mechanical Breakdown	0.00282%	2.000	\$0.085
Travel Accident on traveling companion	0.00001%	2.000	\$0.000
Injury or Illness to Policy holder's family member that requires Policy holder to provide primary care	0.00548%	1.000	\$0.082
Life threatening Injury or Illness to Policy holder's family member	0.00316%	1.000	\$0.047
Jury Duty	0.00031%	1.000	\$0.005
Home uninhabitable	0.00017%	1.000	\$0.003
Relocation by employer	0.00201%	1.000	\$0.030
Pregnancy	0.00734%	1.000	\$0.110
Attending Child birth	0.00097%	1.000	\$0.015
Policy holders death	0.01032%	1.000	\$0.155
Event cancellation by the venue or promoter	0.00010%	1.000	\$0.002
Workplace Unsuitable	0.00007%	2.000	\$0.002
Auto Theft	0.00003%	5.000	\$0.002
	<i>Benefit</i>	<i>Relativity</i>	<i>Loss Cost</i>
Lost or Stolen Ticket	150	0.03000%	\$0.045
Change Fee	150	0.04800%	\$0.072

*LC*     *\$1.198*

**Table 103a - Experience Modification Formula Example**

	Year 1	Year 2	Year 3	Total
Lives Covered	16423	21897	27370	65690
Manual Loss Cost	\$17,506.38	\$23,341.49	\$29,175.53	\$25,383.24
Incurred Losses	\$7,500.00	\$8,500.00	\$9,750.00	\$ 8,975.00
Experience Factor				0.3535797
Credibility Factor				60%
Experience Modifier				0.612

**Table 105a – Development of Gross Premium Example**

Manual Loss Cost	1.198	See Table 102
Experience Modifier	0.589	See Table 103
Maximum Limit of Liability	0.889	See Table 109
Loss Cost Multiplier	1.9013	LCM
Gross Premium	\$1.19	=MLC*EM*LCM*MLL
Gross Premium may be rounded to nearest \$.01		

SERFF Tracking Number: WDAS-125458903 State: Arkansas  
Filing Company: Jefferson Insurance Company State Tracking Number: #? \$100  
Company Tracking Number: 102-P-XX-01 R  
TOI: 09.0 Inland Marine Sub-TOI: 09.0008 Event Cancellation  
Product Name: Inland Marine - Event Ticket Cancellation  
Project Name/Number: Event Ticket Cancellation Filing/102-C-XX-01 R

## Supporting Document Schedules

**Satisfied -Name:** authorization to file

**Review Status:**

Accepted for Informational 05/14/2008  
Purposes

**Comments:**

**Attachment:**

2008 letter of authorization.pdf

**Satisfied -Name:** transmittal

**Review Status:**

Accepted for Informational 05/14/2008  
Purposes

**Comments:**

**Attachment:**

AR transmittal rates.pdf

Date: January 25, 2008

To: State Departments of Insurance

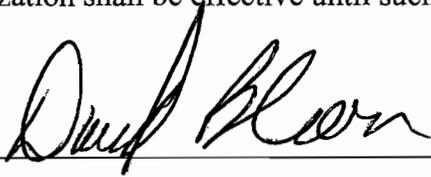
From: David Bloom, Vice President  
Jefferson Insurance Company

RE: Third Party Authorization to File for Coulter and Associates, Inc.

This is to inform you that Coulter and Associates, Inc., 379 Princeton-Hightstown Road, Suite 15, Cranbury, NJ 08512 has been retained to act on our behalf with regard to filing insurance forms, rates, advertising material, and any other material incidental to the acceptance of such filings.

This authorization shall be effective until such time as we notify you otherwise.

Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "David Bloom", is written over a horizontal line.

## 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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
-----------------------------------	--

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
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—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<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]
------------	---

**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.)**

PC TD-1 pg 2 of 2

## 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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
-----------	--	--

<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	