

SERFF Tracking Number: LBRM-125695744 State: Arkansas
Filing Company: Bridgefield Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-WC-AR-0452
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: BCIC TRIPRA 2008
Project Name/Number: BCIC TRIPRA 2008/08-WC-AR-0452

Filing at a Glance

Company: Bridgefield Casualty Insurance Company

Product Name: BCIC TRIPRA 2008

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rate/Rule

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

State Filing Description:

SERFF Tr Num: LBRM-125695744 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-WC-AR-0452

Co Status:

Authors: Liz McCarty, Brad Ritter

Date Submitted: 06/13/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 06/16/2008

Disposition Status: Approved

Effective Date (New): 09/01/2008

Effective Date (Renewal):

General Information

Project Name: BCIC TRIPRA 2008

Project Number: 08-WC-AR-0452

Reference Organization: NCCI

Reference Title:

Filing Status Changed: 06/16/2008

State Status Changed: 06/16/2008

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to adopt the revision to NCCI Basic Manual Miscellaneous Values and Rules as filed in the NCCI Countrywide Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values and Rules.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: n/a

Reference Number: B-1407 Catastrophe Provisions Miscellaneous Values & Rules

Advisory Org. Circular: CIF-2008-05

Deemer Date:

Company and Contact

Filing Contact Information

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Brad Ritter, VP, Senior Actuary brad.ritter@summitholdings.com
2310 Commerce Point Drive (800) 282-7648 [Phone]
Lakeland, FL 33801 (863) 667-2738[FAX]

Filing Company Information

Bridgefield Casualty Insurance Company CoCode: 10335 State of Domicile: Florida
2310 Commerce Point Drive Group Code: 111 Company Type: Property &
Lakeland, FL 33801 Group Name: Liberty Mutual Agcy State ID Number:
(800) 282-7648 ext. [Phone] Mkts
FEIN Number: 59-3269531

SERFF Tracking Number: LBRM-125695744 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bridgefield Casualty Insurance Company	\$50.00	06/13/2008	20857595

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/16/2008	06/16/2008

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Disposition

Disposition Date: 06/16/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125695744 State: Arkansas
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 Project Name/Number: BCIC TRIPRA 2008/08-WC-AR-0452

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
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Manual Rate Page	Approved	Yes
Supporting Document	RF-WC Form	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>LBRM-125695744</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bridgefield Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-WC-AR-0452</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>BCIC TRIPRA 2008</i>		
<i>Project Name/Number:</i>	<i>BCIC TRIPRA 2008/08-WC-AR-0452</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Approved	06/16/2008
Comments:		
Attachment: 08-WC-AR-0452 PC TD-1.pdf		
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	06/16/2008
Bypass Reason: n/a		
Comments:		
Bypassed -Name: NAIC loss cost data entry document	Review Status: Approved	06/16/2008
Bypass Reason: n/a		
Comments:		
Satisfied -Name: Cover Letter	Review Status: Approved	06/16/2008
Comments:		
Attachment: 08-WC-AR-0452 ltr.pdf		
Satisfied -Name: Filing Memorandum	Review Status: Approved	06/16/2008
Comments:		
Attachment: Filing Memorandum.pdf		
Satisfied -Name: Manual Rate Page	Review Status: Approved	06/16/2008

SERFF Tracking Number: LBRM-125695744 State: Arkansas
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Project Name/Number: BCIC TRIPRA 2008/08-WC-AR-0452

Comments:

Attachment:

BCIC - Rate Page.pdf

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Project Name/Number: BCIC TRIPRA 2008/08-WC-AR-0452

Satisfied -Name: RF-WC Form **Review Status:** Approved 06/16/2008
Comments:
Attachment:
AR_RF-WC.pdf

Property & Casualty Transmittal Document

Reset Form

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Bridgefield Casualty Insurance Company	Florida	10335	59-3269531		

5. Company Tracking Number	08-WC-AR-0452
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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
Mr. Brad M. Ritter	Vice President & Actuary	800-282-7648	863-667-7218	brad.ritter@summitholdings.com
P.O. Box 988 Lakeland, FL 33802-0988				
7. Signature of authorized filer				
8. Please print name of authorized filer	Brad M. Ritter			

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)	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: 09/01/2008 Renewal: 09/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	National Council on Compensation Insurance, Inc. (NCCI)
17. Reference Organization # & Title	B-1407-Catastrophe Provisions Miscellaneous Values & Rules
18. Company's Date of Filing	June 10, 2008
19. Status of filing in domicile	<input checked="" 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 # 08-WC-AR-0452

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

The purpose of this filing is to adopt NCCI's Item B-1407 - Catastrophe Provisions Miscellaneous Values and Rules.

BCIC will adopt NCCI's Terrorism loss cost of \$0.01 per \$100 per payroll. BCIC will use it's current loss cost multiplier of 1.425 which results in a rate of \$0.01.

BCIC will adopt NCCI's Catastrophe loss cost of \$0.01 per \$100 per payroll. BCIC will use it's current loss multiplier of 1.425 which results in a rate of \$0.01.

[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 #: EFT

Amount: 50.00

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.)

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.)

1.	This filing transmittal is part of Company Tracking #	08-WC-AR-0452
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
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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)							
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)
Bridgefield Casualty Insurance Company	-1.2%	-1.2%	-96,055	594	8,004,591	n/a	n/a

4b. Rate Change by Company (As Accepted) For State Use Only							
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)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	-12.6%
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7.	Effective Date of last rate revision	07/01/2008
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Form RF-WC(rev.4/96) - Adoption of Advisory Organization Prospective Loss Cost Reference Filing Adoption Form	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	08-WC-AR-0447 - only for Terrorism and Catastrophe Charges
02	Manual Rate Pages	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	07-WC-AR-0447 - only for Terrorism and Catastrophe Charges
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



Rated A (Excellent) by A.M. Best Company

SOUTHWEST REGION

P.O. BOX 80439 ■ BATON ROUGE, LA 70898-0439

(225) 926-3264 ■ 1-800-421-2944

FAX (225) 926-4102

FLORIDA

P.O. BOX 988 ■ LAKELAND, FL 33802-0988

(863) 665-6060 ■ 1-800-282-7648

FAX (863) 666-1958

SOUTHEAST REGION

P.O. BOX 600 ■ GAINESVILLE, GA 30503-0600

(678) 450-5825 ■ 1-800-971-2667

FAX (770) 531-1349

June 12, 2008

Ms. Julie Benafield Bowman
State Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Bridgefield Casualty Insurance Company
Workers' Compensation Insurance Company
Item B-1407 Filing – Catastrophe Provisions
Miscellaneous Values and Rules
NAIC Number: #10335
Filing Number: #08-WC-AR-0452

Dear Ms. Bowman:

Bridgefield Casualty Insurance Company (BCIC) is licensed to write workers compensation insurance in the State of Arkansas. At this time we are advising that BCIC is adopting the revision to NCCI Basic Manual Miscellaneous Values and Rules as filed in the NCCI Countrywide Item B-1407 – Catastrophe Provisions Miscellaneous Values and Rules. BCIC's current loss cost multiplier is 1.425. This filing contains the following attachments:

1. A filing memorandum
2. The required filing forms
3. The filing fee

We request that this filing be reviewed and approved for all new and renewal policies effective September 1, 2008.

If you should have any questions, do not hesitate to contact me at 1-800-282-7648.

Sincerely,

Brad M. Ritter, FCAS
Vice President & Actuary

BMR:lm

Enclosures

Bridgefield Casualty Insurance Company
Filing Memorandum
#08-WC-AR-0452

Purpose

The purpose of this filing is to adopt the revision to NCCI Basic Manual Miscellaneous Values and Rules as filed in the NCCI Countrywide Item Filing B-1407 – Catastrophe Provisions Miscellaneous Values and Rules.

Proposal

With this filing we are proposing to use the following:

- Bridgefield Casualty Insurance Company will adopt NCCI's Terrorism loss cost of \$0.01 per \$100 of payroll. BCIC will use it's current loss cost multiplier of 1.425 which results in a rate of \$0.01.
- Bridgefield Casualty Insurance Company will adopt NCCI's Catastrophe loss cost of \$0.01 per \$100 of payroll. BCIC will use it's current loss cost multiplier of 1.425 which results in a rate of \$0.01.

Proposed Effective Date

Bridgefield Casualty Insurance Company requests this filing be effective for all new and renewal policies effective September 1, 2008.

Bridgefield Casualty Insurance Company
Arkansas - #08-WC-AR-0452
Proposed Rates for Terrorism & Catastrophe Charge

<u>NCCI</u> <u>09/01/08</u> <u>Loss Cost</u>	<u>BCIC</u> <u>Current</u> <u>Rates</u>	<u>BCIC</u> <u>Proposed</u> <u>Rates</u>
0.01	0.03	0.01
0.01	0.01	0.01

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 06/11/2008

1. INSURER NAME Bridgefield Casualty Insurance Company

ADDRESS P.O. Box 988

Lakeland, FL 33802-0988

PERSON RESPONSIBLE FOR FILING Brad M. Ritter

TITLE Vice President & Chief Actuary TELEPHONE NO. 800-282-7648

2. INSURER NAIC NO. 10335 GROUP NO. 0111

3. ADVISORY ORGANIZATION National Council on Compensation Insurance, Inc.

4. ADVISORY ORGANIZATION REFERENCE FILING NO. CIF-2008-05

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE -1.2 % EFFECTIVE DATE 09/01/2008

B. PROPOSED PREMIUM LEVEL CHANGE -1.2 % EFFECTIVE DATE 09/01/2008

7. A. PRIOR RATE LEVEL CHANGE -12.6 % EFFECTIVE DATE 07/01/2008

B. PRIOR PREMIUM LEVEL CHANGE -12.6 % EFFECTIVE DATE 07/01/2008

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check **one** of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.