

SERFF Tracking Number: ARKS-125727990 State: Arkansas
Filing Company: 00006 - INSURANCE SERVICES OFFICE, INC. State Tracking Number: #104965 \$50
Company Tracking Number: EP-2008-ORU08
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0010 Employment Practices Liability
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 00006 - INSURANCE SERVICES OFFICE, INC.

Product Name: n/a	SERFF Tr Num: ARKS-125727990	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: #104965 \$50
Sub-TOI: 17.0010 Employment Practices Liability	Co Tr Num: EP-2008-ORU08	State Status: Fees received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author:	Disposition Date: 07/17/2008
	Date Submitted: 07/09/2008	Disposition Status: Filed
Effective Date Requested (New):		Effective Date (New):
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 07/17/2008	
State Status Changed: 07/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Company and Contact

Filing Contact Information

NA NA,	NA@NA.com
NA	(123) 555-4567 [Phone]

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NA, AR 00000

Filing Company Information

00006 - INSURANCE SERVICES OFFICE, CoCode: 6 State of Domicile: Arkansas
INC.
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	07/17/2008	07/17/2008

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Disposition

Disposition Date: 07/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment: Filed 7/07/08...given to Betty to scan 7/17/08...logged from SERFF 7/17/08.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	ARKS-125727990		No

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Rate Information

Rate data does NOT apply to filing.

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Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125727990

07/17/2008

Comments:

Attachment:

ARKS-125727990.pdf

ARKS-125727990

ER

104965
50.00



2828 E. TRINITY MILLS ROAD SUITE 150 CARROLLTON, TX 75006
TEL: (214) 390-1825 FAX: (214) 390-1975

Kenneth J. Hill, CPCU
Regional Director, Government Relations

FILED

July 3, 2008

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

Jul 09 2008
**PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.**

Attention: William R. Lacy, Director
Property and Casualty Division

RE: Insurance Services Office, Inc.
EP 2008-ORU08
Employment-Related Practices Liability
Multistate Manual Rules Revision
REFERENCE FILING
State of Arkansas

Dear Mr. Lacy:

We hereby file the enclosed advisory reference document.

ISO does not establish an effective date for Employment-Related Practices Liability rules revisions in Arkansas. Each insurer that elects to utilize this revision is responsible for determining its own effective date and complying with any applicable regulatory requirements. We will distribute this material to our participating insurers and update our electronic deliveries under cover of a Notice bearing a date of June 2009, or the earliest possible subsequent date following your acknowledgement.

Please return an acknowledged copy of this cover letter for our records. An addressed, stamped envelope is enclosed for your convenience. We have also included an additional copy of this letter and envelope; we request that you return it now with a "received" stamp to confirm that you have received the filing.

Very truly yours,

Donald J. Beckel, CPCU, ARM
Assistant Regional Manager
Government Relations

DJB:dlb
Encl.

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1 JUL 09 2008

**PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT**

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: RECEIVED				
	e. Effective date of filing:				
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">New Business</td> <td style="border: none;">1 JUL 09 2008</td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table>	New Business	1 JUL 09 2008	Renewal Business	
New Business	1 JUL 09 2008				
Renewal Business					
	f. State Filing #: PROPERTY AND CASUALTY DIVISION				
	g. SERFF Filing #: ARKANSAS INSURANCE DEPARTMENT				
	h. Subject Codes				

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Insurance Services Office, Inc.	DE		13-3131412	

5. Company Tracking Number	EP-2008-ORU08
-----------------------------------	---------------

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Donald J. Beckel Insurance Services Office, Inc. 2828 E. Trinity Mills Rd., Ste. 150 Carrollton, TX 75006	Asst. Regional Manager	(214) 390-1825 Ext. 224	(214) 390-1975	DBECKEL@iso.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Donald J. Beckel		

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

9. Type of Insurance (TOI)	17.0 - Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0010
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Employment-related Practices Liability
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: 06/01/2009 Renewal: 06/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	Not Applicable
17. Reference Organization # & Title	Not Applicable
18. Company's Date of Filing	7/3/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	EP-2008-ORU08
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This filing revises the Commercial Lines Manual (CLM) Division Eleven - Employment-related Practices Liability multistate manual Rule 11. Policy Cancellations.

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]
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Check #: 104965
Amount: \$ 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to 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 #	EP-2008-ORU08
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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.)	FILE AND USE
----	--	--------------

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)
Insurance Services Office, Inc.	N/A	N/A	N/A	N/A	N/A	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)	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.)	FILE AND USE
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rule 11.	<input type="checkbox"/> New <input checked="" 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	

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Employment-related Practices Liability Multistate Manual Rule Revision

About This Filing

This filing revises Rule 11. Policy Cancellations of the Commercial Lines Manual (CLM) Division Eleven - Employment-related Practices Liability Coverage Part multistate rules.

Revised Rule

We are revising Rule 11. Policy Cancellations

We have used a format of ~~striking through~~ deletions, underlining additions and inserting a revision bar in the left margin to indicate changes.

Background

Rule 11. Policy Cancellations was revised in multistate rules filing EP-2006-ORU06 to relocate all factors within the rule to the new Rating Relativities And Factors (RF) section of the manual. Minor editorial changes were also made to the text of this rule.

Explanation Of Changes

This filing:

- ◆ Revises Paragraph 11.B.2. to restate the calculation of return premium as it pertains to Prepaid Policies; and
- ◆ Revises Paragraphs B.2. and C. to make editorial changes.

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ARKANSAS INSURANCE DEPARTMENT

Important Note

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11. POLICY CANCELLATIONS

A. Pro Rata Calculation

Compute return premium pro rata and round to the next higher whole dollar when a policy is canceled:

1. At the Company's request.
2. Because the insured no longer has a financial or insurable interest in the business operation that is the subject of insurance.
3. And rewritten in the same company or company group.
4. After the first year for a prepaid policy written for a term of more than one year.

B. Other Calculations

If Paragraph A. does not apply, compute return premium as follows:

1. Continuous And Annual Premium Payment Policies

Compute return premium by multiplying the pro rata unearned premium for the one year or annual installment period by the factor shown in Table 11.B.1.(RF) and round to the next higher whole dollar.

2. Prepaid Policies

If canceled during the first year, compute the return premium by multiplying the pro rata unearned premium for the first full year by the factor shown in Table 11.B.2.(RF), plus then adding the full annual premium for the subsequent years by the factor shown in Table 11.B.2.(RF) and rounding to the next higher whole dollar.

3. Policies With Term Less Than One Year

Compute return premium by multiplying the pro rata unearned premium by the factor shown in Table 11.B.3.(RF) and round to the next higher whole dollar.

C. Retention Of Policy Writing ~~Policywriting~~ Minimum Premium

Retain the ~~policy writing~~ ~~policywriting~~ minimum premium when return premium is calculated under Paragraph B. except when a policy is canceled as of the inception date.

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