

SERFF Tracking Number: AOIC-125738014 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$100
Company Tracking Number: BOP-AR-99-07/22/2008-01
TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2002 Businessowners
Only
Product Name: AR BOP effective 11/15/2008
Project Name/Number: AR BOP Rate Filing/

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company
Product Name: AR BOP effective 11/15/2008 SERFF Tr Num: AOIC-125738014 State: Arkansas
TOI: 05.2 Commercial Multi-Peril - Liability Portion Only SERFF Status: Closed State Tr Num: EFT \$100
Sub-TOI: 05.2002 Businessowners Co Tr Num: BOP-AR-99-07/22/2008-01 State Status: Fees verified and received
Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Authors: Sandy Lawson, Karen Leiby, Kris Belli Disposition Date: 08/06/2008
Date Submitted: 07/22/2008 Disposition Status: Exempt from Review
Effective Date Requested (New): 11/15/2008 Effective Date (New):
Effective Date Requested (Renewal): 12/21/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR BOP Rate Filing Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 08/06/2008
State Status Changed: 08/06/2008 Deemer Date:
Corresponding Filing Tracking Number: N/A
Filing Description:

The Auto-Owners and Owners Insurance Companies submit the following revisions for your review:

1. All Programs:
 - a. Change the Druggists Professional Liability rates +5.0%.

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b. Editorial change: Change "Each Employed Optometrist" to "Each Additional Optometrist" on the Optometrists Professional Liability rate page.

Company and Contact

Filing Contact Information

Emily Schmit, Assistant Manager
 P.O. Box 30660
 Lansing, MI 48909-8160
 aoactl@aoins.net
 (800) 346-0346 [Phone]
 (517) 323-8796[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48917	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	This is an independent rate filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$100.00	07/22/2008	21530521
Owners Insurance Company	\$0.00	07/22/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	08/06/2008	08/06/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Previous State Filing Number	Note To Reviewer	Kris Belli	07/21/2008	07/22/2008

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Disposition

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment: Incidental med mal under BOP, CMP-Liability portion only. Exempt under 23-67-206, deregulation.

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:
Auto-Owners Insurance Company	0.000%	\$0	1	\$248	%	%	%
Owners Insurance Company	1.823%	\$80	7	\$4,388	%	%	%

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	1.726%
Effect of Rate Filing-Written Premium Change For This Program	\$80
Effect of Rate Filing - Number of Policyholders Affected	8

SERFF Tracking Number: AOIC-125738014 *State:* Arkansas
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Only
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Note To Reviewer

Created By:

Kris Belli on 07/21/2008 12:28 PM

Subject:

Previous State Filing Number

Comments:

The previously filed editions of the rate pages attached in the Rate/Rule Schedule were submitted prior to our adoption of the SERFF filing method. We have provided the rate page numbers of the prior editions in the Previous State Filing Number field. If it is at all useful in your review, both were submitted under the company-specific filing number BOP-AR-99-02/07/2007-01, and were marked as "Approved" by the Property and Casualty Division of the Arkansas Insurance Department on February 12, 2007.

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Rate Information

Rate data applies to filing.

Filing Method: file and use
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 4.800%
Effective Date of Last Rate Revision: 05/15/2007
Filing Method of Last Filing: file and use

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):
Auto-Owners Insurance Company	%	0.000%	\$0	1	\$248	%	%
Owners Insurance Company	%	1.823%	\$80	7	\$4,388	%	%

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:
Overall Percentage Rate Impact For This Filing: 1.726%
Effect of Rate Filing - Written Premium Change For This Program: \$80

<i>SERFF Tracking Number:</i>	<i>AOIC-125738014</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>BOP-AR-99-07/22/2008-01</i>		
<i>TOI:</i>	<i>05.2 Commercial Multi-Peril - Liability Portion Only</i>	<i>Sub-TOI:</i>	<i>05.2002 Businessowners</i>
<i>Product Name:</i>	<i>AR BOP effective 11/15/2008</i>		
<i>Project Name/Number:</i>	<i>AR BOP Rate Filing/</i>		

Effect of Rate Filing - Number of Policyholders Affected: 8

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Accepted for Informational Purposes	Druggists - Rate Page	AOAOZ136	Replacement	AOAOZ102	AOAOZ136.pdf
Accepted for Informational Purposes	Optometrists - Rate Page	AOAOZ137	Replacement	AOAOZ104	AOAOZ137.pdf

AOAOZ136

Auto-Owners
Owners

BUSINESSOWNERS

Arkansas

ADDITIONAL RATING FACTOR

The rate(s) provided are for the Owners Insurance Company. If the policy is written in the Auto-Owners Insurance Company, multiply the rate(s) by 1.10.

DRUGGISTS (Regular & Premier Mercantile only)

	\$300,000/ \$300,000	\$500,000/ \$500,000	\$1,000,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$2,000,000
Druggists					
(Per Person)	\$317	\$380	\$444	\$571	\$600

RATING PROCEDURE

Base Rate is per pharmacist and limit of liability selected.

Base Rate X Number of Pharmacists X A-O Factor X IRPM X Dispersion Credit X Special Rating Plan Factor X Premier Premium Mod Factor (Premier Mercantile only) X Mature Owner Factor X Mult Pol Disc X Merit Rating Plan Factor = Premium

ADDITIONAL RATING FACTOR

The rate(s) provided are for the Owners Insurance Company. If the policy is written in the Auto-Owners Insurance Company, multiply the rate(s) by 1.10.

OPTOMETRISTS (Regular & Premier Professional Office only)

	\$300,000/ \$300,000*	\$500,000/ \$500,000	\$1,000,000/ \$1,000,000	\$1,000,000/ \$3,000,000	\$2,000,000/ \$2,000,000	\$2,000,000/ \$4,000,000
Optometrists						
(Per Person)						
1st Optometrist/ Owner - Separate Limits	\$97*	\$109	\$133	\$151	\$182	\$194
1st Optometrist/ Owner - Single Limits	97*	109	133	151	182	194
Each Additional Optometrist	37*	43	48	55	59	63
Business Entity (Other than Sole Proprietor)	24*	30	37	43	49	53

* \$300,000/\$300,000 for Regular Office only

RATING PROCEDURE

Base Rate = First Optometrist/Owner and coverage limit.

Separate Limit

First Optometrist Rate X Total Number of Optometrists + Business Entity Charge X A-O Factor X IRPM X Dispersion Credit X Special Rating Plan Factor X Mature Owner Factor X Mult Pol Disc X Merit Rating Plan Factor = Premium

Single Limit

First Optometrist Rate + (Each Additional Optometrist Rate X Number of Remaining Optometrists) + Business Entity Charge X A-O Factor X IRPM X Dispersion Credit X Special Rating Plan Factor X Mature Owner Factor X Mult Pol Disc X Merit Rating Plan Factor = Premium

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Supporting Document Schedules

Satisfied -Name: Actuarial Justification

Review Status:

Accepted for Informational 08/06/2008
Purposes

Comments:

Please find the Actuarial Justification attached.

Attachment:

2008-11-15 - AR BOP - Actuarial Justification.pdf



Actuarial Justification

Businessowners
BOP-AR-99-07/22/2008-01

The Auto-Owners and Owners Insurance Companies submit the following for your review:

1. **All Programs:**
 - a. **Change the Druggists Professional Liability rates +5.0%.** Professional Liability rates are determined in an annual review on a companywide basis. The proposed Druggist Liability rate change was motivated by a companywide five-year loss ratio of 336.9%, and reflects the historically poor performance of this coverage.
 - b. **Editorial change: Change “Each Employed Optometrist” to “Each Additional Optometrist” on the Optometrists Professional Liability rate page.** This change does not affect any rates.