

SERFF Tracking Number: CHMU-125780862 State: Arkansas  
Filing Company: Church Mutual Insurance Company State Tracking Number: EFT \$100  
Company Tracking Number: WC-14  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation Program  
Project Name/Number: 2008 Revised TRIPRA

## Filing at a Glance

Company: Church Mutual Insurance Company

Product Name: Workers' Compensation SERFF Tr Num: CHMU-125780862 State: Arkansas

Program

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC-14

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Melissa Lemke, Lynda Below

Disposition Date: 08/20/2008

Date Submitted: 08/20/2008

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: 2008 Revised TRIPRA

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: B-1407

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/20/2008

State Status Changed: 08/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Church Mutual Insurance Company would like to adopt NCCI's item filing B-140 pertaining to the revision of the TRIPRA Catastrophe Provisions. This item filing proposes to eliminate the distinction between foreign and domestic terrorism by producing separate miscellaneous values to address losses resulting from terrorism and catastrophe, replaces references to "Foreign Terrorism" and "Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents" in NCCI manuals with the terms "Terrorism" and "Catastrophe", and provides new descriptions for statistical codes 9740 and 9741.

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Attached is a copy of our revised Miscellaneous Values Page, which reflects these changes.

## Company and Contact

### Filing Contact Information

Lynn Reichelt, Director--Casualty Lines Ireichelt@churchmutual.com  
 3000 Schuster Lane (715) 539-4749 [Phone]  
 Merrill, WI 54452 (715) 539-4409[FAX]

### Filing Company Information

Church Mutual Insurance Company CoCode: 18767 State of Domicile: Wisconsin  
 3000 Schuster Lane Group Code: Company Type: P&C  
 PO Box 357  
 Merrill, WI 54452 Group Name: State ID Number:  
 (715) 536-5577 ext. [Phone] FEIN Number: 39-0712210  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Church Mutual Insurance Company	\$100.00	08/20/2008	22032531

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/20/2008	08/20/2008

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## **Disposition**

Disposition Date: 08/20/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: All workers' compensation filings in Arkansas are prior approval with a 30 day waiting period. The Commissioner may waive any part of the waiting period if the company requests it. We will waive the waiting period on this filing but please make all future filings at least 30 days in advance.

Rate data does NOT apply to filing.

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

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	Miscellaneous Values Page		Replacement	AR - MISC VALUES PAGE.pdf

MISCELLANEOUS VALUES

PREMIUM DETERMINATION FOR PARTNERS AND SOLE PROPRIETORS AND MEMBERS OF LIMITED LIABILITY COMPANIES in accordance with Basic Manual Rule 2-E-3 . . \$ 31,900.00

PREMIUM DISCOUNT PERCENTAGES The following premium discounts are applicable to standard premiums:

FIRST \$	5,000	.....	-	%
NEXT \$	95,000	.....	3.5	%
NEXT \$	400,000	.....	5.0	%
OVER \$	500,000	.....	7.0	%

EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

TERRORISM RISK INSURANCE CHARGE - CODE 9740

A policy rate charge of .01 cents per \$100 of remuneration will be charged to all policies Effective 09-01-08. The premium charge is calculated by dividing the risk's total payroll by \$100 and multiplying the result times the .01 rating value. This premium is applied after standard premium and is not subject to any other modifications including premium discount, experience rating, schedule rating or retrospective rating.

CATASTROPHIC (other than certified acts of terrorism) - CODE 9741

Effective 09-01-08 ..... 0.01

RULE 3-A-3 CANCELLATION PROVISIONS TABLE 4

The policy is cancelled by the Insured, except when retiring from business This rule is not applicable. Refer to Rule 3-A-3 for premium determination.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** 08/19/2008

**Comments:**

**Attachment:**  
ARPCTD-1.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document  
for Workers' Compensation **Review Status:** 08/19/2008

**Bypass Reason:** Not applicable.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** 08/19/2008

**Bypass Reason:** Not applicable.

**Comments:**

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc;"><b>2. Insurance Department Use only</b></td> </tr> <tr> <td colspan="2">a. Date the filing is received:</td> </tr> <tr> <td colspan="2">b. Analyst:</td> </tr> <tr> <td colspan="2">c. Disposition:</td> </tr> <tr> <td colspan="2">d. Date of disposition of the filing:</td> </tr> <tr> <td colspan="2">e. Effective date of filing:</td> </tr> <tr> <td style="width: 70%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr> <td colspan="2">f. State Filing #:</td> </tr> <tr> <td colspan="2">g. SERFF Filing #:</td> </tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	<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	
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<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	N/A

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Church Mutual Insurance Company	WI	18767	39-0712210	

<b>5. Company Tracking Number</b>	<b>WC-14</b>
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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
	Lynn Reichelt 3000 Schuster Lane Merrill WI 54452	Director-- Casualty Lines	1-800-554-2642 ext 4749	715-539-4409	lreichelt@churchmutual.com
<b>7.</b>	Signature of authorized filer		<i>Lynn A. Reichelt</i>		
<b>8.</b>	Please print name of authorized filer		Lynn Reichelt		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16.0
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	<b>16.0004</b>
<b>11.</b>	<b>State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12.</b>	<b>Company Program Title</b> (Marketing title)	<b>Workers' Compensation Program</b>
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:    09-01-08    Renewal:    09-01-08

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	NCCI
	<b>Reference Organization # &amp; Title</b>	B-1407
	<b>Company's Date of Filing</b>	August 20, 2008
	<b>Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC-14
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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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Church Mutual Insurance Company would like to adopt NCCI's item filing B-140 pertaining to the revision of the TRIPRA Catastrophe Provisions. This item filing proposes to eliminate the distinction between foreign and domestic terrorism by producing separate miscellaneous values to address losses resulting from terrorism and catastrophe, replaces references to "Foreign Terrorism" and "Domestic Terrorism, Earthquake and Catastrophic Industrial Accidents" in NCCI manuals with the terms "Terrorism" and "Catastrophe", and provides new descriptions for statistical codes 9740 and 9741. Attached is a copy of our revised Miscellaneous Values Page, which reflects these changes.

<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]
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**Check #:**  
**Amount:**

**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.)**

## **These pages are informational only and do not need to be submitted with your filings!**

### **Notes for Uniform Property & Casualty Transmittal Document**

#### **DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. Date the filing is received by the Insurance Dept.**
  - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. Date of Disposition of the filing**—date filing is finished
  - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. State Filing #:** The number the state assigns to the filing (if applicable).
  - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
  - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

**14. Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

**15. Reference Filing:** Yes/No

**16. Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

**17. Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

**18. Company’s Date of filing:** The date the company sends the filing.

**19. Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

**20. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

**22. Filing Fees:** Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.