

SERFF Tracking Number: HART-125758504 State: Arkansas  
First Filing Company: Property and Casualty Insurance Company of Hartford, ... State Tracking Number: EFT \$25  
Company Tracking Number: BF.20.001.2008.AR.02 (1)  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe)  
Project Name/Number: WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe)/BF.20.001.2008.AR.02 (1)

## Filing at a Glance

Companies: Property and Casualty Insurance Company of Hartford, Trumbull Insurance Company  
Product Name: WC NCCI Item B-1407 SERFF Tr Num: HART-125758504 State: Arkansas  
Adoption (Terrorism/Catastrophe)  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25  
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: BF.20.001.2008.AR.02 State Status: Fees verified and  
(1) received  
Filing Type: Rule Co Status: Initial Filing Reviewer(s): Betty Montesi, Carol  
Stiffler  
Authors: Kathleen Czarnecki, Joyce Driscoll, Marilu Gonzalez, David  
Logan, Sima Nizami, Angela Isaac  
Date Submitted: 08/01/2008 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: WC NCCI Item B-1407 Adoption (Terrorism/Catastrophe) Status of Filing in Domicile:  
Project Number: BF.20.001.2008.AR.02 (1) Domicile Status Comments:  
Reference Organization: National Council on Compensation Insurance Reference Number: NCCI Item B-1407  
Reference Title: B-1407--Catastrophe Provisions Miscellaneous Values, Advisory Org. Circular: CIF-2008-07  
Rules, and Statistical Codes  
Filing Status Changed: 08/01/2008  
State Status Changed: 08/01/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Adoption of NCCI Item B-1407.

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## Company and Contact

### Filing Contact Information

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com  
 1 Hartford Plaza (860) 547-3468 [Phone]  
 Hartford, CT 06155 (860) 547-5941[FAX]

### Filing Company Information

Property and Casualty Insurance Company of Hartford CoCode: 34690 State of Domicile: Indiana  
 Hartford Plaza Group Code: 91 Company Type: Property  
 Hartford, CT 06115 Group Name: State ID Number:  
 (860) 547-5000 ext. [Phone] FEIN Number: 06-1276326  
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Trumbull Insurance Company CoCode: 27120 State of Domicile: Connecticut  
 Hartford Plaza Group Code: 91 Company Type: Property  
 Hartford, CT 06115 Group Name: State ID Number:  
 (860) 547-5000 ext. [Phone] FEIN Number: 06-1184984  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Property and Casualty Insurance Company of Hartford	\$25.00	08/01/2008	21736861
Trumbull Insurance Company	\$0.00	08/01/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/01/2008	08/01/2008

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## Disposition

Disposition Date: 08/01/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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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

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## 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 08/01/2008

**Comments:**  
 Attached is the Uniform Transmittal Document-Property & Casualty.

**Attachment:**  
 NAIC TD-1.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation **Review Status:** Approved 08/01/2008

**Bypass Reason:** Not applicable.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document **Review Status:** Approved 08/01/2008

**Bypass Reason:** Not applicable.

**Comments:**

**Satisfied -Name:** Cover Letter **Review Status:** Approved 08/01/2008

**Comments:**  
 Attached is the Cover Letter.

**Attachment:**  
 AR Coverltr for H&P.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<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>
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Trumbull Insurance Company	Connecticut	00914-27120	06-1184984	
Property and Casualty Insurance Company of Hartford	Indiana	00914-34690	06-1276326	

<b>5. Company Tracking Number</b>	BF.20.001.2008.AR.02 (01)
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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
	KATHLEEN CZARNECKI	PRODUCT			KATHLEEN.CZARNECKI
	Hartford Plaza, Hartford, CT 06115	CONSULTANT	860-547-6165	860-547-4849	@TheHartford.com

7. Signature of authorized filer	<i>Kathleen Czarneci</i>
8. Please print name of authorized filer	Kathleen Czarneci

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

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0000 sub-toi combinations
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 9/1/08    Renewal: 9/1/08
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	National Council on Compensation Insurance
<b>17. Reference Organization # &amp; Title</b>	Item B-1407 Catastrophe Prov Misc Values, Rules, Stat Codes
<b>18. Company's Date of Filing</b>	8/1/08
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b> This filing transmittal is part of Company Tracking #	BF.20.001.2008.AR.02
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<b>21.</b> 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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ADOPTION OF NCCI ITEM FILING B-1407 FOR THEIR EFFECTIVE DATE OF 9/1/08.

<b>22.</b> 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 #: EFT  
Amount: \$25.00

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.)



August 1, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
3<sup>rd</sup> and Cross  
Little Rock, AR 72201-1904

RE: **Workers' Compensation and Employers' Liability Insurance – RULE FILING**  
Adoption of National Council on Compensation Insurance (NCCI) Item Filing B-1407 – Catastrophe  
Provisions Miscellaneous Values, Rules and Statistical Codes

<u>Our Filing Number: <b>BF.20.001.2008.AR.02 (01)</b></u>	<u>NAIC #</u>
Trumbull Insurance Company	27120
Property and Casualty Insurance Company of Hartford	34690

Dear Commissioner,

As members of the National Council on Compensation Insurance (NCCI), the above listed companies hereby adopt the NCCI Item Filing identified above effective September 1, 2008.

Enclosed please find NAIC Transmittal Document TD-1. The NAIC Rate/Rule Schedule does not apply to this filing being that this is only an adoption.

The appropriate filing fee will be paid thru EFT.

If you should require anything further, please let us know.

Thank you.

Very truly yours,

Kathleen M. Czarnecki, Product Consultant  
AR&PD – Technical Services  
Telephone: (860) 547-6165, FAX No.: (860) 547-4849  
E-Mail Address: [Kathleen.Czarnecki@thehartford.com](mailto:Kathleen.Czarnecki@thehartford.com)

Hartford Plaza, HO-2-19  
Hartford, CT 06115