

SERFF Tracking Number: SCTT-125768357 State: Arkansas
 Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$100
 Company Tracking Number: AB AR04158ICR01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Insurance Agents and Brokers Professional Liability
 Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

Filing at a Glance

Company: Scottsdale Indemnity Company
 Product Name: Insurance Agents and Brokers Professional Liability SERFF Tr Num: SCTT-125768357 State: Arkansas
 TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: EFT \$100
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: AB AR04158ICR01 State Status: Fees verified and received
 Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts
 Author: Kristin Abbott Disposition Date: 08/11/2008
 Date Submitted: 08/08/2008 Disposition Status: Filed
 Effective Date Requested (New): On Approval Effective Date (New):
 Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: 4158 Insurance Agents and Brokers Professional Liability Status of Filing in Domicile: Pending
 Project Number: AB AR04158ICR01 Domicile Status Comments:
 Reference Organization: n/a Reference Number: n/a
 Reference Title: n/a Advisory Org. Circular: n/a
 Filing Status Changed: 08/11/2008
 State Status Changed: 08/11/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:
 Scottsdale Indemnity Company is filing new rates for our Insurance Agents and Brokers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached new rates to correspond to our new endorsement ABI-84. Manual page I-AB-R-CW-4 (6-08)

SERFF Tracking Number: SCCT-125768357 State: Arkansas
 Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$100
 Company Tracking Number: AB AR04158ICR01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Insurance Agents and Brokers Professional Liability
 Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

has been amended to add rates for the new, separate defense limits.

The corresponding endorsement ABI-84 has been submitted under separate cover as required by your Department.

Company and Contact

Filing Contact Information

Kristin Abbott, Filings Analyst II
 PO Box 4110
 Scottsdale, AZ 85261
 abbottk@scottsdaleins.com
 (800) 423-7675 [Phone]

Filing Company Information

Scottsdale Indemnity Company
 PO Box 4110
 Scottsdale, AZ 85261
 (800) 423-7675 ext. [Phone]
 CoCode: 15580
 Group Code: 140
 Group Name:
 FEIN Number: 31-1117969
 State of Domicile: Ohio
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Rate Filing - \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Scottsdale Indemnity Company	\$100.00	08/08/2008	21868407

SERFF Tracking Number: SC TT-125768357 State: Arkansas
Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$100
Company Tracking Number: AB AR04158ICR01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions
Liability
Product Name: Insurance Agents and Brokers Professional Liability
Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	08/11/2008	08/11/2008

SERFF Tracking Number: SC TT-125768357 State: Arkansas
Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$100
Company Tracking Number: AB AR04158ICR01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions
Liability
Product Name: Insurance Agents and Brokers Professional Liability
Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

Disposition

Disposition Date: 08/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125768357 State: Arkansas
 Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$100
 Company Tracking Number: AB AR04158ICR01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Insurance Agents and Brokers Professional Liability
 Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Rate	Manual Page	Filed	Yes

SERFF Tracking Number: SCTT-125768357 *State:* Arkansas
Filing Company: Scottsdale Indemnity Company *State Tracking Number:* EFT \$100
Company Tracking Number: AB AR04158ICR01
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions
Liability
Product Name: Insurance Agents and Brokers Professional Liability
Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125768357 State: Arkansas
 Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$100
 Company Tracking Number: AB AR04158ICR01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Insurance Agents and Brokers Professional Liability
 Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Page	I-AB-R-CW-4 (6- Replacement 08)		I-AB-R-CW _6-08_.pdf

SCOTTSDALE INDEMNITY COMPANY
INSURANCE AGENTS & BROKERS PROFESSIONAL LIABILITY INSURANCE
PROGRAM
COUNTRYWIDE RATING PLAN

E. Defense Costs Inside/Outside The Limits Of Liability

	<u>Factor</u>
Defense costs included within policy limits	1.00
Defense costs in addition while limits are below \$1M	1.25
Defense costs in addition while limits are \$1M or higher	1.125
Separate \$1M defense limit while policy limits are \$1M or lower	1.075
Separate \$1M defense limit while policy limits are over \$1M	1.05

F. Severity Factors

The following table takes into consideration both the severity potential of the account and the degree of litigiousness of the area in which it operates.

<u>Severity Potential</u>	<u>Litigiousness of Area of Operation</u>			
	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Severe</u>
Low	.80	.90	1.00	1.10
Average	.90	1.00	1.10	1.20
High	1.05	1.15	1.25	1.35

Definitions for Litigiousness Criteria:

“Low” - operates in a very favorable region including a low propensity of client suits and an excellent legal environment.

“Medium” - operates in a generally favorable region including a low propensity of client suits and a good legal environment.

“High” - operates in an unfavorable region including a propensity for client suits and a poor legal environment.

“Severe” - operates in a very unfavorable region including a high propensity of client suits and a poor legal environment.

SERFF Tracking Number: SCTT-125768357 State: Arkansas
 Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$100
 Company Tracking Number: AB AR04158ICR01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
 Product Name: Insurance Agents and Brokers Professional Liability
 Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158ICR01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Filed 08/11/2008

Comments:

Attachment:

AB AR4158icrpctd.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp **Review Status:** Filed 08/11/2008

Bypass Reason:

There is no change to the loss cost multiplier with this filing. This is a recently filed and approved new program by your Department on 2/14/08. Therefore, we do not have any premiums or losses to report at this time.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 08/11/2008

Bypass Reason:

There is no change to the loss cost multiplier with this filing. This is a recently filed and approved new program by your Department on 2/14/08. Therefore, we do not have any premiums or losses to report at this time.

Comments:

Satisfied -Name: Cover Letter **Review Status:** Filed 08/11/2008

Comments:

Attachment:

AB AR4158icrcvrltr.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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 #
	Nationwide	140

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Scottsdale Indemnity Company	OH	15580	31-1117969

5.	Company Tracking Number	AB AR04158ICR1
-----------	--------------------------------	----------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Fileings Analyst I	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

7.	Signature of authorized filer	<i>Kristin Abbott</i>
-----------	-------------------------------	-----------------------

8.	Please print name of authorized filer	Kristin Abbott
-----------	---------------------------------------	----------------

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

9.	Type of Insurance (TOI)	17.0 Other Liability – Claims Made/Occurrence
10.	Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors & Omissions Liability
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Insurance Agents and Brokers Professional Liability
13.	Filing Type	[] Rate/Loss Cost [] Rules [X] Rates/Rules [] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14.	Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15.	Reference Filing?	[] Yes [x] No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	August 8, 2008
19.	Status of filing in domicile	[] Not Filed [X] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AB AR04158ICR1
------------	--	----------------

21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
------------	---

Scottsdale Indemnity Company is filing new rates for our Insurance Agents and Brokers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached new rates to correspond to our new endorsement ABI-84. Manual page I-AB-R-CW-4 (6-08) has been amended to add rates for the new, separate defense limits.

The corresponding endorsement ABI-84 has been submitted under separate cover as required by your Department.

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: \$100.00

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.)**



Scottsdale Indemnity Company

August 8, 2008

The Honorable Julia Benafield Bowman
Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock AR 77201-1904

Re: Scottsdale Indemnity Company
NAIC #140-15580
FEIN # 31-1117969
Insurance Agents and Brokers Professional Liability Program
Initial Rate/Rule Filing
Company File Number: AB AR04158ICR01

Dear Commissioner Bowman:

Scottsdale Indemnity Company is filing new rates for our Insurance Agents and Brokers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached new rates to correspond to our new endorsement ABI-84. Manual page I-AB-R-CW-4 (6-08) has been amended to add rates for the new, separate defense limits.

The corresponding endorsement ABI-84 has been submitted under separate cover as required by your Department.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott
State Filings Analyst II
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.

P.O. Box 4110 Scottsdale, AZ 85261-4110 8877 N. Gainey Center Dr. Scottsdale, AZ 85258
(480) 365-3003 1-800-423-7675 x3140



A Nationwide® Company