

SERFF Tracking Number: CHUB-125730908 State: Arkansas
First Filing Company: Federal Insurance Company, ... State Tracking Number:
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Filing at a Glance

Companies: Federal Insurance Company, Pacific Indemnity Company, Vigilant Insurance Company
Product Name: Masterpiece SERFF Tr Num: CHUB-125730908 State: Arkansas
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num:
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: 08-6955-RR State Status: Fees verified and received (PPA)
Filing Type: Rate/Rule Co Status: Reviewer(s): Alexa Grissom, Betty Montesi, Brittany Yielding
Disposition Date: 09/30/2008
Authors: Laura Massa, Zachary Kramer
Date Submitted: 07/22/2008 Disposition Status: Filed
Effective Date Requested (New): 08/25/2008 Effective Date (New): 10/15/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Collector Vehicle Status of Filing in Domicile:
Project Number: 08-6955-RR Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/30/2008
State Status Changed: 07/28/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

This letter and its attachments submit revisions to the Vehicles and Other Vehicles section of the Masterpiece Rate and Rule Manual. The overall premium level effect of the revisions described below is +7.7% for collector vehicles and is 0.0% for all vehicles.

We are introducing changes to our collector vehicle rates as follows, which will allow us to compete more effectively within the marketplace:

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- Expanding the Collector Vehicle Physical Damage Model Year categories.
- Realigning our Collector Vehicle rates for Physical Damage, Liability, PIP, and Uninsured and underinsured motorists protection.
- Introducing credits and surcharges for collections valued at \$250,000 or more as shown in Exhibit 3.

We are also introducing changes to our registered motorcycle/moped rates which will allow us to compete more effectively with the marketplace as follows:

- We are decreasing the motorcycle/mopeds physical damage rates by 75% as shown in Exhibit 2.
- Changing the current motorcycle age categories (“21 and under” and “22 and over”) to “24 and under” and “25 and over,” respectively.

We are also revising the Market Value Rule to reference “Black Book” instead of “NADA Book” in the Vehicles Rules section of the manual.

In addition, we are revising the Employment Practices Liability rule in the Primary Liability and Excess Liability and Home and Contents section to reflect a change in the required amount of liability needed on the same policy from \$5 million to \$1 million to be eligible to purchase Employment Practices Liability (EPL) Coverage

Please refer to the attached actuarial filing memorandum for further detail regarding the changes submitted under this filing.

We have decided to adopt these revisions for policies issued and effective on or after August 25, 2008. We are enclosing final printed pages that reflect each of the revisions submitted under this filing. Your acknowledgment will be greatly appreciated.

Please contact me should you have any questions or require additional information

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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 Product Name: Masterpiece
 Project Name/Number: Collector Vehicle/08-6955-RR

Company and Contact

Filing Contact Information

Fran Muldoon, Manager - CPI State Filings fmuldoon@chubb.com
 Dept.
 202 Hall's Mill Rd. (908) 572-2875 [Phone]
 Whitehouse Station, NJ 08889-9977 (908) 572-4034[FAX]

Filing Company Information

Federal Insurance Company CoCode: 20281 State of Domicile: Indiana
 202 Hall's Mill Road Group Code: 38 Company Type:
 P.O. Box 1650
 Whitehouse Station, NJ 08889-1650 Group Name: State ID Number:
 (908) 572-4422 ext. [Phone] FEIN Number: 13-1963496

Pacific Indemnity Company CoCode: 20346 State of Domicile: Wisconsin
 202 Hall's Mill Road Group Code: 38 Company Type:
 P.O. Box 1650
 Whitehouse Station, NJ 08889-1650 Group Name: State ID Number:
 (908) 572-4422 ext. [Phone] FEIN Number: 95-1078160

Vigilant Insurance Company CoCode: 20397 State of Domicile: New York
 202 Hall's Mill Road Group Code: 38 Company Type:
 P.O. Box 1650
 Whitehouse Station, NJ 08889-1650 Group Name: State ID Number:
 (908) 572-4422 ext. [Phone] FEIN Number: 13-1963495

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Filing and review of independent rates, including companion rule filings required for implementation \$100.00
 Per Company: No

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------|----------|----------------|---------------|
| Federal Insurance Company | \$100.00 | 07/22/2008 | 21534208 |
| Pacific Indemnity Company | \$0.00 | 07/22/2008 | |
| Vigilant Insurance Company | \$0.00 | 07/22/2008 | |

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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 Product Name: Masterpiece
 Project Name/Number: Collector Vehicle/08-6955-RR

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed | Alexa Grissom | 09/30/2008 | 09/30/2008 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------------|---------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Alexa Grissom | 09/08/2008 | 09/08/2008 | Laura Massa | 09/10/2008 | 09/10/2008 |
| Pending Industry Response | Alexa Grissom | 08/25/2008 | 08/25/2008 | Laura Massa | 09/05/2008 | 09/05/2008 |
| Pending Industry Response | Alexa Grissom | 08/05/2008 | 08/05/2008 | Laura Massa | 08/20/2008 | 08/20/2008 |
| Pending Industry Response | Alexa Grissom | 07/28/2008 | 07/28/2008 | Laura Massa | 07/29/2008 | 07/29/2008 |
| Pending Industry Response | Alexa Grissom | 09/16/2008 | | | | |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|------|----------|------------|------------|----------------|
|------|----------|------------|------------|----------------|

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 Project Name/Number: Collector Vehicle/08-6955-RR

NAIC loss Supporting Document Laura Massa 09/25/2008 09/25/2008
 cost data
 entry
 document
Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|---------|------------------|---------------|------------|----------------|
| Rf-1 | Note To Filer | Alexa Grissom | 09/25/2008 | 09/25/2008 |
| Status | Note To Reviewer | Laura Massa | 09/24/2008 | 09/24/2008 |

SERFF Tracking Number: CHUB-125730908
 First Filing Company: Federal Insurance Company, ...
 Company Tracking Number: 08-6955-RR
 TOI: 19.0 Personal Auto
 Product Name: Masterpiece
 Project Name/Number: Collector Vehicle/08-6955-RR

State: Arkansas
 State Tracking Number:
 Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Disposition

Disposition Date: 09/30/2008
 Effective Date (New): 10/15/2008
 Effective Date (Renewal):
 Status: Filed
 Comment:

| 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: |
|----------------------------|------------------------|--|--|-----------|------------------------------------|------------------------------------|-----------------------------|
| Federal Insurance Company | 0.100% | \$108 | 236 | \$189,546 | 6.000% | -5.000% | % |
| Pacific Indemnity Company | -0.800% | \$-252 | 17 | \$32,262 | -2.400% | -2.900% | % |
| Vigilant Insurance Company | 0.100% | \$568 | 328 | \$752,708 | 44.100% | -3.600% | % |

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 \$424

SERFF Tracking Number: CHUB-125730908 *State:* Arkansas
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Project Name/Number: Collector Vehicle/08-6955-RR

Effect of Rate Filing - Number of Policyholders Affected

581

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Masterpiece
 Project Name/Number: Collector Vehicle/08-6955-RR

| Item Type | Item Name | Item Status | Public Access |
|-------------------------------|---|-------------|---------------|
| Supporting Document | A-1 Private Passenger Auto Abstract | Filed | Yes |
| Supporting Document | APCS-Auto Premium Comparison Survey | Filed | Yes |
| Supporting Document (revised) | NAIC loss cost data entry document | Filed | Yes |
| Supporting Document | NAIC loss cost data entry document | Filed | Yes |
| Supporting Document | NAIC loss cost data entry document | Filed | Yes |
| Supporting Document | NAIC loss cost data entry document | Filed | Yes |
| Supporting Document | NAIC loss cost data entry document | Filed | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for OTHER than Workers' Comp | Filed | Yes |
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Filed | Yes |
| Supporting Document | Exhibit A | Filed | Yes |
| Rate | Liability: Rules | Filed | Yes |
| Rate | Excess Liability: Rules | Filed | Yes |
| Rate | Home and Contents: Rules | Filed | Yes |
| Rate | Vehicles: Rules | Filed | Yes |
| Rate | Other Vehicles: Rates | Filed | Yes |
| Rate | Other Vehicles: Rates | Filed | Yes |

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/08/2008

Submitted Date 09/08/2008

Respond By Date

Dear Fran Muldoon,

This will acknowledge receipt of the captioned filing. If you have policies in force, the bottom section of the Rf-1 must be completed.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/10/2008

Submitted Date 09/10/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please see completed Forms Rf-1.

Sincerely,

Laura Massa

State Filings Analyst

(908) 572-2877

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

SERFF Tracking Number: CHUB-125730908

State: Arkansas

First Filing Company: Federal Insurance Company, ...

State Tracking Number:

Company Tracking Number: 08-6955-RR

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Masterpiece

Project Name/Number: Collector Vehicle/08-6955-RR

Comment: Please see attached completed RF-1 forms.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Laura Massa, Zachary Kramer

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/25/2008
Submitted Date 08/25/2008
Respond By Date

Dear Fran Muldoon,

This will acknowledge receipt of your correspondence regarding the captioned filing. The indicated change, the five year loss ratio section as well as the questions regarding maximum increase and decrease must be completed.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/05/2008
Submitted Date 09/05/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please see attached RF-1 forms.

We entered N/A on the forms Indicated % RateLevel Change because our proposed rates are based on a comparison of our current rates with those charged by Hagerty Insurance.

Chubb has not had any loss experience in the past three years for the Arkansas Collector Vehicle Program

Please contact me if you require anything further.

Sincerely,

Laura Massa

SERFF Tracking Number: CHUB-125730908

State: Arkansas

First Filing Company: Federal Insurance Company, ...

State Tracking Number:

Company Tracking Number: 08-6955-RR

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Masterpiece

Project Name/Number: Collector Vehicle/08-6955-RR

State Filings Analyst

(908) 572-2877

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

Comment: Please see attached RF-1 forms.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Laura Massa, Zachary Kramer

SERFF Tracking Number: CHUB-125730908 State: Arkansas
First Filing Company: Federal Insurance Company, ... State Tracking Number:
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/05/2008

Submitted Date 08/05/2008

Respond By Date

Dear Fran Muldoon,

This will acknowledge receipt of the captioned filing. Please do complete the Rf-1 and submit.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/20/2008

Submitted Date 08/20/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Please see attached completed Rf-1 forms.

Thank you for your continued attention to our filing.

Sincerely,

Laura Massa

State Flings Analyst

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: NAIC loss cost data entry document

SERFF Tracking Number: CHUB-125730908

State: Arkansas

First Filing Company: Federal Insurance Company, ...

State Tracking Number:

Company Tracking Number: 08-6955-RR

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Masterpiece

Project Name/Number: Collector Vehicle/08-6955-RR

Comment: Please see attached RF-1 forms.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Laura Massa, Zachary Kramer

SERFF Tracking Number: CHUB-125730908 State: Arkansas
First Filing Company: Federal Insurance Company, ... State Tracking Number:
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/28/2008

Submitted Date 07/28/2008

Respond By Date

Dear Fran Muldoon,

This will acknowledge receipt of the captioned filing. Please complete the RF-1 and APCS forms or advise why such are not applicable.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/29/2008

Submitted Date 07/29/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: Your Comment:

This will acknowledge receipt of the captioned filing. Please complete the RF-1 and APCS forms or advise why such are not applicable.

Our Comment:

In regards to APCS form: This file serves to submit revisions to our Collector Vehicle rates only. We are not proposing any changes to our Private Passenger Auto rates. Therefore, we feel this form is not applicable to this filing.

In regards to form RF-1: Our proposed rates are based on a comparison of our current rates with those charged by Hagerty Insurance. Attached is Exhibit A, detailing several rating examples based on Hagerty's rates as well as our current and proposed rates.

SERFF Tracking Number: CHUB-125730908 *State:* Arkansas
First Filing Company: Federal Insurance Company, ... *State Tracking Number:*
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Sincerely,

Laura Massa
State Filings Analyst
(908) 572-2877

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Exhibit A

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Laura Massa, Zachary Kramer

SERFF Tracking Number: CHUB-125730908 State: Arkansas
First Filing Company: Federal Insurance Company, ... State Tracking Number:
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/16/2008

Submitted Date

Respond By Date

Dear Fran Muldoon,

This will acknowledge receipt of the captioned filing. The bottom section of the Rf-1 is still blank. The areas that ask for maximum and minimum increase need to be completed.

Please feel free to contact me if you have questions.

Sincerely,

SERFF Tracking Number: CHUB-125730908 State: Arkansas
First Filing Company: Federal Insurance Company, ... State Tracking Number:
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Amendment Letter

Amendment Date:

Submitted Date: 09/25/2008

Comments:

Please see the completed Forms Rf-1. These forms replace the previously submitted on 9/10/08.

Sincerely,

Laura Massa
State Filings Analyst
(908) 572-2877

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: NAIC loss cost data entry document

Comment: Please see attached completed RF-1 forms.

092508 loss_cost_data_entry_Federal.pdf

092508 loss_cost_data_entry_PI.pdf

092508 loss_cost_data_entry_Vig.pdf

SERFF Tracking Number: CHUB-125730908 *State:* Arkansas
First Filing Company: Federal Insurance Company, ... *State Tracking Number:*
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Note To Filer

Created By:

Alexa Grissom on 09/25/2008 10:10 AM

Subject:

Rf-1

Comments:

It is pending, because the bottom section of the Rf-1 still has not been completed as requested in my emails.

SERFF Tracking Number: CHUB-125730908

State: Arkansas

First Filing Company: Federal Insurance Company, ...

State Tracking Number:

Company Tracking Number: 08-6955-RR

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: Masterpiece

Project Name/Number: Collector Vehicle/08-6955-RR

Note To Reviewer

Created By:

Laura Massa on 09/24/2008 10:37 AM

Subject:

Status

Comments:

May I have the status on this filing? I appreciate it.

Sincerely,

Laura Massa

State Filings Analyst

(908) 572-2877

SERFF Tracking Number: CHUB-125730908
 First Filing Company: Federal Insurance Company, ...
 Company Tracking Number: 08-6955-RR
 TOI: 19.0 Personal Auto
 Product Name: Masterpiece
 Project Name/Number: Collector Vehicle/08-6955-RR

State: Arkansas
 State Tracking Number:
 Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Rate Information

Rate data applies to filing.

Filing Method:

File and Use

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

9.900%

Effective Date of Last Rate Revision:

07/21/2004

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): |
|----------------------------|-----------------------------|------------------------|--|--|-----------|------------------------------------|------------------------------------|
| Federal Insurance Company | % | 0.100% | \$108 | 236 | \$189,546 | 6.000% | -5.000% |
| Pacific Indemnity Company | % | -0.800% | \$-252 | 17 | \$32,262 | -2.400% | -2.900% |
| Vigilant Insurance Company | % | 0.100% | \$568 | 328 | \$752,708 | 44.100% | -3.600% |

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Overall Percentage Rate Impact For This Filing: 0.000%
Effect of Rate Filing - Written Premium Change For This Program: \$424
Effect of Rate Filing - Number of Policyholders Affected: 581

SERFF Tracking Number: CHUB-125730908 State: Arkansas
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 Project Name/Number: Collector Vehicle/08-6955-RR

Rate/Rule Schedule

| Review Status: | Exhibit Name: | Rule # or Page #: | Rate Action | Previous State Filing Attachments Number: |
|----------------|--------------------------|-------------------|-------------|---|
| Filed | Liability: Rules | | Replacement | Liability Rules Finals.pdf |
| Filed | Excess Liability: Rules | | Replacement | Excess Liability Rules Finals.pdf |
| Filed | Home and Contents: Rules | | Replacement | Home and Contents Rules Finals.pdf |
| Filed | Vehicles: Rules | | Replacement | Vehicles Rules Finals.pdf |
| Filed | Other Vehicles: Rates | | Replacement | Other Vehicles Rates Finals.pdf |
| Filed | Other Vehicles: Rates | | New | Collector vehicle credits and surcharge pages.pdf |

These rules apply to liability. There are additional rules for excess liability in the next chapter.

Coverage options

These liability coverages are available:

| Type of liability insurance | Coverage options | Available limits | Required underlying coverage |
|--|------------------|----------------------------|------------------------------|
| Personal (comprehensive personal liability and personal injury) | No coverage | | |
| | Primary | \$50,000 – \$10,000,000 | None |
| | Excess only | \$1,000,000 – \$10,000,000 | \$50,000 |
| Vehicle (bodily injury and property damage) | No coverage | | |
| | Primary | \$100,000 – \$10,000,000 | None |
| | Excess only | \$1,000,000 – \$10,000,000 | \$300,000 |
| Watercraft | No coverage | | |
| | Excess only | \$1,000,000 – \$10,000,000 | |
| | | less than 26 ft | |
| 26 ft or greater | | \$500,000 | |

Coverage amounts

Liability is available on a first-dollar basis for the following amounts of coverage:

| | |
|-----------|--------------|
| \$ 50,000 | \$ 1,000,000 |
| \$100,000 | \$ 2,000,000 |
| \$200,000 | \$ 3,000,000 |
| \$300,000 | \$ 5,000,000 |
| \$500,000 | \$10,000,000 |

Vehicle liability coverage is available only on amounts of coverage of \$100,000 or more.

Excess liability coverage is available only on amounts of coverage of \$1 million or more.

Uniform coverage

A policy with multiple types of liability coverage (Personal, Vehicle, Excess) must have the same amount of liability coverage.

Medical payments

Personal liability coverage includes \$10,000 medical payments coverage for others. Vehicle liability coverage includes \$10,000 medical payments coverage for others and an insured.

Employment practices liability coverage

Employment practices liability coverage includes coverage for employment practices liability and reputational injury. Employment practices liability coverage is only available on a policy with a personal or excess liability limit of \$1,000,000 or greater.

Liability premiums

Liability premiums (but **not** excess only liability premiums) are included in the chapters with property premiums (home and contents, vehicles).

Eligibility

Excess coverage is available on home and contents, vehicle, and watercraft exposures with the following restrictions:

- underlying liability coverage for home and contents must be provided by us;
- if there are any vehicle or watercraft exposures, underlying liability coverage must be provided by us or by another insurance company.

Coverage amounts

The following amounts of excess liability coverage are available:

\$ 1,000,000
 \$ 2,000,000
 \$ 3,000,000
 \$ 5,000,000
 \$10,000,000

Uniform coverage

A policy with multiple types of liability coverage (Personal, Vehicle, Excess) must have the same amount of liability coverage.

Rating location

Excess liability is always rated by the location of the primary home (first location with liability coverage).

Minimum underlying coverage

Excess liability coverage can be issued only if these minimum amounts of underlying coverage are met:

| Type of liability coverage | Minimum underlying amount | Minimum underlying coverage |
|---|--|-----------------------------------|
| Personal | \$50,000 | comprehensive personal liability |
| Vehicle | | |
| Registered vehicles including Collector vehicles* | \$250,000/\$500,000/\$25,000 (split limits) or \$300,000 (combined single limit) | bodily injury and property damage |
| Unregistered vehicles** | \$50,000 (combined single limit) | bodily injury and property damage |
| Uninsured motorists protection | \$250,000/\$500,000/\$25,000 (split limits) or \$300,000 (combined single limit) | bodily injury and property damage |
| Watercraft | | |
| Less than 26 feet and 50 horsepower or less | \$50,000 | protection and indemnity |
| 26 feet or greater and greater than 50 horsepower | \$500,000 | protection and indemnity |

- * "Registered vehicle" means any motorized land vehicle **subject** to motor vehicle registration.
 "Collector vehicle" means any motorized land vehicle with a model year of 1945 or earlier, or that is maintained primarily for use in collector activities, exhibits, parades, or other functions of public interest and not for general transportation.

- ** "Unregistered vehicle" means any motorized land vehicle **not subject** to motor vehicle registration.

Watercraft coverage

The excess liability rates for watercraft do not apply to sailboats less than 26 feet or motorboats with less than 50 horsepower. There is no charge for excess liability coverage for these types of watercraft.

Excess Liability: Rules

Employment practices liability coverage

Employment practices liability coverage includes coverage for employment practices liability and reputational injury. Employment practices liability coverage is only available on a policy with an excess liability limit of \$1,000,000 or greater.

Eligibility

All homes must be used as one-family or two-family residences.

Contents coverage may be written for a house owned by the insured only if house coverage is included in the policy.

Coverage options

| Property covered | Types of coverage | Payment basis (loss settlement) |
|--------------------------------------|------------------------------------|--|
| House (dwelling only) | Deluxe (all risk) | Extended replacement cost, verified replacement cost or conditional replacement cost |
| Contents (of a house) | Deluxe (all risk) | Replacement cost or actual cash value |
| | Standard (named perils) | Replacement cost or actual cash value |
| | Fire (named perils, without theft) | Actual cash value |
| Condominium, Cooperative, or Renters | Deluxe (all risk) | Replacement cost or actual cash value |
| | Standard (named perils) | Replacement cost or actual cash value |

Minimum amount

These are the minimum amounts of coverage:

| | |
|--|-----------|
| House amount with deluxe or standard contents: | \$50,000* |
| House amount with fire contents: | \$20,000 |
| House amount without contents: | \$20,000 |
| Condominium or cooperative: | \$15,000 |
| Renters: | \$15,000 |

* Deluxe or standard contents coverage may not be less than 40% of house coverage.

Home and Contents: Rules

Deductibles

All homes and contents coverages must have the same deductible. The following flat deductibles are available:

\$ 250
\$ 500
\$ 1,000
\$ 2,500
\$ 5,000
\$ 7,500
\$ 10,000
\$ 25,000
\$ 50,000

A 1/2%, 1% and 2% wind or hail deductible is available for deluxe house coverage.

Underinsured houses

If a house is not insured to at least 90% of the amount of coverage we recommend, the payment basis will be conditional replacement cost. There is an undervalue surcharge when coverage is below 80% of the amount of coverage we recommend.

Renovated or newly constructed houses

If new construction of a house or other permanent structures or additions, alterations or renovations to the existing house or other permanent structures occurs that results in the insured living out of the house, the company must be notified.

Vacant houses

If an insured house will be vacant (substantially empty of furnishings and contents), for more than 30 days, the company must be notified.

Employment practices liability coverage

Employment practices liability coverage includes coverage for employment practices liability and reputational injury. Employment practices liability coverage is only available on a policy with a personal liability limit of \$1,000,000 or greater.

Family ProtectionSM Coverage

Family Protection Coverage is always rated at one residence regardless of the number of residences on the policy. The home and contents deductible does not apply to this coverage.

Earthquake coverage

Earthquake coverage must meet our underwriting guidelines and is available on deluxe house coverage when there is deluxe contents coverage, and on deluxe condominium, deluxe cooperative, and deluxe renters coverage. In territories 5,6,9 and 12 only, a 10% or 15% deductible is available. In all other territories, the policyholder can select a 5%, 10% or 15% deductible.

Eligibility

All vehicles must be owned by or leased to an individual or, if company-owned, regularly used by the individual.

Vehicles cannot be rented to others or used as a public or livery conveyance for passengers. Shared-expense car pool arrangements are exceptions to this rule.

Definitions

"Registered vehicle" means any motorized land vehicle subject to motor vehicle registration, including private passenger vehicles, vans, pickup trucks, motorcycles, registered mopeds, collector vehicles, recreational vehicles, and other registered vehicles. A trailer subject to motor vehicle registration is also considered a "Registered vehicle."

"Collector vehicle" means any motorized land vehicle with a model year of 1945 or earlier, or that is maintained primarily for use in collector activities, exhibits, parades, or other functions of public interest and not for general transportation.

"Unregistered vehicle" means any motorized land vehicle not subject to motor vehicle registration, including unregistered mopeds, golf carts, snowmobiles, and other unregistered vehicles.

Deductible

For all private passenger vehicles, vans, and pickup trucks the following deductibles are available with an agreed or market value of:

| | |
|--------------------------|----------|
| · less than \$75,000 | |
| \$ 100 | \$ 2,000 |
| \$ 250 | \$ 5,000 |
| \$ 500 | \$10,000 |
| \$ 1,000 | |
| · \$75,000 to \$155,000 | |
| \$ 500 | \$ 5,000 |
| \$ 1,000 | \$10,000 |
| \$ 2,000 | |
| · greater than \$155,000 | |
| \$ 5,000 | \$10,000 |

Vehicles valued at less than \$45,000 must have the same deductible.

Collector vehicles automatically have no deductible.

All other vehicles, including motorcycles, mopeds, recreational vehicles, trailers, and unregistered vehicles, automatically have a deductible of \$250.

Agreed value

Any vehicle may be insured for an amount agreed upon between the insured and the company. The agreed value may not be less than the market value of the vehicle.

All private passenger vehicles, vans, or pickup trucks with an agreed or market value of \$45,000 or more, all trailers worth more than \$3,000, and all motorcycles, mopeds, recreational vehicles, collector vehicles, and unregistered vehicles **must** be insured on an agreed value basis.

Vehicles: Rules

Market value

Any private passenger vehicle, van, or pickup truck with an agreed or market value less than \$45,000 may be insured for its market value.

"Market value" means the average retail value. The most current "Black Book®" or other similar invoice and retail pricing information and specifications guide at the time the policy is issued (rounded to the nearest \$100) is used as a guide. Market value **does not** include optional equipment that is not already considered in the book's option package code.

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Uninsured and underinsured motorists protection (UM/UIM)

All insureds must be offered the option to purchase bodily injury and property damage uninsured motorists protection and underinsured motorists protection. The following amounts of coverage are available:

| | |
|-----------|--------------|
| \$ 75,000 | \$ 1,000,000 |
| \$100,000 | \$ 2,000,000 |
| \$200,000 | \$ 3,000,000 |
| \$300,000 | \$ 5,000,000 |
| \$500,000 | \$10,000,000 |

A \$200 deductible applies to property damage uninsured motorists protection.

The amount of bodily injury uninsured motorists protection may not be greater than the amount of liability coverage. All vehicles garaged in the same state that are in the same policy must have the same amount of bodily injury and property damage uninsured motorist protection and, if applicable, underinsured motorists protection.

Personal injury protection

Medical Payments Coverage, Work Loss, and Accidental Death Benefits are available on all private passenger vehicles, vans, pickup trucks, registered recreational vehicles, and collector vehicles. Unregistered vehicles are **not** eligible for this coverage.

Medical Payments is available at a limit of \$5000 per person. Work Loss includes a maximum per person limit of \$140 per week for 52 weeks for an income earner and \$70 per week for 52 weeks for a non income earner. Accidental Death Benefits includes a maximum limit of \$5000 per person.

Trailers

When physical damage coverage is purchased for any registered vehicle in this policy, the same coverage is automatically provided for nonmotorized trailers, up to \$3,000. Trailers with a replacement cost of more than \$3,000 must be written on an agreed value basis at an additional charge.

When liability and UM coverages are purchased for any vehicle, the same coverage is automatically provided for trailers.

Financial responsibility

When the company is notified that a financial responsibility statement must be filed, it will be made on behalf of the insured with no additional surcharge.

Suspension of coverage

Coverage may be suspended for a vehicle by first cancelling coverage and later reinstating it.

- These other vehicle premiums apply to:
- . registered motorcycles/mopeds;
 - . registered recreational vehicles (e.g., motor homes);
 - . registered trailers;
 - . collector vehicles; and
 - . unregistered vehicles (e.g., snowmobiles, golf carts, dune buggies).

There are four steps in calculating this premium:

1. Determine the physical damage base premium.
2. Add the liability premium.
3. Add the uninsured motorists protection (UM) premium.
4. Add the Personal injury protection premium, if applicable.

All numbers are rounded to the nearest whole dollar after **every** step.

Step 1: Determine the Physical Damage Base Premium

Multiply the agreed value times the base rate per \$100 from the following chart, and round to the nearest whole dollar.

For registered trailers, use the amount of coverage requested above \$3,000 (the amount automatically given to trailers) instead of the agreed value.

If only liability coverage is requested, skip to Step 2.

| Vehicle | Base rate per \$100 | |
|---|-----------------------------|--------------------|
| | Comprehensive and collision | Comprehensive only |
| Registered motorcycles/mopeds | \$ 4.75 | \$ 1.35 |
| Registered recreational vehicles | \$ 2.50 | \$ 0.90 |
| Registered trailers | \$ 1.50 | \$ 0.75 |
| Collector vehicles | | |
| Model year | | |
| 1987 and later | \$ 2.18 | \$ 1.09 |
| 1978–1986 | \$ 1.27 | \$ 0.64 |
| 1964–1977 | \$ 0.59 | \$ 0.30 |
| 1946–1963 | \$ 0.59 | \$ 0.30 |
| 1945 and prior | \$ 0.50 | \$ 0.30 |
| Unregistered vehicles | \$ 3.75 | \$ 1.75 |

Other Vehicles: Rates

Step 2: Add the Liability Premium

Skip this step for trailers; liability coverage for trailers is automatically included in the liability premium for private passenger cars, collector vehicles, vans, and pickup trucks.

Registered motorcycles. For each registered motorcycle, add the applicable amount(s) from the following chart to the premium (from Step 1):

| Amount of coverage | Liability premium | | | | | | | |
|--------------------|-------------------|---------------|----------------|---------------|----------------|---------------|----------------|---------------|
| | 0–100cc's | | 101–370cc's | | 371–600cc's | | 601+ cc's | |
| | 24 and under * | 25 and over * | 24 and under * | 25 and over * | 24 and under * | 25 and over * | 24 and under * | 25 and over * |
| \$ 100,000 | \$ 96 | \$ 64 | \$ 160 | \$ 96 | \$ 224 | \$ 160 | \$ 288 | \$ 224 |
| \$ 200,000 | \$ 107 | \$ 71 | \$ 178 | \$ 107 | \$ 249 | \$ 178 | \$ 321 | \$ 249 |
| \$ 300,000 | \$ 113 | \$ 74 | \$ 187 | \$ 113 | \$ 262 | \$ 187 | \$ 337 | \$ 262 |
| \$ 500,000 | \$ 117 | \$ 77 | \$ 195 | \$ 117 | \$ 272 | \$ 195 | \$ 351 | \$ 272 |
| \$ 1,000,000 | \$ 122 | \$ 80 | \$ 202 | \$ 122 | \$ 283 | \$ 202 | \$ 364 | \$ 283 |
| \$ 2,000,000 | \$ 134 | \$ 88 | \$ 222 | \$ 134 | \$ 310 | \$ 222 | \$ 400 | \$ 310 |
| \$ 3,000,000 | \$ 136 | \$ 89 | \$ 225 | \$ 136 | \$ 314 | \$ 225 | \$ 405 | \$ 314 |
| \$ 5,000,000 | \$ 143 | \$ 94 | \$ 237 | \$ 143 | \$ 331 | \$ 237 | \$ 427 | \$ 331 |
| \$10,000,000 | \$ 199 | \$ 131 | \$ 331 | \$ 199 | \$ 462 | \$ 331 | \$ 596 | \$ 462 |

* Age of youngest licensed driver on the policy.

All other vehicles. For each class of vehicle, add the applicable amount(s) **once** for all vehicles of that class.

| Amount of coverage | Liability premium | | | |
|--------------------|-------------------|----------------------------------|--------------------|-----------------------|
| | Registered mopeds | Registered recreational vehicles | Collector vehicles | Unregistered vehicles |
| \$ 100,000 | \$ 96 | \$ 160 | \$ 53 | \$ 81 |
| \$ 200,000 | \$ 107 | \$ 178 | \$ 56 | \$ 90 |
| \$ 300,000 | \$ 113 | \$ 187 | \$ 63 | \$ 94 |
| \$ 500,000 | \$ 117 | \$ 195 | \$ 105 | \$ 98 |
| \$ 1,000,000 | \$ 122 | \$ 202 | \$ 138 | \$ 102 |

Step 2: Add the Liability Premium

(continued)

| Amount of coverage | Liability premium | | | |
|--------------------|-------------------|----------------------------------|--------------------|-----------------------|
| | Registered mopeds | Registered recreational vehicles | Collector vehicles | Unregistered vehicles |
| \$ 2,000,000 | \$ 134 | \$ 222 | \$ 154 | \$ 112 |
| \$ 3,000,000 | \$ 136 | \$ 225 | \$ 171 | \$ 113 |
| \$ 5,000,000 | \$ 143 | \$ 237 | \$ 222 | \$ 119 |
| \$10,000,000 | \$ 199 | \$ 331 | \$ 312 | \$ 166 |

Step 3: Add the UM/UIM Premium

UM/UIM Surcharge

Skip this step for trailers and unregistered vehicles. UM/UIM coverage for trailers is automatically included in the liability premium for private passenger cars, collector vehicles, vans and pickup trucks.

For all other vehicles, add the UM and /or UIM premium from the following chart for **each** motorcycle and once for each other class. Add this total to the premium (from Step 2).

| Amount of coverage | | Property damage | UM/ UIM code | Registered motorcycles | Registered mopeds | Registered recreational vehicles | Collector vehicles |
|--------------------|------|-----------------|-----------------|------------------------|-------------------|----------------------------------|--------------------|
| UM | UIM | | | | | | |
| \$ 75,000 | \$ 0 | NO | B | \$ 17 | \$ 17 | \$ 8 | \$ 4 |
| \$ 100,000 | \$ 0 | NO | C | \$ 18 | \$ 18 | \$ 9 | \$ 7 |
| \$ 200,000 | \$ 0 | NO | D | \$ 19 | \$ 19 | \$ 10 | \$ 11 |
| \$ 300,000 | \$ 0 | NO | E | \$ 20 | \$ 20 | \$ 11 | \$ 14 |
| \$ 500,000 | \$ 0 | NO | F | \$ 23 | \$ 23 | \$ 12 | \$ 24 |
| \$ 1,000,000 | \$ 0 | NO | G | \$ 29 | \$ 29 | \$ 14 | \$ 28 |
| \$ 2,000,000 | \$ 0 | NO | H | \$ 55 | \$ 55 | \$ 27 | \$ 36 |
| \$ 3,000,000 | \$ 0 | NO | J | \$ 65 | \$ 65 | \$ 33 | \$ 44 |
| \$ 5,000,000 | \$ 0 | NO | K | \$ 84 | \$ 84 | \$ 42 | \$ 64 |

Other Vehicles: Rates

Step 3: Add the UM/UIM Premium (continued)

Amount of coverage

| UM | UIM | Property damage | UM/UIM code | Registered motorcycles | Registered mopeds | Registered recreational vehicles | Collector vehicles |
|--------------|--------------|-----------------|-------------|------------------------|-------------------|----------------------------------|--------------------|
| \$10,000,000 | \$ 0 | NO | L | \$ 234 | \$ 234 | \$ 117 | \$ 128 |
| \$ 75,000 | \$ 0 | YES | M | \$ 22 | \$ 22 | \$ 12 | \$ 8 |
| \$ 100,000 | \$ 0 | YES | P | \$ 23 | \$ 23 | \$ 13 | \$ 11 |
| \$ 200,000 | \$ 0 | YES | Q | \$ 24 | \$ 24 | \$ 14 | \$ 15 |
| \$ 300,000 | \$ 0 | YES | R | \$ 25 | \$ 25 | \$ 15 | \$ 19 |
| \$ 500,000 | \$ 0 | YES | S | \$ 30 | \$ 30 | \$ 18 | \$ 26 |
| \$ 1,000,000 | \$ 0 | YES | T | \$ 38 | \$ 38 | \$ 23 | \$ 30 |
| \$ 2,000,000 | \$ 0 | YES | U | \$ 64 | \$ 64 | \$ 37 | \$ 43 |
| \$ 3,000,000 | \$ 0 | YES | V | \$ 75 | \$ 75 | \$ 42 | \$ 51 |
| \$ 5,000,000 | \$ 0 | YES | W | \$ 94 | \$ 94 | \$ 52 | \$ 72 |
| \$10,000,000 | \$ 0 | YES | X | \$ 245 | \$ 245 | \$ 128 | \$ 140 |
| \$ 75,000 | \$ 75,000 | NO | 6 | \$ 30 | \$ 30 | \$ 15 | \$ 8 |
| \$ 100,000 | \$ 100,000 | NO | 7 | \$ 32 | \$ 32 | \$ 16 | \$ 12 |
| \$ 200,000 | \$ 200,000 | NO | 8 | \$ 34 | \$ 34 | \$ 17 | \$ 16 |
| \$ 300,000 | \$ 300,000 | NO | 9 | \$ 36 | \$ 36 | \$ 18 | \$ 20 |
| \$ 500,000 | \$ 500,000 | NO | 10 | \$ 38 | \$ 38 | \$ 19 | \$ 32 |
| \$ 1,000,000 | \$ 1,000,000 | NO | 11 | \$ 44 | \$ 44 | \$ 22 | \$ 41 |
| \$ 2,000,000 | \$ 2,000,000 | NO | 12 | \$ 76 | \$ 76 | \$ 38 | \$ 54 |
| \$ 3,000,000 | \$ 3,000,000 | NO | 13 | \$ 88 | \$ 88 | \$ 44 | \$ 68 |
| \$ 5,000,000 | \$ 5,000,000 | NO | 14 | \$ 108 | \$ 108 | \$ 54 | \$ 95 |
| \$10,000,000 | \$10,000,000 | NO | 15 | \$ 266 | \$ 266 | \$ 133 | \$ 162 |
| \$ 75,000 | \$ 75,000 | YES | 16 | \$ 35 | \$ 35 | \$ 20 | \$ 13 |

Step 3: Add the UM/UIM Premium (continued)

| Amount of coverage | | Property damage | UM/UIM code | Registered motorcycles | Registered mopeds | Registered recreational vehicles | Collector vehicles |
|--------------------|--------------|-----------------|-------------|------------------------|-------------------|----------------------------------|--------------------|
| UM | UIM | | | | | | |
| \$ 100,000 | \$ 100,000 | YES | 17 | \$ 38 | \$ 38 | \$ 22 | \$ 17 |
| \$ 200,000 | \$ 200,000 | YES | 18 | \$ 41 | \$ 41 | \$ 24 | \$ 21 |
| \$ 300,000 | \$ 300,000 | YES | 19 | \$ 44 | \$ 44 | \$ 26 | \$ 26 |
| \$ 500,000 | \$ 500,000 | YES | 20 | \$ 48 | \$ 48 | \$ 29 | \$ 38 |
| \$ 1,000,000 | \$ 1,000,000 | YES | 21 | \$ 56 | \$ 56 | \$ 34 | \$ 48 |
| \$ 2,000,000 | \$ 2,000,000 | YES | 22 | \$ 88 | \$ 88 | \$ 50 | \$ 62 |
| \$ 3,000,000 | \$ 3,000,000 | YES | 23 | \$ 100 | \$ 100 | \$ 56 | \$ 76 |
| \$ 5,000,000 | \$ 5,000,000 | YES | 24 | \$ 120 | \$ 120 | \$ 66 | \$ 105 |
| \$10,000,000 | \$10,000,000 | YES | 25 | \$ 278 | \$ 278 | \$ 145 | \$ 176 |
| Reject coverage | | | Z | | | | |

Step 4: Add the Personal Injury Protection Premium

Skip this step for trailers. Personal injury protection coverage is automatically included for trailers when it is provided for vehicles on the policy (private passenger cars, collector vehicles, vans, and pickup trucks).

Personal injury protection is not available for **registered motorcycles/mopeds** or **unregistered vehicles**.

The following options are available for registered recreational vehicles and collector vehicles, add the amounts from the following chart **once** for all vehicles of that class to the premium (from step 3).

| Option code | Medical \$5,000 | Accidental death benefits | Work loss | Collector vehicles | Registered recreational vehicles |
|-------------|-----------------|---------------------------|-----------|--------------------|----------------------------------|
| 1 | YES | YES | YES | \$ 35 | \$ 45 |
| 2 | YES | YES | NO | \$ 23 | \$ 31 |
| 3 | YES | NO | NO | \$ 15 | \$ 19 |
| 4 | YES | NO | YES | \$ 28 | \$ 33 |
| 5 | NO | YES | YES | \$ 20 | \$ 26 |

Other Vehicles: Rates

Step 4: Add the Personal Injury Protection Premium (continued)

| Option code | Medical \$5,000 | Accidental death benefits | Work loss | Collector vehicles | Registered recreational vehicles |
|-----------------|-----------------|---------------------------|-----------|--------------------|----------------------------------|
| 6 | NO | NO | YES | \$ 13 | \$ 14 |
| 7 | NO | YES | NO | \$ 8 | \$ 12 |
| Reject coverage | | | Z | | |

Other Vehicles: Rates



For company use only

Collector Vehicle Credits and Surcharges

These credits and surcharges may apply when the total agreed value for all the collector vehicles on the policy is \$250,000 or greater. They are applicable to the entire collector vehicle premium unless otherwise specified.

Security Credit. (1% - 10% maximum credit permitted) A credit is available for a protected garage with one or more of the following:

- Central station fire alarm or burglar alarm. There is a central station or direct reporting fire or burglar alarm at the garaging location where the collector vehicle(s) are kept.
- Local fire alarm or burglar alarm. There is a local fire or burglar alarm at the garaging location where the collector vehicle(s) are kept.
- Automatic sprinkler system. There is an automatic sprinkler system installed in the garaging location where the collector vehicle(s) are kept.
- Watchman/Resident caretaker. There is a watchman or resident caretaker available on the premises of the garaging location 24 hours a day.
- Fire extinguishers. There are fire extinguishers kept at the garaging location of the collector vehicle(s) or in the collector vehicle(s).

Storage Garage Construction Credit. (1% - 10% maximum credit permitted) A credit is available for fire resistive construction types:

- Fire resistive construction. Exterior walls, floor and roof of the garaging location are built of masonry or other fire resistive materials with a rating of two hours or more.
- Modified fire resistive construction - Buildings where the exterior walls, floors, and roof are constructed of masonry or fire resistant material, with a fire resistant rating of one hour or more, but less than two hours.
- Masonry non-combustible. A structure built with exterior walls made of masonry materials, such as adobe, concrete, stone, tile, or gypsum block. The floors and the roof are constructed of incombustible or slow burning materials.
- Fire resistive. A building or structure constructed of fire resistive materials to reduce the severity of a potential fire.
- Joisted masonry. A structure with outside support walls made of incombustible masonry materials (concrete, brick, hollow concrete block, stone or tile) and a roof and floor made of combustible materials.

Other Vehicles: Rates



Collector Vehicle Credits and Surcharges (continued)

Spread of risk credit. (1% - 10% maximum credit permitted) A credit is available if the collection of collector vehicles is stored between two or more garaging locations.

Limited road exposure credit. (1% - 25% maximum credit permitted) A credit is available for collector vehicles that are seldom moved from a regular storage facility except in rare instances where full coverage is necessary. Those rare instances would encompass using such vehicles for exhibition, club activities, parades, and other functions of public interest such as a car show.

Youthful driver surcharge. This surcharge may be applied to collector vehicle risks which are otherwise unacceptable due to the presence of youthful operators. This surcharge only applies if coverage has been provided for the youthful operators operating the collector vehicles.

- Drivers age 16 – 18: 10% surcharge
- Drivers age 19 – 24: 5% surcharge

SERFF Tracking Number: CHUB-125730908 State: Arkansas
 First Filing Company: Federal Insurance Company, ... State Tracking Number:
 Company Tracking Number: 08-6955-RR
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Masterpiece
 Project Name/Number: Collector Vehicle/08-6955-RR

Supporting Document Schedules

Review Status:
Bypassed -Name: A-1 Private Passenger Auto Filed 09/30/2008
 Abstract
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: APCS-Auto Premium Comparison Survey Filed 09/30/2008
Bypass Reason: N/A
Comments:

Review Status:
Satisfied -Name: NAIC loss cost data entry document Filed 09/30/2008
Comments:
 Please see attached completed RF-1 forms.
Attachments:
 092508 loss_cost_data_entry_Federal.pdf
 092508 loss_cost_data_entry_PI.pdf
 092508 loss_cost_data_entry_Vig.pdf

Review Status:
Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp Filed 09/30/2008
Bypass Reason: N/A
Comments:

Review Status:
Satisfied -Name: Uniform Transmittal Document-Property & Casualty Filed 09/30/2008
Comments:
 Please see attached NAIC Property & Casualty Transmittal Documents
Attachments:

SERFF Tracking Number: CHUB-125730908 *State:* Arkansas
First Filing Company: Federal Insurance Company, ... *State Tracking Number:*
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

F777MD.pdf

F779.pdf

SERFF Tracking Number: CHUB-125730908 State: Arkansas
First Filing Company: Federal Insurance Company, ... State Tracking Number:
Company Tracking Number: 08-6955-RR
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Masterpiece
Project Name/Number: Collector Vehicle/08-6955-RR

Satisfied -Name: Exhibit A **Review Status:** Filed 09/30/2008
Comments:
Attachment:
Exhibit A.pdf

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Federal Insurance Company | B. 20281 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| 5. | | | FOR LOSS COSTS ONLY | | | | |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|
| (A) COVERAGE (See Instructions) | (B) Indicated % Rate Level Change | (C) Requested % Rate Level Change | (D) Expected Loss Ratio | (E) Loss Cost Modification Factor | (F) Selected Loss Cost Multiplier | (G) Expense Constant (If Applicable) | (H) Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| 6. | | 5 Year History Rate Change History | | | | | |
|-------------|-----------|---|----------------|----------------------------|-----------------------|------------------|------------------------|
| Year | Car Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
| 2007 | 15 | 0 | | 12399 | 0 | 0 | 6% |
| 2006 | 14 | 0 | | 9760 | 0 | 0 | 21% |
| 2005 | 11 | 0 | | 6019 | 0 | 0 | 17% |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 7. | |
|--|---------------------|
| Expense Constants | Selected Provisions |
| A. Total Production Expense | N/A |
| B. General Expense | N/A |
| C. Taxes, License & Fees | N/A |
| D. Underwriting Profit & Contingencies | N/A |
| E. Other (explain) | N/A |
| F. TOTAL | N/A |

- 8.** No Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 6% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** -5% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|----|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|----|---|-------------------|

| | | |
|----|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|----|--|------------|

| | | | |
|--------------|-----------|--|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Pacific Indemnity Insurance Company | B. 20346 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | | |
|-------------|-----------|----------------|---------------------|----------------------------|-----------------------|------------------|------------------------|--|
| 6. | | 5 Year History | Rate Change History | | | | | |
| Year | Car Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio | |
| 2007 | 15 | 0 | | 12399 | 0 | 0 | 6% | |
| 2006 | 14 | 0 | | 9760 | 0 | 0 | 21% | |
| 2005 | 11 | 0 | | 6019 | 0 | 0 | 17% | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | |
|--|---------------------|
| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | N/A |
| B. General Expense | N/A |
| C. Taxes, License & Fees | N/A |
| D. Underwriting Profit & Contingencies | N/A |
| E. Other (explain) | N/A |
| F. TOTAL | N/A |

8. No Apply Lost Cost Factors to Future filings? (Y or N)
9. -2% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
10. -3% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|-----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Vigilant Insurance Company | B. 20397 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | |
|---------------------------------------|--|--|-------------------------------|--|--|---|---|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) COVERAGE (See Instructions) | (B) Indicated % Rate Level Change | (C) Requested % Rate Level Change | (D) Expected Loss Ratio | (E) Loss Cost Modification Factor | (F) Selected Loss Cost Multiplier | (G) Expense Constant (If Applicable) | (H) Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | |
|-------------|-----------|----------------|----------------|----------------------------|-----------------------|------------------|------------------------|
| 6. | | 5 Year History | | Rate Change History | | | |
| Year | Car Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
| 2007 | 15 | 0 | | 12399 | 0 | 0 | 6% |
| 2006 | 14 | 0 | | 9760 | 0 | 0 | 21% |
| 2005 | 11 | 0 | | 6019 | 0 | 0 | 17% |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|--|---------------------|
| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | N/A |
| B. General Expense | N/A |
| C. Taxes, License & Fees | N/A |
| D. Underwriting Profit & Contingencies | N/A |
| E. Other (explain) | N/A |
| F. TOTAL | N/A |

- 8.** No Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** 44% Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** -4% Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

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: | |
| | e. Effective date of filing: | |
| | <input type="checkbox"/> New Business | |
| | <input type="checkbox"/> Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: CHUB-125610722 | |
| h. Subject Codes | | |

| | |
|---|---------------------|
| 3. Group Name | Group NAIC # |
| Chubb & Son a division of Federal Insurance Co. | 038 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|-------------------------------------|-----------------|---------------|---------------|----------------|
| Federal Insurance Company | Indiana | 20281 | 13-1963496 | |
| Pacific Indemnity Insurance Company | Wisconsin | 20346 | 95-1078160 | |
| Vigilant Insurance Company | New York | 20397 | 13-1963495 | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|-------------------|
| 5. Company Tracking Number | 08-6955-RR |
|-----------------------------------|-------------------|

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

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|----------------------------|--|---------------------|----------------|--|
| Fran Muldoon | Manager – State Filings Department | (908) 572-2875 | (908) 572-4034 | fmuldoon@chubb.com |
| | | | | |

| | |
|---|---------------------|
| 7. Signature of authorized filer | <i>Fran Muldoon</i> |
| 8. Please print name of authorized filer | Fran Muldoon |

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

| | |
|--|--|
| 9. Type of Insurance (TOI) | 19.0 Personal Auto |
| 10. Sub-Type of Insurance (Sub-TOI) | 19.0001 Private Passenger Auto (PPA) |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Masterpiece |
| 13. Filing Type | <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) |
| 14. Effective Date(s) Requested | August 25, 2008 Renewal: |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | N/A |
| 17. Reference Organization # & Title | N/A |
| 18. Company's Date of Filing | July 22, 2008 |

| | | | | |
|---|------------------------------------|----------------------------------|-------------------------------------|--------------------------------------|
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed | <input type="checkbox"/> Pending | <input type="checkbox"/> Authorized | <input type="checkbox"/> Disapproved |
|---|------------------------------------|----------------------------------|-------------------------------------|--------------------------------------|

Property & Casualty Transmittal Document—

| | |
|--|------------|
| 20. This filing transmittal is part of Company Tracking # | 08-6955-RR |
|--|------------|

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

This letter and its attachments submit revisions to the Vehicles and Other Vehicles section of the Masterpiece Rate and Rule Manual. The overall premium level effect of the revisions described below is +7.7% for collector vehicles and is 0.0% for all vehicles.

We are introducing changes to our collector vehicle rates as follows, which will allow us to compete more effectively within the marketplace:

- Expanding the Collector Vehicle Physical Damage Model Year categories.
- Realigning our Collector Vehicle rates for Physical Damage, Liability, PIP, and Uninsured and Underinsured motorists protection.
- Introducing credits and surcharges for collections valued at \$250,000 or more as shown in Exhibit 3.

We are also introducing changes to our registered motorcycle/moped rates which will allow us to compete more effectively with the marketplace as follows:

- We are decreasing the motorcycle/mopeds physical damage rates by 75% as shown in Exhibit 2.
- Changing the current motorcycle age categories (“21 and under” and “22 and over”) to “24 and under” and “25 and over,” respectively.

We are also revising the Market Value Rule to reference “Black Book” instead of “NADA Book” in the Vehicles Rules section of the manual.

In addition, we are revising the Employment Practices Liability rule in the Primary Liability and Excess Liability and Home and Contents section to reflect a change in the required amount of liability needed on the same policy from \$5 million to \$1 million to be eligible to purchase Employment Practices Liability (EPL) Coverage

Please refer to the attached actuarial filing memorandum for further detail regarding the changes submitted under this filing.

We have decided to adopt these revisions for policies issued and effective on or after August 25, 2008. We are enclosing final printed pages that reflect each of the revisions submitted under this filing. Your acknowledgment will be greatly appreciated.

Please contact me should you have any questions or require additional information.

| | |
|------------------------|--|
| 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 - Filing and review of independent rates, including companion rule filings required for implementation \$100.00

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.)**

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 # | 08-6955-RR |
|-----------|--|-------------------|

| | | |
|-----------|---|------------|
| 2. | This filing corresponds to form filing number (Company tracking number of form filing, if applicable) | N/A |
|-----------|---|------------|

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) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| Pacific | | -0.800% | -252 | 17 | 32262 | -2.400% | -2.900% |
| Vigilant | | 0.100% | 568 | 328 | 752708 | 44.100% | -3.600% |
| Federal | | 0.100% | 108 | 236 | 189546 | 6.000% | -5.000% |

| | |
|------------|--|
| 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 (where required) | Minimum % Change (where required) |
|--------------|--|-----------------------|---|--|----------------------------------|-----------------------------------|-----------------------------------|
| | | | | | | | |
| | | | | | | | |

Overall Rate Information (Complete for Multiple Company Filings only)

| | | COMPANY USE | STATE USE |
|------------|--|-------------|-----------|
| 5a. | Overall percentage rate indication (when applicable) | | |
| 5b. | Overall percentage rate impact for this filing | 0.000 | |
| 5c. | Effect of Rate Filing – Written premium change for this program | 424 | |
| 5d. | Effect of Rate Filing – Number of policyholders affected | 581 | |

| | | |
|-----------|---|-------------|
| 6. | Overall percentage of last rate revision | 9.9% |
|-----------|---|-------------|

| | | |
|-----------|---|-------------------|
| 7. | Effective Date of last rate revision | 07/21/2004 |
|-----------|---|-------------------|

| | | |
|-----------|---|---------------------|
| 8. | Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) | File and Use |
|-----------|---|---------------------|

| 9. | Rule # or Page # Submitted for Review | Replacement or Withdrawn? | Previous state filing number, if required by state |
|----|---|---|--|
| 01 | Liability: Rules - Pages 2.1 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 02 | Excess Liability: Rules - Pages 3.1 – 3.2 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 03 | Homes and Contents: Rules - Pages 5.1 – 5.2 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 04 | Vehicles: Rules – Pages 9.1 – 9.2 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |

Effective March 1, 2007

| | | | |
|----|---|---|--|
| 05 | Other Vehicles: Rates – Pages 11.1 – 11.6 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 06 | Other Vehicles: Rates – Pages 11a.1 – 11a.2 | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 07 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 08 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |
| 09 | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | |

Exhibit A

ARKANSAS 4/10/08

| Ex. 1 | 1987 Buick Grand National | | | Hagerty | CB Prop/ Hag |
|-------|---------------------------|---------|--------|---------|-----------------|
| | AV: \$ | 115,000 | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$1,380 | \$2,507 | 81.7% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$1,422 | \$2,597 | 82.6% | \$2,609 | 1.00 |
| | CSL: \$ 300,000 | | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$1,380 | \$2,507 | 81.7% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$1,427 | \$2,616 | 83.3% | \$2,617 | 1.00 |
| | CSL: \$ 500,000 | | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$1,380 | \$2,507 | 81.7% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$1,434 | \$2,670 | 86.2% | \$2,681 | 1.00 |

ARKANSAS 4/10/08

| Ex. 2 | 1978 Buick Turbo Regal | | | Hagerty | CB Prop/ Hag |
|-------|------------------------|---------|--------|---------|-----------------|
| | AV: \$ | 25,000 | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$300 | \$318 | 5.8% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$342 | \$408 | 19.2% | \$412 | 0.99 |
| | CSL: \$ 300,000 | | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$300 | \$318 | 5.8% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$347 | \$427 | 22.9% | \$420 | 1.02 |
| | CSL: \$ 500,000 | | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$300 | \$318 | 5.8% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$354 | \$481 | 35.7% | \$484 | 0.99 |

Exhibit A

ARKANSAS 4/10/08

| Ex. 3 | 1970 Chevy Camaro | | | Hagerty | CB Prop/ Hag |
|-------|-------------------|---------|--------|---------|-----------------|
| | AV: \$ | 40,000 | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$480 | \$236 | -50.8% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$522 | \$326 | -37.5% | \$327 | 1.00 |
| | CSL: \$ | 300,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$480 | \$236 | -50.8% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$527 | \$345 | -34.5% | \$335 | 1.03 |
| | CSL: \$ | 500,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$480 | \$236 | -50.8% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$534 | \$399 | -25.3% | \$399 | 1.00 |

ARKANSAS 4/10/08

| Ex. 4 | 1965 Chevy Corvette | | | Hagerty | CB Prop/ Hag |
|-------|---------------------|---------|--------|---------|-----------------|
| | AV: \$ | 65,000 | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$780 | \$384 | -50.8% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$822 | \$474 | -42.4% | \$482 | 0.98 |
| | CSL: \$ | 300,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$780 | \$384 | -50.8% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$827 | \$493 | -40.4% | \$490 | 1.01 |
| | CSL: \$ | 500,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$780 | \$384 | -50.8% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$834 | \$547 | -34.5% | \$554 | 0.99 |

Exhibit A

ARKANSAS 4/10/08

| Ex. 5 | 1956 Chevy Bel Air | | | Hagerty | CB Prop/ Hag |
|-------|--------------------|---------|--------|---------|-----------------|
| | AV: \$ | 40,000 | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$260 | \$236 | -9.2% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$302 | \$326 | 7.9% | \$327 | 1.00 |
| | CSL: \$ | 300,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$260 | \$236 | -9.2% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$307 | \$345 | 12.4% | \$335 | 1.03 |
| | CSL: \$ | 500,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$260 | \$236 | -9.2% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$314 | \$399 | 27.1% | \$399 | 1.00 |

ARKANSAS 4/10/08

| Ex. 6 | 1950 Buick Woodie Wagon | | | Hagerty | CB Prop/ Hag |
|-------|-------------------------|---------|--------|---------|-----------------|
| | AV: \$ | 66,000 | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$429 | \$389 | -9.2% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$471 | \$479 | 1.8% | \$488 | 0.98 |
| | CSL: \$ | 300,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$429 | \$389 | -9.2% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$476 | \$498 | 4.7% | \$496 | 1.00 |
| | CSL: \$ | 500,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$429 | \$389 | -9.2% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$483 | \$552 | 14.4% | \$560 | 0.99 |

Exhibit A

ARKANSAS 4/10/08

| Ex. 7 | 1934 Buick 3 Window Coupe | | | Hagerty | CB Prop/ Hag |
|-------|---------------------------|---------|--------|---------|-----------------|
| | AV: \$ | 35,000 | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$175 | \$175 | 0.0% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$217 | \$265 | 22.1% | \$296 | 0.90 |
| | CSL: \$ | 300,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$175 | \$175 | 0.0% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$222 | \$284 | 27.9% | \$304 | 0.93 |
| | CSL: \$ | 500,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$175 | \$175 | 0.0% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$229 | \$338 | 47.6% | \$368 | 0.92 |

ARKANSAS 4/10/08

| Ex. 8, Multi-Car Vehs from Exs 4 & 5 | Hagerty | CB Prop/ Hag | | | |
|--------------------------------------|---------|-----------------|--------|-------|------|
| | | | | | |
| | CSL: \$ | 100,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$1,040 | \$620 | -40.4% | | |
| 2 | \$30 | \$53 | 76.7% | | |
| 3 | \$4 | \$17 | 325.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$1,082 | \$710 | -34.4% | \$730 | 0.97 |
| | CSL: \$ | 300,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$1,040 | \$620 | -40.4% | | |
| 2 | \$33 | \$63 | 90.9% | | |
| 3 | \$6 | \$26 | 333.3% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$1,087 | \$729 | -33.0% | \$738 | 0.99 |
| | CSL: \$ | 500,000 | | | |
| Step | Curr | Prop | % Chg | | |
| 1 | \$1,040 | \$620 | -40.4% | | |
| 2 | \$38 | \$105 | 176.3% | | |
| 3 | \$8 | \$38 | 375.0% | | |
| 4 | \$8 | \$20 | 150.0% | | |
| | \$1,094 | \$783 | -28.5% | \$802 | 0.98 |

SERFF Tracking Number: CHUB-125730908 State: Arkansas
 First Filing Company: Federal Insurance Company, ... State Tracking Number:
 Company Tracking Number: 08-6955-RR
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: Masterpiece
 Project Name/Number: Collector Vehicle/08-6955-RR

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|------------------|---------------------|------------------------------------|---------------|---|
| No original date | Supporting Document | NAIC loss cost data entry document | 09/10/2008 | 091008 loss_cost_data_entr y_Federal.pdf 091008 loss_cost_data_entr y_PI.pdf 091008 loss_cost_data_entr y_Vig.pdf |
| No original date | Supporting Document | NAIC loss cost data entry document | 09/05/2008 | 090508 loss_cost_data_entr y_Federal.pdf 090508 loss_cost_data_entr y_PI.pdf 090508 loss_cost_data_entr y_Vig.pdf |
| No original date | Supporting Document | NAIC loss cost data entry document | 08/20/2008 | Loss cost data entry Fed.pdf loss_cost_data_entr y_PI.pdf loss_cost_data_entr y_Vig.pdf |
| No original date | Supporting Document | NAIC loss cost data entry document | 07/11/2008 | |

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Federal Insurance Company | B. 20281 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | |
|-------------|-----------|----------------|----------------|----------------------------|-----------------------|------------------|------------------------|
| 6. | | 5 Year History | | Rate Change History | | | |
| Year | Car Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
| 2007 | 15 | 0 | | 12399 | 0 | 0 | 6% |
| 2006 | 14 | 0 | | 9760 | 0 | 0 | 21% |
| 2005 | 11 | 0 | | 6019 | 0 | 0 | 17% |
| | | | | | | | |
| | | | | | | | |

| | |
|--|---------------------|
| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | N/A |
| B. General Expense | N/A |
| C. Taxes, License & Fees | N/A |
| D. Underwriting Profit & Contingencies | N/A |
| E. Other (explain) | N/A |
| F. TOTAL | N/A |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 6%
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): - 5%

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|--|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Pacific Indemnity Insurance Company | B. 20346 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | | |
|-----------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------|--|--|---|---|
| 5. | (A) | (B) | (C) | FOR LOSS COSTS ONLY | | | | |
| | COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | (D) Expected Loss Ratio | (E) Loss Cost Modification Factor | (F) Selected Loss Cost Multiplier | (G) Expense Constant (If Applicable) | (H) Co. Current Loss Cost Multiplier |
| | Liability | N/A | 164% | | | | | |
| | PIP | N/A | 150% | | | | | |
| | UM | N/A | 325% | | | | | |
| | Physical Damage | N/A | -21% | | | | | |
| | TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | | |
|-----------|----------------|-----------|---------------------|----------------|----------------------------|-----------------------|------------------|------------------------|
| 6. | 5 Year History | | Rate Change History | | | | | |
| | Year | Car Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
| | 2007 | 15 | 0 | | 12399 | 0 | 0 | 6% |
| | 2006 | 14 | 0 | | 9760 | 0 | 0 | 21% |
| | 2005 | 11 | 0 | | 6019 | 0 | 0 | 17% |
| | | | | | | | | |
| | | | | | | | | |
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| 7. | Expense Constants | Selected Provisions |
| | A. Total Production Expense | N/A |
| | B. General Expense | N/A |
| | C. Taxes, License & Fees | N/A |
| | D. Underwriting Profit & Contingencies | N/A |
| | E. Other (explain) | N/A |
| | F. TOTAL | N/A |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): ___ – 2% _____
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): ___ – 3% _____

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|-----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Vigilant Insurance Company | B. 20397 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | |
|-------------|-----------|---|----------------|----------------------------|-----------------------|------------------|------------------------|
| 6. | | 5 Year History Rate Change History | | | | | |
| Year | Car Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
| 2007 | 15 | 0 | | 12399 | 0 | 0 | 6% |
| 2006 | 14 | 0 | | 9760 | 0 | 0 | 21% |
| 2005 | 11 | 0 | | 6019 | 0 | 0 | 17% |
| | | | | | | | |
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| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | N/A |
| B. General Expense | N/A |
| C. Taxes, License & Fees | N/A |
| D. Underwriting Profit & Contingencies | N/A |
| E. Other (explain) | N/A |
| F. TOTAL | N/A |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): ___ 4% _____
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): ___ - 4% _____

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Federal Insurance Company | B. 20281 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | |
|-----------|--------------|----------------|----------------|----------------------------|-----------------------|------------------|------------------------|
| 6. | | 5 Year History | | Rate Change History | | | |
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
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| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | |
| B. General Expense | |
| C. Taxes, License & Fees | |
| D. Underwriting Profit & Contingencies | |
| E. Other (explain) | |
| F. TOTAL | |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 6%
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): - 5%

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|--|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Pacific Indemnity Insurance Company | B. 20346 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | |
|-----------|--------------|---|----------------|----------------------------|-----------------------|------------------|------------------------|
| 6. | | 5 Year History Rate Change History | | | | | |
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
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| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | |
| B. General Expense | |
| C. Taxes, License & Fees | |
| D. Underwriting Profit & Contingencies | |
| E. Other (explain) | |
| F. TOTAL | |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): ___ – 2% _____
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): ___ – 3% _____

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|-----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Vigilant Insurance Company | B. 20397 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.001 Private Passenger Auto (PPA) |

| | | | | | | | |
|--------------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | N/A | 164% | | | | | |
| PIP | N/A | 150% | | | | | |
| UM | N/A | 325% | | | | | |
| Physical Damage | N/A | -21% | | | | | |
| TOTAL OVERALL EFFECT | N/A | 7.7% | | | | | |

| | | | | | | | |
|-----------|--------------|----------------|----------------|----------------------------|-----------------------|------------------|------------------------|
| 6. | | 5 Year History | | Rate Change History | | | |
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
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| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | |
| B. General Expense | |
| C. Taxes, License & Fees | |
| D. Underwriting Profit & Contingencies | |
| E. Other (explain) | |
| F. TOTAL | |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): ___ 4% _____
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): ___ - 4% _____

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
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| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Federal Insurance Company | B. 20281 |

| | | | |
|--|-----------|---|---|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.0001 Private Passenger Auto (PPA) |

| | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | | 164% | | | | | |
| PIP | | 150% | | | | | |
| UM | | 325% | | | | | |
| Physical Damage | | -21% | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | | 7.7% | | | | | |

| | | | | | | | |
|-----------|--------------|----------------|-------------------|----------------------------------|-----------------------------|---------------------|---------------------------|
| 6. | | 5 Year History | | Rate Change History | | | |
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
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| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | |
| B. General Expense | |
| C. Taxes, License & Fees | |
| D. Underwriting Profit & Contingencies | |
| E. Other (explain) | |
| F. TOTAL | |

8. _____ Apply Lost Cost Factors to Future filings? (Y or N)

9. _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): 6%

10. _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): - 5%

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

| | | |
|-----------|--|------------|
| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|--|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Pacific Indemnity Insurance Company | B. 20346 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.0001 Private Passenger Auto (PPA) |

| | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | | 164% | | | | | |
| PIP | | 150% | | | | | |
| UM | | 325% | | | | | |
| Physical Damage | | -21% | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | | 7.7% | | | | | |

| | | | | | | | |
|-----------|--------------|----------------|-------------------|----------------------------------|-----------------------------|---------------------|---------------------------|
| 6. | | 5 Year History | | Rate Change History | | | |
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
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| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | |
| B. General Expense | |
| C. Taxes, License & Fees | |
| D. Underwriting Profit & Contingencies | |
| E. Other (explain) | |
| F. TOTAL | |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): ___ - 2% _____
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): ___ - 3% _____

NAIC LOSS COST DATA ENTRY DOCUMENT (EFFECTIVE AUG. 16, 2004)

| | | |
|-----------|---|-------------------|
| 1. | This filing transmittal is part of Company Tracking # | 08-6955-RR |
|-----------|---|-------------------|

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| 2. | If filing is an adoption of an advisory organization loss cost filing, give name of advisory organization and Reference/Item Filing Number | N/A |
|-----------|--|------------|

| | | | |
|--------------|-----------|-----------------------------------|------------------------|
| Company Name | | Company NAIC Number | |
| 3. | A. | Vigilant Insurance Company | B. 20397 |

| | | | |
|--|-----------|---|--|
| Product Coding Matrix Line of Business (i.e., Type of Insurance) | | Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance) | |
| 4. | A. | 19.0 Personal Auto | B. 19.0001 Private Passenger Auto (PPA) |

| | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|------------------------|-------------------------------------|-------------------------------------|--|--|
| 5. | | | FOR LOSS COSTS ONLY | | | | |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) |
| COVERAGE (See Instructions) | Indicated % Rate Level Change | Requested % Rate Level Change | Expected Loss Ratio | Loss Cost Modification Factor | Selected Loss Cost Multiplier | Expense Constant (If Applicable) | Co. Current Loss Cost Multiplier |
| Liability | | 164% | | | | | |
| PIP | | 150% | | | | | |
| UM | | 325% | | | | | |
| Physical Damage | | -21% | | | | | |
| | | | | | | | |
| TOTAL OVERALL EFFECT | | 7.7% | | | | | |

| | | | | | | | |
|-----------|--------------|----------------|-------------------|----------------------------------|-----------------------------|---------------------|---------------------------|
| 6. | | 5 Year History | | Rate Change History | | | |
| Year | Policy Count | % of Change | Effective Date | State Earned Premium (000) | Incurred Losses (000) | State Loss Ratio | Countrywide Loss Ratio |
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| 7. | |
| Expense Constants | Selected Provisions |
| A. Total Production Expense | |
| B. General Expense | |
| C. Taxes, License & Fees | |
| D. Underwriting Profit & Contingencies | |
| E. Other (explain) | |
| F. TOTAL | |

- 8.** _____ Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** _____ Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): __ 44% _____
- 10.** _____ Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): __ - 4% _____