

SERFF Tracking Number: CNNA-125815511 State: Arkansas
First Filing Company: The Cincinnati Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: WC-08-6014-AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC-08-6014-AR
Project Name/Number: /

Filing at a Glance

Companies: The Cincinnati Casualty Company, The Cincinnati Indemnity Company, The Cincinnati Insurance Company

Product Name: WC-08-6014-AR SERFF Tr Num: CNNA-125815511 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC-08-6014-AR State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: Sharon Whitaker Disposition Date: 09/17/2008
Date Submitted: 09/17/2008 Disposition Status: Approved
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Domicile Status Comments: WC N/A IN OH
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/17/2008
State Status Changed: 09/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

At this time, we wish to file rules per the attached explanatory memorandum.

Corresponding forms are being filed under separate transmittal WC-08-6015-AR.

Final printed copies are attached for your review.

Your approval is respectfully requested for use on policies effective on or after January 1, 2009.

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Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
 6200 S. Gilmore Road (513) 870-2091 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Casualty Company	CoCode: 28665	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0826946	

The Cincinnati Indemnity Company	CoCode: 23280	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-1241230	

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Casualty Company	\$50.00	09/17/2008	22559419
The Cincinnati Indemnity Company	\$0.00	09/17/2008	
The Cincinnati Insurance Company	\$0.00	09/17/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/17/2008	09/17/2008

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Disposition

Disposition Date: 09/17/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Supporting Document	MANUAL PAGE	Approved	Yes

SERFF Tracking Number: *CNNA-125815511* *State:* *Arkansas*
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Approved	09/17/2008
Comments:		
Attachments:		
F777AR_307 WC-08-6014-AR.pdf		
F779AR_WC-08-6014-AR.pdf		
Bypassed -Name: NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	09/17/2008
Bypass Reason: N/A		
Comments:		
Bypassed -Name: NAIC loss cost data entry document	Review Status: Approved	09/17/2008
Bypass Reason: N/A		
Comments:		
Satisfied -Name: MEMORANDUM	Review Status: Approved	09/17/2008
Comments:		
Attachment:		
WC-08-6014-AR FSMEMO 1.pdf		
Satisfied -Name: MANUAL PAGE	Review Status: Approved	09/17/2008
Comments:		
Attachment:		
AR WC 11-08 D.pdf		

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	WC-08-6014-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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SEE MEMORANDUM

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
Amount: \$50.00

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 #	WC-08-6014-AR
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	WC-08-6015-AR
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)
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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)
The Cincinnati Insurance Company	0	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only
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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	-----	
5c.	Effect of Rate Filing – Written premium change for this program	-----	
5d.	Effect of Rate Filing – Number of policyholders affected	-----	

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
	WC-AR-1 (11/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A
	WC-AR-1 (5/97)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	N/A
		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A

**ARKANSAS
WORKERS COMPENSATION
RULES MEMORANDUM**

NEW PAGE	OLD PAGE	DESCRIPTION OF CHANGE
WC-AR-1 (11/08)	-----	RULE 1. DIRECT BILL and RULE 2. AGENCY BILL Adding rules introducing Direct Bill and new installment payment plan options.
-----	WC-AR-1 (5/97)	Deleting Additional Premium and Return Premium waiver rules.

THE CINCINNATI INSURANCE COMPANIES

COMMERCIAL LINES WORKERS COMPENSATION EXCEPTION PAGE

The following rules are added:

DIRECT BILL

The total policy premium may be annual pay or paid in installments.

A. Installments

1. For policies written on a semiannual, quarterly or monthly installment basis divide the annual premium by the number of installments.
2. The monthly installment option requires payment by Electronic Funds Transfer (EFT). Form **WC 99 06 142** is required to be completed and signed by the insured.
3. For policies issued on a ten (10) payment plan:
 - a. Divide the annual premium by four (4). This amount becomes the first installment payment due at inception.
 - b. Divide the remaining premium, which is 75% of the total annual premium by nine (9). This amount becomes the premium due for each of the next nine (9) months.
 - c. The ten (10) payment plan option requires payments by Electronic Funds Transfer (EFT). Form **WC 99 06 142** is required to be completed and signed by the insured.

B. Service Charges - Direct Bill

1. Reinstatements for Nonpayment of Premium

The first time a policy is reinstated for nonpayment of premium, the premium due is the installment amount. For each succeeding reinstatement of a policy due to nonpayment of premium, while continuously insured with the Cincinnati Insurance Companies, a service charge of \$25, per policy, will be added to the insured's installment.

2. Non-Sufficient Funds (NSF)

The first time a premium payment is returned due to Non-Sufficient Funds (NSF) for a policy, either by an insured's personal check or Electronic Funds Transfer (EFT), the premium due is the installment amount. For each succeeding return of payment due to Non-Sufficient Funds, while continuously insured with the Cincinnati Insurance Companies, a service charge of \$25 will be added to the insured's installment.

AGENCY BILL

The total policy premium may be prepaid, annual pay or paid in installments.

A. Installments

1. For policies written on a semiannual, quarterly or monthly installment basis divide the annual premium by the number of installments.
2. For policies issued on a ten (10) payment plan:
 - a. Divide the annual premium by four (4). This amount becomes the first installment payment due at inception.
 - b. Divide the remaining premium, which is 75% of the total annual premium, by nine (9). This amount becomes the premium due for each of the next nine (9) months.