

SERFF Tracking Number: *ARGN-125862038* *State:* *Arkansas*
Filing Company: *Colony Specialty Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *CSIC-PL-IA-AR-R-2008*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Insurance Agent's Professional Liability*
Project Name/Number: *Cypress Insurance Agents/*

Filing at a Glance

Company: Colony Specialty Insurance Company

Product Name: Insurance Agent's Professional Liability SERFF Tr Num: ARGN-125862038 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 17.1019 Professional Errors & Omissions Liability	Co Tr Num: CSIC-PL-IA-AR-R-2008	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Edith Roberts, Brittany Yielding
	Authors: Maggie Welk, Ellen Canestrano	Disposition Date: 01/05/2009
	Date Submitted: 12/23/2008	Disposition Status: Filed
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Cypress Insurance Agents
Project Number:

Status of Filing in Domicile: Authorized
Domicile Status Comments: Ohio approved effective 07/09/08

Reference Organization:
Reference Title:

Reference Number:
Advisory Org. Circular:

Filing Status Changed: 01/05/2009

State Status Changed: 01/05/2009

Deemer Date:

Corresponding Filing Tracking Number: CSIC-PL-IA-AR-F-2008

Filing Description:

INSURANCE AGENTS PROFESSIONAL LIABILITY RATES & RULES

SERFF Tracking Number: ARGN-125862038 State: Arkansas
 Filing Company: Colony Specialty Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: CSIC-PL-IA-AR-R-2008
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Insurance Agent's Professional Liability
 Project Name/Number: Cypress Insurance Agents/

Company and Contact

Filing Contact Information

Ellen Canestrano, Regulatory Compliance ecanestano@colonyins.com
 8720 Stony Point Parkway (804) 560-4547 [Phone]
 Richmond, VA 23235 (804) 327-3173[FAX]

Filing Company Information

Colony Specialty Insurance Company CoCode: 36927 State of Domicile: Ohio
 P.O. Box 85122 Group Code: 36927 Company Type: Insurance
 Richmond, VA 23235 Group Name: Argonaut Group Company
 (804) 560-2000 ext. [Phone] FEIN Number: 34-1266871 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colony Specialty Insurance Company	\$100.00	12/23/2008	24694944

SERFF Tracking Number: ARGN-125862038 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	01/05/2009	01/05/2009

SERFF Tracking Number: *ARGN-125862038*

State: *Arkansas*

Filing Company: *Colony Specialty Insurance Company*

State Tracking Number: *EFT \$100*

Company Tracking Number: *CSIC-PL-IA-AR-R-2008*

TOI: *17.1 Other Liability - Claims Made Only*

Sub-TOI: *17.1019 Professional Errors & Omissions
Liability*

Product Name: *Insurance Agent's Professional Liability*

Project Name/Number: *Cypress Insurance Agents/*

Disposition

Disposition Date: 01/05/2009

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARGN-125862038 State: Arkansas
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 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Insurance Agent's Professional Liability
 Project Name/Number: Cypress Insurance Agents/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	CSIC INSURANCE PROFESSIONALS E&O RATE GUIDE	Filed	Yes

SERFF Tracking Number: *ARGN-125862038* *State:* *Arkansas*
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Project Name/Number: *Cypress Insurance Agents/*
Liability

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARGN-125862038 State: Arkansas
 Filing Company: Colony Specialty Insurance Company State Tracking Number: EFT \$100
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	CSIC INSURANCE PROFESSIONALS E&O RATE GUIDE	PAGES 1 - 6	New	Arkansas Insurance Professionals Rate Guide 1008.pdf



Colony Specialty Insurance Company

Insurance Professionals Errors & Omissions
Liability Program
Rating Guide

Arkansas

1. BASE LIMIT PREMIUM

a. Insurance Operations

These rates are for basic limits of \$100,000 per claim subject to a \$100,000 annual aggregate, and a base deductible of \$1,000 per claim. These rates only apply to the Insurance Professionals Errors and Omissions Liability Insurance Policy which is written on a defense outside the limits basis. Rates apply per \$1,000 of total estimated premium volume derived from insurance operations for the term of coverage. To develop the basic limit premium:

- (1) Determine Agency Premium Volume (APV), which includes all production of insurance through the facilities of the insured. However, premium volume, placed with a carrier whose insurance licensed employees provide ordinary agency customer service to the insured agency's in force accounts, will be reduced by 50% of the amount placed with such company. Adjustment of APV under this rule may not reduce the APV used in this rating plan to less than 75% of total APV.
- (2) Select a base premium and incremental rate from the table below that correspond to the Agency Premium Volume (APV) range into which the insured's total APV falls.
- (3) The selected base premium and incremental rate must be at the same point within their ranges. For example, if the selected base premium is at the mid-point of its range, then the selected incremental rate must also be at the mid-point of its range. In this manner, the base premium and incremental rate will always correspond proportionately within their respective ranges.
- (4) Multiply the selected incremental rate by the amount of APV that is in excess of the figure indicated in the last column of the table. Add this product to the selected base premium. The result is the basic limit premium for insurance operations.

AGENCY PREMIUM VOLUME (APV)			INCREMENTAL RATES		
			BASE PREMIUMS	PLUS	Per \$1,000 APV in excess of:
\$ 1	-	\$ 500,000	\$ 530	3.250	\$250,000
500,001	-	1,000,000	1,343	1.715	500,000
1,000,001	-	2,000,000	2,200	0.725	1,000,000
2,000,001	-	3,000,000	2,925	0.630	2,000,000
3,000,001	-	4,000,000	3,555	0.595	3,000,000
4,000,001	-	5,000,000	4,150	0.555	4,000,000
5,000,001	-	6,000,000	4,705	0.540	5,000,000
6,000,001	-	7,000,000	5,245	0.490	6,000,000
7,000,001	-	8,000,000	5,735	0.420	7,000,000
8,000,001	-	9,000,000	6,155	0.420	8,000,000
9,000,001	-	10,000,000	6,575	0.360	9,000,000
10,000,001		Or More	Refer To		Company

b. Claims Made Factors

A claims made credit is applied to the base rate developed in Section 1.a. based on the number of years of retroactive coverage.

No prior acts coverage	20%
1 year prior acts	10%
2 years prior acts	5%
3 or more years	0%

c. Additional Coverage

Add to premium developed in Section 1.a.

(1) Mutual Funds:

Gross Commission Receipts		Rate per \$1,000 Gross Commission Receipts	
\$ 1	- \$ 50,000	\$100	+ (4.00 x GCR in excess of \$25,000)
50,001	- 100,000	\$200	+ (3.00 x GCR in excess of \$50,000)
Above 100,000		\$350	+ (2.00 x GCR in excess of \$100,000)

Insurance Professionals Errors & Omissions Liability Program

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(2) Entity Surcharge:

Apply a 5% debit for each additional legal entity named as an insured that does not generate premium volume, up to a maximum 15% debit.

(3) Independent Contractors:

Independent Contractors – Non Exclusive \$100
 Independent Contractors – Exclusive (75% or more through facilities of Insured) No Charge

(4) Real Estate:

Rates apply per \$1,000 of commission receipts derived from Real Estate operations.

Commission Receipts			Rates			Minimum Premium
\$ 1	-	\$ 50,000	\$10.00	to	30.00	\$200
50,001	-	100,000	7.00	to	21.00	
Above 100,000			5.00	to	15.00	

(5) Professional Employer Organizations Endorsement:

Additional exposures insured by this endorsement are subject to a flat charge of \$100 per Professional Employer Organization listed on the endorsement.

(6) Professional Services Endorsement:

Additional exposures insured by this endorsement are subject to a flat charge of \$100 per Professional Service listed on the endorsement.

(7) Contract of Sale Endorsement:

This is a one time charge based upon the selling agency's full annual E&O premium converted to the insured's limit of liability and deductible using factors published in this rating plan. To determine premium, apply a percentage of the converted annual premium as described in the table below:

Percentage of Converted Premium	Product Balance of the Selling Agency
75%	Predominately Personal Lines
150%	Predominately Commercial Lines
85% to 140%	Mixture of Products produced

2. INCREASED LIMITS FACTORS

The basic limit is \$100,000 per claim subject to a \$100,000 aggregate. Add/subtract the applicable deductible debit/credit found in Section 3 from the selected increased limit factor to develop the modified increased limit factor.

Limits			Increased Limit Factors	Limits			Increased Limits Factors
(Per claim	/	aggregate)		(Per claim	/	aggregate)	
\$ 100,000	/	100,000	1.00	\$ 2,000,000	/	4,000,000	2.28
500,000	/	500,000	1.55	2,000,000	/	5,000,000	2.35
500,000	/	1,000,000	1.60	2,000,000	/	6,000,000	2.40
500,000	/	1,500,000	1.64	3,000,000	/	3,000,000	2.35
1,000,000	/	1,000,000	1.75				
1,000,000	/	2,000,000	1.85				
1,000,000	/	3,000,000	1.93				
1,000,000	/	5,000,000	2.05				
2,000,000	/	2,000,000	2.10				
2,000,000	/	3,000,000	2.20				

For limits not shown in the table, refer to Company.

3. DEDUCTIBLES

Subtract (or add) the applicable deductible factor displayed in the table below from the applicable Increased Limit Factor from Rule 2 above. Deductible factors in the columns labeled "All" are for deductibles that apply to both Loss and Claims Expense. Factors in the columns labeled "FDD" are for deductibles that do not apply to Claims Expense.

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Each-Claim Deductible	Aggregate Deductible: Multiple of "Each Claim" Deductible							
	No Aggregate Applies		Aggregate = 3 times Each-claim		Aggregate = 2 times Each-claim		Aggregate = 1 times Each-claim	
	All	FDD	All	FDD	All	FDD	All	FDD
1,000	0	+05	+02	+066	+04	+092	+08	+134
2,500	-.210	-.105	-.198	-.099	-.178	-.089	-.147	-.074
5,000	-.310	-.155	-.300	-.150	-.282	-.141	-.255	-.125
7,500	-.335	-.168	-.325	-.163	-.308	-.154	-.282	-.141
10,000	-.360	-.180	-.350	-.175	-.334	-.167	-.309	-.155
15,000	-.410	-.204	-.400	-.199	-.386	-.193	-.363	-.182
20,000	-.435	-.218	-.427	-.214	-.412	-.206	-.390	-.195
25,000	-.460	-.230	-.452	-.226	-.438	-.219	-.417	-.208

4. ADDITIONAL RATING ELEMENTS

All credits or debits developed in this section are additive. Add all debits, then subtract all credits. Add the resulting factor to 1.00 and multiply the result by the total premium developed in Sections 1.a., 1.b., 2 and 3.

a. Credits

The maximum sum of all credits available in Section 4.a. may not exceed 35%.

(1) Personal Lines:

If over 50% of premium volume from insurance operations is generated by personal lines business, apply 1% credit for each 2% of personal lines volume in excess of 50%, up to a maximum 10% credit.

(2) Partnership Plus:

If the insured is a Partnership Plus agency with special recognition from a standard P&C insurer at the time of rating, apply 5% credit.

(3) Loss Control Activity:

If the insured's staff engaged in loss control education or other loss control activity described in this rule, apply the credit described in either rule 3.a. or 3.b., whichever is greater:

(a) If principals and staff attended errors and omissions risk management courses during the past two years, apply a credit based upon the percentage of staff attending the coursework or the degree of other activity:

Quality of Risk Management	Credit Applied
5% - 10% of staff attended a course	5%
11% - 25% of staff attended a course	8%
More than 25% attended a course	10%

(b) If the insured agency engaged in other Risk Management in the last three years acceptable to underwriter, apply a credit based upon the degree of risk management activity:

Quality of Risk Management	Credit Applied
In-house seminar or consultant hired (without agency audit)	13%
In-house seminar or consultant hired (including agency audit)	18%

(4) Carrier Financial Strength: If 85% of the Agency Premium Volume is placed with carriers who meet financial security requirements acceptable to the underwriter, apply up to 10% credit.

(5) Longevity Credit: Apply credits for length of time that the insured has been insured by the Company based on the table below:

Consecutive Years With The Company	Credit
First Renewal	3%
Second & Third Renewal	5%
Fourth & Fifth Renewal	7%
Sixth Plus	10%

b. Debits

(1) Brokerage Surcharge:

Apply 1% debit for each 1% of brokerage premium volume in excess of 10% brokerage premium volume, up to a maximum 20% debit.

Insurance Professionals Errors & Omissions Liability Program

ARKANSAS

(2) High Hazard Lines of Insurance:

“High Hazard Lines” include aviation, ocean marine except pleasure craft, professional liability, trucking and surety. Apply 1% debit for every 1% premium volume for high hazard lines in excess of 10%, up to a maximum 20% debit.

(3) Ultra-High hazard Lines of Insurance:

“Aviation Insurance Specialist” is defined as an agency which has more than 20% premium volume in aviation. Apply 1% debit for each 1% of aviation premium in excess of 10% up to a maximum debit of 90%.

(4) Non-Admitted Carriers:

If over 15% of the Agency Premium volume is placed with non-admitted carriers, apply up to a 15% debit.

c. Credits or Debits

(1) Area of Specialization:

The focus of the insurance agency business strategy varies. If the majority of Agency Premium Volume applies to a particular field of insurance, apply up to a 25% credit or debit based on the agency’s area of specialization in products, services, or customer base.

(2) Agency Efficiency Modification:

Apply a credit or debit in accordance with the table below based upon the Agency Premium Volume (APV) per staff member (employees plus exclusive independent contractors). Part time employees are counted as ½ staff member.

APV / Staff Member	Credit or Debit
Less than \$250,000	10% debit
\$ 250,001 – 400,000	No Modification
400,001 – 600,000	5% credit
600,001 – 750,000	7.5% credit
750,001 – 1,000,000	10% credit
1,000,001 plus	10% credit

5. EXPERIENCE RATING

The experience rating is determined by assigning a Comfort Level Factor (as described below) which is based on the considerations below and which reflects the degree of underwriting concern/confidence in the likeliness of future claims based on the agency’s prior claim frequency and severity.

The following table is utilized to determine the Claims History Factor:

Rating	Degree of Concern/Confidence as regards Claim History	Comfort Level Factor
a.	Confident	0.75 - 0.85
b.	Comfortable	0.85 - 1.00
c.	Low Concern	1.00 – 1.10
d.	Material Concern	1.10 – 1.20
e.	High Concern	1.20 – 1.35
f.	Very High Concern	1.35 – 1.50

Considerations:

Claim Frequency

How many claims are made annually on average? What is the nature of the claims that have been made? Do claims normally result in insurance payments? Are there any signs of trends in the agency’s claims history? Have corrective measures been implemented to limit the same wrongful act from occurring again?

Claim Severity

What is the largest claim payment experienced by the agency? What is the average claim payment amount? Has the agency ever experienced a severely high claim payment for their wrongful acts? Have punitive, exemplary or multiplied damages been rewarded as a result of the agency’s wrongful act? Have any class action suits even been filed against the agency?

6. SCHEDULE RATING

The following factors will be applied to every risk based on the characteristics listed.

All credits and debits developed in this section are additive. Add all debits, then subtract all credits. Add the resulting factor to 1.00 and multiply the result by the total of all premiums developed in Sections 1, 2, 3, 4 and 5 (except rule 1.c.).

Risk Characteristics		Range of Modification
<u>Agency Management</u>		+ or - 20%
a.	Longevity of carrier contracts	
b.	Binding authority	
c.	Professional organization membership	
d.	Agency/Management longevity	
e.	Recent mergers/acquisitions/change of management	
f.	Carrier cancellation of agency/Carrier insolvency	
<u>Agency Systems</u>		
a.	Automated office and billing functions	+ or - 20%
b.	Written procedures	
c.	Internet Exposures	
d.	Internal quality control/audits	
e.	Carrier direct bill	
<u>Staff Experience</u>		+ or - 20%
a.	Industry Training and Industry Experience	
b.	Professional Education and/or Professional Designations	
c.	Stability of agency staff/turnover	
Maximum Modification		+ or - 60%

7. POLICY MINIMUM PREMIUM

The minimum premium per policy is \$ 750. If Real Estate E&O Coverage is provided, the minimum premium per policy is \$950. Minimum premiums are not subject to any rating factors.

8. EXTENDED CLAIMS REPORTING PERIOD ENDORSEMENT

The extended claims reporting period will not be less than two years or more than six years. The premium for a:

- (1) two year Extended Claims Reporting Period Endorsement is 100%;
- (2) three year Extended Claims Reporting Period Endorsement is 135%;
- (3) four year Extended Claims Reporting Period Endorsement is 170%;
- (4) five year Extended Claims Reporting Period Endorsement is 200%;and
- (5) six year Extended Claims Reporting Period Endorsement is 215%;

of the annual premium for the Insurance Professionals Errors and Omissions Liability Insurance Policy premium for the terminating policy period. This premium is based on the company's rates and rating plans in effect at the inception of the terminating policy period.

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Product Name: Insurance Agent's Professional Liability
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Filed 01/05/2009

Comments:

SEE ATTACHED TRANSMITTAL

Attachment:

NAIC Trnsmtl CSIC IA rates AR.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for OTHER than Workers' Comp **Review Status:** Filed 01/05/2009

Bypass Reason: N/A - no loss costs

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Filed 01/05/2009

Bypass Reason: N/A - no loss costs

Comments:

Property & Casualty Transmittal Document

<p>1. Reserved for Insurance Dept. Use Only</p>	<p>2. Insurance Department Use only</p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

3.	Group Name	Group NAIC #			
	Argo Group	0457			
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Colony Specialty Insurance Company	Ohio	36927	31-1266871	

5. Company Tracking Number	CSIC-PL-IA-AR-R-2008
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Ellen Canestrano 8720 Stony Point Parkway Richmond, VA 23235	Regulatory Compliance Specialist II	804-560-4547	804-327-3173	ecanestrano@colonyins.com
7.	Signature of authorized filer		<i>Ellen Canestrano</i>		
8.	Please print name of authorized filer		Ellen Canestrano		

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

9.	Type of Insurance (TOI)	17.1 Other Liability – Claims Made Only
10.	Sub-Type of Insurance (Sub-TOI)	17.1019
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Accountants E&O rates & rules
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	New: UPON APPROVAL Renewal: UPON APPROVAL
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	December 23, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CSIC-PL-IA-AR-R-2008
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21.	<p>Filing Description: The Architects & Engineers Professional Liability Insurance Program is a new product offering for Argonaut Insurance Company. The program will provide architects and engineers professional liability on a claims-made basis.</p> <p>This program is designed to provide coverage for a variety of risks from sole proprietors to larger firms. The policy form is intended to focus on specific coverages needed by the typical architect and engineer meeting the risk criteria profile. We have highlighted below the following features of the coverage provided:</p> <ul style="list-style-type: none"> • A broad definition of covered professional services • Joint venture coverage • Contractual liability coverage • Innocent insured protection in the event of fraud <p>We also offer to our insureds the following optional coverages:</p> <ul style="list-style-type: none"> • Options for Defense Outside Limit coverage • First Dollar Defense deductibles that apply to loss only, not claim expenses • An excess limit of liability for a specific project • Extended claims reporting period <p>The independent rates included in this filing were determined by examining the rates of other competitors in the market and using underwriting judgment. Base rates are proposed for each state with modifiers for risk factors, limits and deductible options, claims and loss control techniques. The rates permit the underwriter to review each application on its' individual characteristics and establish an equitable premium. The company will carefully monitor this program to capture statistics and adjust rates accordingly.</p> <p>We believe the proposed program addresses concerns for rate adequacy while remaining competitive in the marketplace. Furthermore, we do not consider the proposed rate plan to be excessive or unfairly discriminatory.</p>
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22.	<p>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]</p>
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<p>Check #: <i>SENT VIA SERFF EFT</i> Amount: \$100.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CSIC-PL-IA-AR-R-2008
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	n/a rate filing only				
02					
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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 #	CSIC-PL-IA-AR-R-2008
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CSIC-PL-IA-AR-F-2008
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	N/A – NEW PROGRAM
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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)
CSIC	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	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)	N/A – NOT MULTIPLE CO FILING
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	0	
5b	Overall percentage rate impact for this filing	0	
5c	Effect of Rate Filing – Written premium change for this program	0	
5d	Effect of Rate Filing – Number of policyholders affected	0	

6.	Overall percentage of last rate revision	0
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	AR Rating Guide 10708 – rules 1-8; pages 1-6	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A – NEW PROGRAM
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	