

SERFF Tracking Number: ARKS-125936484 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO State Tracking Number: #90041544 \$100
Company Tracking Number: 4551
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO

Product Name: n/a SERFF Tr Num: ARKS-125936484 State: Arkansas
TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: #90041544 \$100
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 4551 State Status: Fees verified and received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Author: Disposition Date: 01/02/2009

Date Submitted: 12/08/2008 Disposition Status: Filed

Effective Date Requested (New): Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/02/2009

Deemer Date:

State Status Changed: 01/02/2009

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

NA

(123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125936484 State: Arkansas
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INS CO
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Product Name: n/a
Project Name/Number: /

NA, AR 00000

Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas
INS CO
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	01/02/2009	01/02/2009

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Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 01/02/2009

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125936484 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL State Tracking Number: #90041544 \$100
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Item Type	Item Name	Item Status	Public Access
Supporting Document	ARKS-125936484		Yes

SERFF Tracking Number: ARKS-125936484 *State:* Arkansas
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Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: 4551
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Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125936484

01/02/2009

Comments:

Attachment:

ARKS-125936484.pdf



ARKS-125936484

ER

Indiana Lumbermens Mutual Insurance Company · ILM

National Building Material Assurance Company · NBMA

Lone Star National Insurance Company · LSN

90041544

100.00

December 2, 2008

Honorable Julie Benafiled Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 W. 3rd St.
Little Rock, AR 72201-1904

FILED

Informational Purposes

**PROPERTY AND CASUALTY
ARKANSAS INSURANCE DEPT.**

Exempt 23-67-206

RE: Indiana Lumbermens Mutual Insurance Company
Commercial General Liability Rate Filing
Indiana Lumbermens Filing No.: 4551
NAIC No.: 14265

Indiana Lumbermens Mutual Insurance Company is requesting your approval of our Manual Page GL-1 for our Extended Property Damage Liability Form with the rating and pricing information for this endorsement. The effective date of this manual page is 01/01/09 for new and renewal policies.

For your convenience, I have enclosed a postage page return envelope to facilitate your response in addition to any required certifications, fees and file copies.

Respectfully submitted,

Tonya J. Burroughs, AIC
Regulatory Compliance Analyst
800-428-1441 ext .507
tburroughs@ilmgroup.com

RECEIVED

DEC 08 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name _____ **Group NAIC #** _____

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Indiana Lumbermens Mutual	IN	14265	35-0410420	

RECEIVED
DEC 08 2008

5. Company Tracking Number 4551 **PROPERTY AND CASUALTY DIVISION ARKANSAS INSURANCE DEPARTMENT**

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tonya J. Burroughs 3600 Woodview Trace Indianapolis, IN 46268	Regulatory Compliance Analyst.	800-428-1441	866-293-6591	tburroughs@ilmgroup.com

7. Signature of authorized filer

8. Please print name of authorized filer Tonya J. Burroughs

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

9. Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Extended Property Damage Liability Filing
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/09 Renewal: 01/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/02/08
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 # 4551

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

Indiana Lumbermens Mutual Insurance Company is requesting your approval of our Independent form 12420808 Extended Property Damage Liability rules. The effectived date of the rules will be 01/01/09 for all new and renewal policies.

[View Complete Filing Description](#)

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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

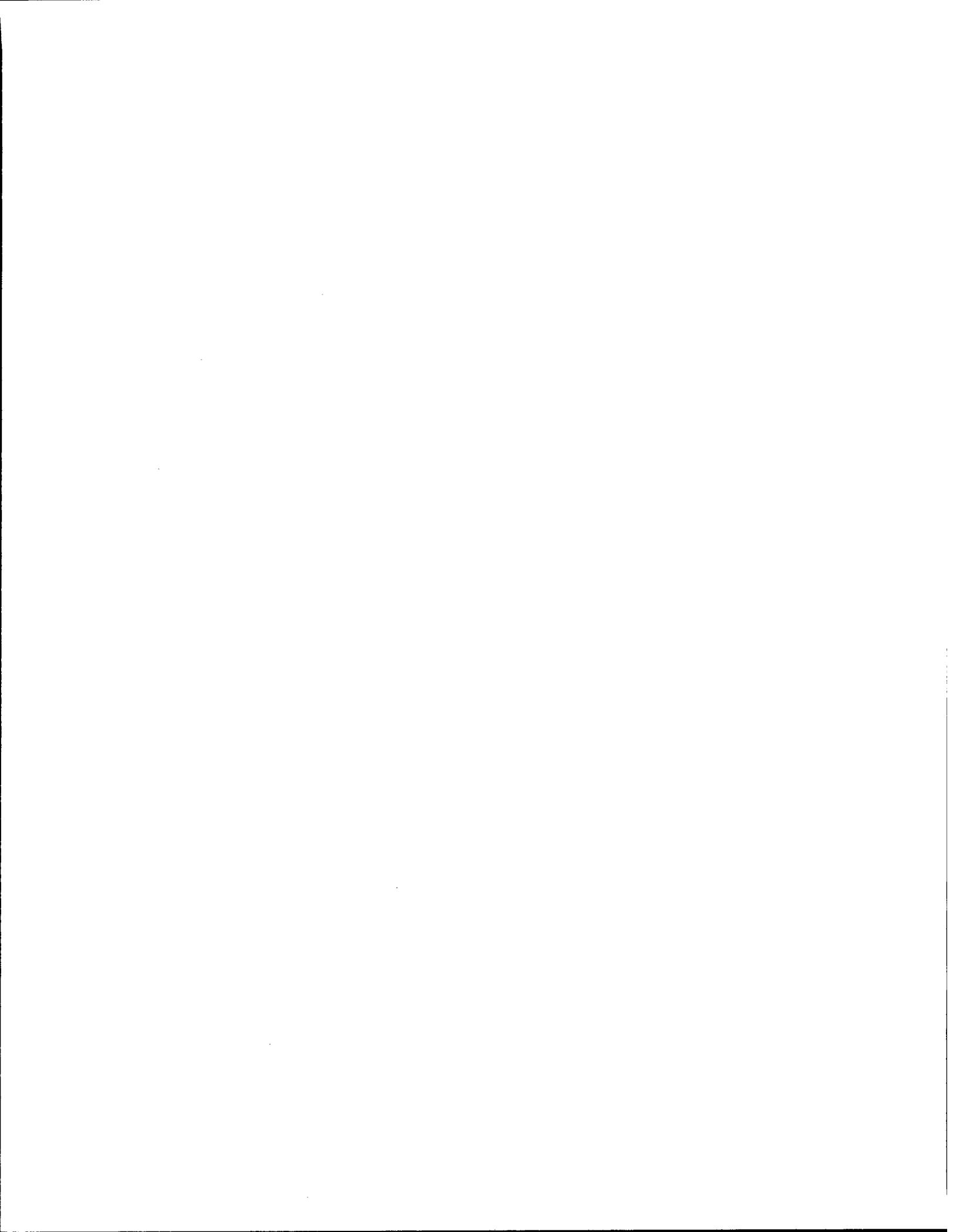
FORM FILING SCHEDULE

(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 #	4551
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	4550

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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input 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		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



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 #	4551
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	4550

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)							
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)
Indiana Lumbermens	NA	NA	NA	New			

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	Minimum % Change

5. 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	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	

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COMMERCIAL GENERAL LIABILITY

Extended Property Damage Liability Endorsement

MANUAL PAGE

Limit of Coverage: \$1,000,000

1. Indirect Exposure Rating:

Applies to insureds utilizing subcontractors for logging/lumbering operations.

Premium calculation: Total premises premium x .025 factor x deductible factor.

The minimum required premium is **\$500**.

Deductibles:	Deductible Credit
1,000	.0
2,500	.05
5,000	.10

Example with deductible credit: $(\$25K \times .025) \times .95 = \594

Example without deductible credit: $\$25K \times .025 = \625

2. Direct Exposure Rating:

Applies to insureds performing logging/lumbering operations as described under ISO class code 97111.

Premium calculation: Logging class code premises premium x .20 factor x deductible factor.

The minimum required premium is **\$1,500**.

Deductibles:	Deductible Credit
2500	.0
5,000	.10
7,500	.15

Example with deductible credit: $(\$25K \times .20) \times .90 = \$4,500$

Example without deductible credit: $\$25K \times .20 = \$5,000$