

RULE 23

**PROPERTY, CASUALTY, SURETY AND
MARINE RATE AND FORM FILINGS**

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Section 1. Purpose

The purpose of this Rule is to set forth rules and procedural requirements which the commissioner deems necessary to carry out the provisions of Ark. Code Ann.

§§23-67-201, et seq., §23-67-219, §23-79-109 and §23-79-110, as to rate and/or form filings of property, casualty, surety, and marine insurers.

Section 2. Authority

This Rule is issued pursuant to the authority vested in the commissioner by Ark. Code Ann. §23-61-108, §§25-15-202 et seq., §23-67-218, Act 1697 of 2005, and Act 506 of 2005, and other applicable provisions of Arkansas law.

Section 3. Applicability and Scope

This Rule applies to insurance described in Ark. Code Ann. §23-67-203, and §23-67-501, and insurers, rate service or advisory organizations, joint underwriting associations and joint reinsurance organizations making filings under Ark. Code Ann. §§23-67-201, et seq., §23-67-219, §§23-67-501, et seq., and §§23-79-109, et seq., subject to any exemptions the commissioner may order pursuant to Ark. Code Ann. §23-67-206 and §23-79-109(d).

Section 4. Effective Date

Pursuant to the Commissioner's authority under Ark. Code Ann. §23-61-108, §§25-15-201, et seq., and other applicable laws and rules, the effective date of this Rule is May 1, 2006.

Section 5. Definitions

A. Form Filing.

A “form filing” is documentation setting forth the policy forms, endorsements or other forms to be used in the State of Arkansas by an insurer.

B. Insurance Holding Company Group.

An “insurance holding company” group or system consists of two (2) or more affiliated companies, one or more of which is an insurer as defined in Ark. Code Ann. §23-63-503(3) and Arkansas Insurance Department (“Department”) Rule 15.

C. Expenses.

“Expenses” mean those parts of a rate attributable to acquisition, commissions, selling, inspection, audit, field supervision, collection, general expenses, taxes, licenses and fees.

D. Rate.

“Rate” means the cost of insurance per exposure unit, whether expressed as a single number or as prospective loss cost and an adjustment to account for the treatment of

expenses, profit and variations in loss experience, prior to any application of individual risk variations based on loss or expense considerations, and does not include minimum premiums.

E. Supplementary Rate Information.

“Supplementary rate information” means any manual, minimum premium, rating schedule or plan of policy writing rules, rating rules, classification system, territory codes and descriptions, rating plans and any other similar information needed to determine, clarify or support the applicable premium for an insured. Supplementary rate information includes factors and relativities, such as increased limits factors, classification relativities, deductible relativities or similar factors.

F. Supporting Information.

“Supporting information” means information, including supporting actuarial data, which includes (i) the experience and judgment of the insurer and the experience or data of other insurers or advisory organizations relied upon by the insurer, (ii) the interpretation of any statistical data relied upon by the insurer, (iii) descriptions of methods used in making the rates, and (iv) actuarial, technical or other services made available by an advisory organization, or other similar information required to be filed by the commissioner to explain, clarify or justify a filing.

G. Prospective Loss Costs.

“Prospective loss costs” means that portion of a rate that does not include provisions for expenses (other than loss adjustment expenses) or profit, and are based on historical aggregate losses and loss adjustment expenses adjusted through development to their ultimate value and projected through trending to a future point in time.

H. Participating Insurer.

“Participating insurer” means any member, subscriber or service purchaser of an advisory organization.

Section 6. Rate Service Organizations

A. Advisory Organizations - Permitted Activity.

Every advisory organization shall file with the Department every advisory document thirty (30) days prior to the effective date. The Department may extend the review period an additional thirty (30) days by written notice to the filer before the thirty (30) day period expires. Any advisory organization, in addition to other activities permitted, is authorized to:

1. Prepare and distribute rates, supplementary rate information and supporting information in accordance with Ark. Code Ann. §23-67-216 and §23-67-219; however, such filings are for advisory purposes only and shall not be made on behalf of any insurer.

2. Prepare and file on behalf of members and subscribers, policy forms and endorsements and consult with members, subscribers and others relative to their use and application. Every company that is a member or subscriber shall use these forms as filed on its behalf unless it advises the commissioner of either its intention not to adopt, to delay one or more of the forms filed, or to file its own forms. If its intention is to adopt, not adopt, or delay implementation, then a letter stating its intention is sufficient.

3. An advisory organization may develop and make reference filings containing advisory prospective loss costs in accordance with Ark. Code Ann. §23-67-216. Such filings shall contain the statistical data and supporting information for any calculations or assumptions underlying those prospective loss costs.

4. The commissioner may require members and subscribers to provide information regarding their use of specific advisory organization forms.

5. Final rates for residual markets may be prepared and filed by Plan Administrators as directed by the Department.

B. Advisory Organizations - Prohibited Activity.

1. An advisory organization cannot file any plan of rates or supplementary rate information on behalf of an insurer.

2. An advisory organization cannot file, distribute or compile recommendations relating to rates that include expenses (other than loss adjustment expenses) or profit except in the lines of insurance as may be designated by the commissioner. An advisory organization may, however, provide insurers with an annual study of aggregate average expense data and investment income.

Section 7. Procedures for Rate and Supplementary Rate Information Filings

A. For All Lines Other Than Workers' Compensation and Employers' Liability.

1. Property and Casualty Transmittal Documents.

a. If a copy of the filing, bearing the appropriate stamp of the Department, is to be returned to the filer, two (2) copies of the Property and Casualty Transmittal Document and filing are required together with a postage-paid envelope large enough to accommodate the return filing and addressed to the filing insurer, insurance holding company or group, or advisory organization. Insurance holding company groups submitting rate filings simultaneously for affiliated companies must file a Property and

Casualty Transmittal Document for each affiliated company. A copy of the Property and Casualty Transmittal Document shall be included for each company. Only one (1) complete copy of the rate documents and supporting information need be filed for Departmental records if the documents are applicable to all affiliated companies. However, if there are any deviations between or among affiliated companies, supporting information must be submitted for each company along with separate cover letters outlining the deviations. Each company must submit in the Property and Casualty Transmittal Document or attached explanatory memorandum a synopsis of each exhibit, the location of the supporting information within the filing, and the conclusion of the data.

b. Except for those lines covered by Ark. Code Ann. §§23-67-501, et seq. after May 1, 2006, in a competitive market, as defined under Ark. Code Ann. §23-67-202 (2), insurers shall submit to the Department filings with a proposed effective date. Such proposed effective date shall not be less than twenty (20) days after the filing and all information required by Section 7(A)(2) below in this Rule, has been received by the Department, or sooner if approved by the commissioner. If the information required by Ark. Code Ann. §23-67-201, et seq. and this Rule is not included with the filing, the filing shall be disapproved.

c. In a competitive market, if the Department determines after a hearing or by agreement that an insurer's rates require closer supervision because of the insurer's financial condition or its rating practices, the insurer shall file with the Department at least sixty (60) days prior to the effective date all such rates and such supplementary rate information and supporting information as prescribed by the Department. Upon application by the filer, the Department may authorize an earlier effective date. A filing shall be deemed to meet the requirements of Ark. Code Ann. §§23-67-201, et seq., and to be effective upon the expiration of the waiting period.

d. In a noncompetitive market, insurers shall file with the Department rates, supplementary rate information, and supporting information required by the Department at least sixty (60) days prior to the effective date. Written applications for the Department's approval of an earlier effective date, stating clearly the insurer's reasons for the request, must accompany the filing. A filing shall be deemed to meet the requirements of Ark. Code Ann. §§23-67-201, et seq. and to be effective upon the expiration of the waiting period.

e. Effective May 1, 2006, for those lines of insurance covered by Ark. Code Ann. §§23-67-501, et seq., comprising the professional malpractice lines, except for officers and directors liability and fiduciary insurance, all rates must be either approved and disapproved within sixty (60) days from filing. No rate may be used until it is approved by the commissioner, pursuant to Act 1697 of 2005.

2. Supporting Information Required to Supplement a Filing.

a. Each rate and rule filing submitted shall include the rate and rule transmittal documents. If you are making a loss cost reference filing, see Section 7(A)(3) of this Rule. Rate and rule filings for Homeowners Insurance and Private Passenger Automobile Insurance must also include the Private Passenger Automobile Abstract (Form A-1), Survey Form APCS or Homeowners Abstract (Form H-1) and Survey Form HPCS. If the filing does not affect the APCS or HPCS previously filed, then a statement in a cover letter or on the transmittal document to that effect is acceptable. Rate and form filings must be made separately. (See Section 8, Procedures for Form Filings, below in this Rule). The following required documentation should be identified as an exhibit in the filing, and the exhibits should be numbered to correspond directly with the listing of documentation. If an item required is not available or is inapplicable, a statement should be included that specifies the inapplicability or unavailability of the particular item.

b. Explain the type of loss information utilized in this rate filing. Specify whether the data reflects a calendar period, accident period, or policy period.

(1) If calendar period information is used, explain any adjustments that have been made to reflect changes in those estimated loss liabilities based on actual claims, and changes in incurred but not reported estimated loss liabilities. If a provision for incurred but not reported estimated loss liabilities is included, specify the calculation changes over the experience period, and the distribution among coverages and states. Loss development factors should be shown by coverage both for Arkansas and countrywide for the past five (5) years.

(2) If policy or accident period data is used, explain any tests or adjustments that were made to loss development factors so as to make them appropriate for use in this filing. Loss development factors should be shown by coverage both for Arkansas and countrywide for the past five (5) years.

c. If the methods used in this filing differ from those used in the insurer's last rate filing for this coverage in Arkansas, or if the Arkansas methods differ from those used countrywide, attach an explanation of the differences.

d. Explain any adjustments for large or catastrophic losses that were made in the statistical information on losses.

e. Display the calculation of the estimate of investment income on net unearned premiums and loss reserves.

f. Display the calculation of any loading or contingency factor which is used in this filing.

g. Display underwriting expenses. State procedures used in the filing to recognize the distinction between expenses which vary directly with losses, and expenses such as general expenses, which do not vary.

h. State steps taken to control losses for the coverages included in this filing.

i. Explain any adjustments made by the trending components of the filing. If significant trends within this State are utilized, a narrative describing the basis of the trend must be included.

j. The determination of the weighting of credibility assigned to Arkansas must be fully explained.

k. If common classes are grouped together for ratemaking purposes because the data for one particular class is not credible either for Arkansas or countrywide, all class codes utilized in developing credibility must be stated with Arkansas experience for each class affected shown separately.

l. Any additional information the Department may require pursuant to Ark. Code Ann. §§23-67-202 (11)(12) and §§23-67-401 through §23-67-415 must be included.

3. Reference Filings.

a. If an insurer is a participating insurer in an advisory organization and decides to use the prospective loss costs in a reference filing in support of its own filing, the insurer shall make a filing using the Reference Filing Adoption Form (Form RF-2), in addition to the applicable rate and rule transmittal document. The insurer's rates are the combination of the prospective loss costs and the loss cost adjustments contained in Form RF-2. Reference filings for Homeowners must also include the Homeowners Abstract (Form H-1) and Survey Form HPCS. Private Passenger Automobile reference filings shall include the Private Passenger Automobile Abstract (Form A-1) and Survey Form APCS.

b. Any participating insurer in an advisory organization may satisfy its obligation to file rates, the prospective loss costs portion of its rates, supplementary rate information or supporting information, by filing a reference to a filing made by the advisory organization. Such reference filings must include the advisory organization's reference document number.

4. Deviations

An insurer may file a deviation from the reference document as filed by the advisory organization. Such filings shall specify the basis for and adequately justify the request for

the deviation and shall be accompanied by the information required in Section 7(A) (2) of this Rule.

5. Loss Cost Filings.

a. An insurer wishing to adopt an advisory organization's current loss cost filing must:

(1) Provide the documentation required in Section 7(A) (2) of this Rule, indicating whether or not the loss cost multiplier is to be applicable to future filings.

(2) Provide documentations to support the development of the company's loss cost adjustments.

(3) Pay the appropriate fees.

(4) Indicate the insurer's proposed effective date.

b. Upon subsequent revision by an advisory organization of a loss cost filing, an insurer having requested to have its loss cost adjustment applicable to subsequent filings must:

(1) Give notice of its intent to adopt by submitting a letter so stating and provide the advisory organization's reference document number.

(2) Pay the appropriate fees.

(3) Provide a copy of the previously filed Form RF-2 indicating that the loss cost modifier will be applicable to future filings.

c. If an insurer who has filed to have its loss cost adjustments remain on file with the Department intends to delay, modify, or not adopt a particular advisory organization's loss cost reference filing, the insurer must notify the Department in writing. The insurer's on-file loss cost adjustments shall remain in effect until disapproved by the Department, withdrawn by the insurer, or until the insurer files and receives approval of a requested change submitted on a revised Form RF-2.

d. To the extent that an insurer's final rates are determined solely by applying its loss cost adjustments to the prospective loss costs contained in an advisory organization's reference filing, the insurer need not develop or file its final rate pages with the Department. If an insurer chooses to print and distribute final rate pages for its own use, based solely upon the application of its filed loss cost adjustments to an advisory organization's prospective loss costs, the insurer must file pages with the Department. If the advisory organization does not print the loss costs in its rating manual, the insurer must submit its rates to the Department.

e. Nothing in these procedures shall be construed to require advisory organizations or their participating insurers to immediately re-file rates previously implemented. Any participating insurer of an advisory organization is authorized to continue to use all rates and deviations filed for its use until disapproved, or the insurer makes its own filing, or files Form RF-2 adopting the advisory organization's prospective loss costs or a modification thereof.

6. Property & Casualty Transmittal Documents

All filings made under subsections (1), (3), (4) and (5) of Section 7(A) of this Rule, unless otherwise stated, must include the Property & Casualty Transmittal Document.

B. Procedures for Rate and Supplementary Rate Information Filings for Workers' Compensation and Employers' Liability Insurance.

All Classification manuals, rules and rates, rating plans, and every modification of any of the foregoing which an insurer proposes to use for workers' compensation and employers' liability insurance shall be approved, or deemed approved, by this Department before such manuals, rules, rates or rating plan can be used. Insurers may file independently or by reference to the loss costs, supporting information or supplementary rate information filed by an advisory organization. Insurers may file deviations to the loss costs filed by an advisory organization.

1. Filing Cover.

If a copy of the filing, bearing the appropriate stamp of the Department, is to be returned to the filer, two (2) copies of the filing cover Property and Casualty Transmittal Document are required, together with a postage-paid envelope large enough to accommodate the return filing and addressed to the filing insurer, insurance holding company or group, or advisory organization. Insurance holding company groups submitting rate filings simultaneously for affiliated companies must file a Property and Casualty Transmittal Document for each affiliated company. A copy of the Property and Casualty Transmittal Document shall be included for each company. Only one (1) complete copy of the rate documents and supporting information need be filed for Departmental records, if the documents are applicable to all affiliated companies. However, if there are any deviations between or among affiliated companies, supporting information must be submitted for each company along with separate Property and Casualty Transmittal Documents outlining the deviations. Each company must submit in the cover letter or attached explanatory memorandum a synopsis of each exhibit, the location of the supporting information within the filing, and the conclusion of the data.

2. Supporting Information Required to Supplement a Filing.

a. Each rate and rule filing submitted shall be accompanied by the Rate Filing Abstract (Form RF-1). If you are making a loss cost reference filing, see

Section 7(B) (5) of this Rule. Rate and form filings must be made separately. The following required documentation should be identified as an exhibit to the filing, and the exhibits should be numbered to correspond directly with the listing of documentation. If an item required is not available or is inapplicable, a statement should be included that specifies the inapplicability or unavailability of the particular item.

b. Explain the type of loss information utilized in this rate filing. Specify whether the data reflects a calendar period, accident period, or policy period.

(1) If calendar period information is used, explain any adjustments that have been made to reflect changes in those estimated loss liabilities based on actual claims, and changes in incurred but not reported estimated loss liabilities. If a provision for incurred but not reported estimated loss liabilities is included, specify the calculation changes over the experience period, and the distribution among coverages and states. Loss development factors should be shown by coverage both for Arkansas and countrywide for the past five (5) years.

(2) If policy or accident period data is used, explain any tests or adjustments that were made to loss development factors, so as to make them appropriate for use in this filing. Loss development factors should be shown by coverage both for Arkansas and company-wide for the past five (5) years.

c. If the methods used in this filing differ from those used in the insurer's last rate filing for this coverage in Arkansas, or if the Arkansas methods differ from those used countrywide, attach an explanation of the differences.

d. Explain any adjustments for large or catastrophic losses that were made in the statistical information on losses.

e. Display the calculation of the estimate of investment income on net unearned premiums and loss reserves.

f. Display the calculation of any loading or contingency factor used in this filing.

g. Display underwriting expenses. State procedures used in the filing to recognize the distinction between expenses which vary directly with losses, and expenses such as general expenses, which do not vary.

h. State steps taken to control losses for the coverages included in this filing.

i. Explain any adjustments made by the trending components of the filing. If significant trends within this State are utilized, a narrative describing the basis of the trend must be included.

j. The determination of the weighting of credibility assigned to Arkansas must be fully explained.

k. If common classes are grouped together for rate making purposes because the data for one (1) particular class is not credible either for Arkansas or countrywide, all class codes utilized in developing credibility must be stated with Arkansas experience for each class affected shown separately.

1. Any additional information the Department may require.

3. Rate Filing Deadlines.

The proposed effective date of the filing shall be not less than thirty (30) days after the filing has been received by the Department. If the information which supplements the filing in accordance with Section 7(B)(2) of this Rule is not sufficient for the Department to determine whether the filing meets the requirements of Ark. Code Ann. §23-67-219, the Department will notify the filing insurer or advisory organization. If the insurer or advisory organization is required to submit additional information, the effective date of the proposed filing shall not be less than thirty (30) days after such information is received by the Department.

4. Maintenance of Uniform Data Base.

Independent filings based upon a classification system other than the classification system filed by a designated advisory organization must be accompanied by an explanation of the method the insurer will utilize to compile and report data in compliance with Ark. Code Ann. §23-67-219(2)(B).

5. Reference Filings.

Any participating insurer in an advisory organization may satisfy its obligation to file the prospective loss cost portion of its rates, supplementary rate information or supporting information, by adopting a reference document filing made by an advisory organization, using Forms RF-WC and RF-1. Workers' compensation and employers' liability insurance filings by advisory organizations are advisory only, and any insurer desiring to use those filings shall submit a filing indicating its intent to file rates, supplementary rate and supporting information, by reference to the filing of the licensed advisory organization. This Property and Casualty Transmittal Document shall contain the advisory organization's reference document number applicable to this filing.

6. Deviations.

An insurer shall file all deviations from an advisory organization's most recent loss cost filing. These deviations may be accomplished through the use of the Form RF-WC and attachments thereto. The Form RF-1 should accompany the deviation request. The Department shall approve or disapprove deviations within thirty (30) days after receipt of

the completed deviation filing. The deviation shall be effective upon approval by the Department.

7. Loss Costs Filings.

a. An insurer wishing to adopt an advisory organization's current loss cost filing must:

(1) Provide the documentation required in Section 7(B)(2) of this Rule, indicating whether or not the loss cost multiplier is to be applicable to future filings.

(2) Provide documentation to support the development of the company's loss cost adjustments.

(3) Pay the appropriate fees.

(4) Indicate the insurer's proposed effective date.

b. Upon subsequent revision by an advisory organization of a loss cost filing, an insurer having requested to have its loss cost adjustment applicable to subsequent filings must:

(1) Give notice of its intent to adopt, by submitting a cover letter so stating, and by providing the advisory organization's reference document number.

(2) Pay the appropriate fees.

(3) Provide a copy of the previously filed Form RF-WC, indicating that the loss cost modifier will be applicable to future filings.

c. If an insurer, which has filed to have its loss cost adjustments remain on file with the Department, intends to delay, modify, or not adopt a particular advisory organization's loss cost reference filing, the insurer must notify the Department in writing. The insurer's on-file loss cost adjustments will remain in effect until disapproved by the Department, withdrawn by the insurer, or until the insurer files and receives approval of a revised Form RF-WC.

d. Nothing in these procedures shall be construed to require advisory organizations or their participating insurers to immediately re-file rates previously implemented. Any participating insurer of an advisory organization is authorized to continue to use all rates and deviations filed for its use until disapproved, or the insurer makes its own filing, or files Form RF-WC adopting the advisory organization's prospective loss costs or a modification thereof.

Section 8. PROCEDURES FOR FORM FILINGS - All Lines.

All forms submitted for review shall comply with the applicable provisions of Ark. Code Ann. §§23-79-101, et seq. Pursuant to Ark. Code Ann. §23-79-109, this Section shall not apply to surety bonds, nor to policies, riders, endorsements, or forms of unique character designed for and used with relation to insurance upon a particular subject.

A. Property & Casualty Transmittal Header.

1. If a copy of the filing, bearing the appropriate stamp of the Department, is to be returned to the filer, two (2) copies of the filing Property and Casualty Transmittal Document are required, together with a postage-paid envelope of sufficient size to accommodate the return of one (1) copy, and addressed to the filing insurer, insurance holding company group, or advisory organization. One (1) copy of the Property and Casualty Transmittal Document, evidencing the action taken by the Department, will be returned to the filing insurer, insurance holding company group, or advisory organization. An additional copy of the Property and Casualty Transmittal Document, for each affiliated company utilizing the documents, is required.

2. The Property and Casualty Transmittal Document must include sufficient information to identify the forms contained therein completely without need for further reference to attached memoranda, forms, exhibits or other documents.

3. If the information required by Section 8(B) below is not included with the filing, the filing shall be deemed incomplete and will not be reviewed.

4. Any insurer may satisfy its obligation to submit form filings by becoming a member of or subscriber to a licensed advisory organization which makes filings on its behalf, provided that nothing contained in this Rule shall be construed as requiring any insurer to become a member of or a subscriber to any advisory organization. Every company that is members or subscribers shall use these forms as filed on its behalf unless it advises the commissioner of either its intention not to adopt or to delay one or more of the forms filed. A letter stating its intention is sufficient. An insurer may adopt its own forms my making the appropriate filing.

B. Supporting Information Required to Supplement a Filing.

In addition to the requirements of Section 8(A), insurers submitting a form filing are required to include completed Property and Casualty Transmittal Documents.

C. Filing Deadlines.

1. Every filing shall be made with the Department not less than thirty (30) days in advance of the proposed effective date. At the expiration of the thirty (30) days, the form so filed shall be deemed approved unless prior thereto it has been

affirmatively approved or disapproved by the Department. The Department may, however, extend the review period by an additional thirty (30) days by giving notice of the extension before the expiration of the initial review period.

2. An insurer may, however, waive its rights to have its filing deemed approved if additional time is required by the Department. The forms to be used to acknowledge the waiver of the right to deem the filing approved will be provided by the Department.

Section 9. SELF CERTIFICATION (“STMSCP” Program)

A. Certification of Compliance

Every filing submitted, pursuant to this optional procedure, must be accompanied with the appropriate completed and signed compliance certificate(s) as required by the pilot state. Pilot states are free to develop certification language consistent with their respective regulatory frameworks; however, the following best practices should be applied:

Certification of compliance should be with respect to applicable laws, rules, bulletins and other information contained on the state department website and/or contained in applicable checklists;

Certification must be by a duly authorized officer as evidenced by the authorized officer’s signature;

Certification should contain a statement to confirm the filer’s understanding that the insurance department will rely on the certification and that if it is materially false or misleading, corrective action will be taken as authorized; and

Published in the Rule are sample state self-certification forms that meet Rule requirements and are currently in use.

B. The Property & Casualty Transmittal Document

Submit the Property & Casualty Transmittal Document. Identify on the transmittal document under “Filing Type: Other” by providing as description “STMSCP”. The transmittal document should also be used to provide filing information in the “Filing Description” area to identify the checklist(s) relied upon (title or form number) and edition date.

If a filer has a provision in a filing which is new, such as an expansion of an exclusion or another new provision for which the filer is uncertain of whether it will meet product standards in the pilot state, the transmittal document should be used to highlight those provisions and to self-certify the rest. In that way the state insurance department can focus its review on the non-certified provisions. By narrowing the scope of review, the

industry filer should achieve greater speed to market overall for such a filing referred to in this program as a hybrid pilot filing. (Tip for Filers: Concepts or issues that are controversial or in need of extended analysis, for example “mold exclusions”, should be filed separately under the regular state process.)

C. The Product Requirements Locator

An STMSCP submission should be developed using the Product Requirements Locator, found either through the Department’s website or the commissioner will prescribe use of the National Association of Insurance Commissioner’s (“NAIC”) website. The transmittal document “Filing Description” must indicate whether the Product Requirements Locator was used to obtain the filing requirements. If the Product Requirements Locator is not used when data is available, or if the filing does not fully comply with the filing requirements reflected in it, a thorough review of the filing will be performed and a warning issued.

D. Verifying the Reliability of Certified Filings

The key to making the self-certification process work is in finding the right balance between giving the company the benefits of self-certification and assuring the reliability of the filings being received.

If a filing is received with a certification by an officer, department review will be expedited and staff will collect all information needed to capture and develop the statistical data for the pilot program.

E. Penalties

STMSCP submissions are afforded the privilege of an expedited review, and are given priority over other filings. Insurers that repeatedly submit incorrect or incomplete STMSCP filings may have their privilege suspended or revoked.

Section 10. FORMS

A. Forms. The following forms are prescribed by the Commissioner and are attached as exhibits to this Rule. All forms are available upon request to the Department or via the Department’s web site at <http://www.insurance.arkansas.gov>.

FORM UT	Property & Casualty Uniform transmittal header
FORM RF-1	Rate filing abstract.
FORM A-1	Private passenger automobile abstract
FORM H-1	Homeowners abstract
FORM RF-2	Reference filing adoption form
FORM RF-WC	Workers' compensation reference filing adoption form
FORM F-1	Form filing abstract
FORM APCS	Automobile survey (as updated)
FORM HPCS	Homeowners survey (as updated)

FORM HONOT	Homeowners rate notice
FORM PPANOT	Private passenger automobile rate notice
FORM PROMAL	Professional malpractice rate increase notice to insured
FORM PRONOT	Professional malpractice rate increase newspaper notice

They may be found as documents to download on the Department's website at <http://www.insurance.arkansas.gov/PandC/helpfulforms.htm>.

B. Use. The forms required by this Rule may be prescribed forms which, from time to time, may be published or amended issued by the commissioner.

1. The Commissioner may accept, in lieu of forms published in this Rule, the most recent editions of comparable forms published by the National Association of Insurance Commissioners (www.naic.org) or The SERFF Consortium (www.serff.com/).

2. Although it is strongly urged that companies use the published forms, any form containing all the information required to be furnished in the published forms is acceptable if approved by the Department.

3. Companies are also strongly urged to submit the forms through the System for Electronic Rate and Form Filings ("SERFF"), by email, on a compact disc or other desktop computer readable medium.

Section 11. SEVERABILITY

Any section or provision of this Rule held by a court to be invalid or unconstitutional will not affect the validity of any other section or provision of this Rule.

(signed by Julie Benafield Bowman)
 JULIE BENAFIELD BOWMAN
 INSURANCE COMMISSIONER
 STATE OF ARKANSAS

(signed April 19, 2006)
 DATE

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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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]
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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.)**

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.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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			[] Replacement [] Withdrawn [] Neither		
02			[] Replacement [] Withdrawn [] Neither		
03			[] Replacement [] Withdrawn [] Neither		
04			[] Replacement [] Withdrawn [] Neither		
05			[] Replacement [] Withdrawn [] Neither		
06			[] Replacement [] Withdrawn [] Neither		
07			[] Replacement [] Withdrawn [] Neither		
08			[] Replacement [] Withdrawn [] Neither		
09			[] Replacement [] Withdrawn [] Neither		
10			[] Replacement [] Withdrawn [] Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should 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.)

1.	This filing transmittal is part of Company Tracking #			
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)			
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
3.	Overall percentage rate impact for this filing			
4.	Effect of Rate Filing – Written premium change for this program			
5.	Effect of Rate Filing – Number of policyholders			
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)			
7.	Rate Change by Company			
	Company Name	Percentage Change for this program	# of policyholders for this program	Written premium for this program
8.	Overall percentage of last rate revision			
9.	Effective Date of last rate revision			
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)			
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM F-1 Additional Forms

16. Form Filing Attachment	
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

#	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
#			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

FORM RF2- Reference filing abstract NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing** _____ () **Independent Rate Filing**
(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. **Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies:** _____

3. **Loss cost modification:**

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

- () Without Modification (factor = 1.000)
- () With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. **Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information. Selected Provisions**

A.	Total Production Expense	%
B.	General Expense	%
C.	Taxes, Licenses & Fee	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	%
E.	Other (explain)	%
F.	Total	%

5.	A.	Expected Loss Ratio: ELR = 100% - 4F = A	%
	B.	ELR in Decimal Form =	
6.		Company Formula Loss Cost Multiplier (3B/5B)	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	
8.		Rate Level Change for the coverage(s) to which this page applies	

CALCULATION OF COMPANY LOSS COST MULTIPLIER

This filing transmittal is part of Company Tracking #	
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

() **Loss Cost Reference Filing** _____ () **Independent Rate Filing**
 (Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? _____ If no, complete a copy of this form for each affected class with appropriate justification.

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:
 (Check One)

- () Without Modification (factor = 1.000)
- () With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) _____

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	%
B.	General Expense	%
C.	Taxes, Licenses & Fee	%
D.	Underwriting profit & contingencies*	%
E.	Other (explain)	%
F.	Total	%
	* Explain how investment income is taken into account	

5.	A.	Expected Loss Ratio: $ELR = 100\% - 4F =$	
	B.	ELR in Decimal Form =	

NAIC LOSS COST FILING DOCUMENT—FOR WORKERS' COMPENSATION

6.	Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	
7.	Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	
8.	Company Formula Loss Cost Multiplier [3B / ((7 - 4F) X 6)]	
9.	Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	

Yes No

10. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

() ()

11. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level changes.

() ()

ARKANSAS INSURANCE DEPARTMENT

FORM A-1 PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable, so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent private passenger auto rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name _____
 NAIC # (including group #) _____

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
 Yes No
 If yes, list the areas: _____

2. Do you furnish a market for young drivers? Yes No

3. Do require collateral business to support a youthful driver? Yes No

4. Do you insure drivers with an international or foreign driver's license? Yes No

5. Specify the percentage you allow in credit or discounts for the following:

- a. Driver over 55 %
 - b. Good Student Discount %
 - c. Multi-car Discount %
 - d. Accident Free Discount* %
- Please Specify Qualification for Discount:

- e. Anti-Theft Discount %
 - f. Other (specify) %
- _____

6. Do you have an installment payment plan for automobile insurance? Yes No
 If so, what is the fee for installment payments?

7. Does your company utilize a tiered rating plan? Yes No
 If so, list the programs and percentage difference and current volume for each plan:

Program	Percentage Difference	Volume
---------	-----------------------	--------

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

 Signature

 Printed Name

 Title

 Telephone Number

 Email address

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name _____
NAIC # (including group #) _____

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.

5. Specify the percentage given for credit or discounts for the following:

- a. Fire Extinguisher %
- b. Burglar Alarm %
- c. Smoke Alarm %
- d. Insured who has both homeowners and auto with your company %
- e. Deadbolt Locks %
- f. Window or Door Locks %
- g. Other (specify) %

6. Are there any areas in the State of Arkansas In which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.

7. Specify the form(s) utilized in writing homeowners insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
------	----------------

8. Do you write homeowner risks which have aluminum, steel or vinyl siding? Yes No

9. Is there a surcharge on risks with wood heat?
If yes, state the surcharge _____
Does the surcharge apply to conventional fire places?
If yes, state the surcharge _____

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Printed Name

Title

Telephone Number

Email address

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Private Passenger Auto)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is ___%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2800

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Homeowners)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is ___%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2800

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Professional Liability)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is ___%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2800

ARKANSAS INSURANCE DEPARTMENT

**NOTICE OF RATE INCREASE
(Professional Liability)**

[INSURANCE COMPANY] has increased its overall rates for its [LINES OF COVERAGE] insurance business in Arkansas. The overall rate increase is ___%. Copies of the rate filing may be obtained by writing or calling the Arkansas Insurance Department, or by visiting our Internet site at <http://www.insurance.arkansas.gov/PandC/divpage.htm>. For more information, please contact the Department at:

Arkansas Insurance Department
Property & Casualty Division
1200 West Third Street
Little Rock, AR 72201-1904
501-371-280

NAIC Number: _____
 Company Name: _____
 Contact Person: _____
 Telephone No.: _____
 Email Address: _____
 Effective Date: _____

**Homeowners Premium Comparison Survey Form
 FORM HPCS - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Covers risk of direct physical loss for dwelling and other structures; named perils for personal property, replacement cost on dwelling, actual cash value on personal property)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection Class	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000																		
	\$15,000																		
	\$25,000																		
6	\$5,000																		
	\$15,000																		
	\$25,000																		
9	\$5,000																		
	\$15,000																		
	\$25,000																		

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection Class	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000																		
	\$120,000																		
	\$160,000																		
6	\$80,000																		
	\$120,000																		
	\$160,000																		
9	\$80,000																		
	\$120,000																		
	\$160,000																		

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher _____ % Deadbolt Lock _____ %
 Burglar Alarm _____ % Window Locks _____ %
 Smoke Alarm _____ % \$1,000 Deductible _____ %
 Other (specify) _____ %
 _____ %
 Maximum Credit Allowed _____ %

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this co

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? _____ (yes or no)
 WHAT IS YOUR PERCENTAGE DEDUCTIBLE? _____ %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?

	Zone	Brick	Frame
Highest Risk	\$	_____	\$ _____
Lowest Risk	\$	_____	\$ _____

Malpractice Premium Comparison Survey Form
FORM MMPCS - last modified April, 2006

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

NAIC Number:

Company Name:

Contact Person:

Telephone No.:

Email Address:

Effective Date:

Submit to: *Arkansas Insurance Department*
1200 West Third Street
Little Rock, AR 72201-1904

Telephone: *501-371-2800*

Email as an attachment to insurance.pnc@arkansas.gov
You may also attach to a SERFF filing or submit on a cdr disk

Physicians

Base Rate	Hospital	Clinic	Private
At 500,000/1,000,000	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Discounts and Surcharges			
Emergency Room	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Surgery	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Delivery	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Claims Free	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Over 5 years Experience	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Dental

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Discounts and Surcharges			
Claims Free	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
5 years Experience	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Surgery	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other:	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

