

ARKANSAS REGISTER

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96 APR 19 PH 1:01

Transmittal Sheet



SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 4/30/96 Code Number 054.00.96--003

Name of Agency Arkansas Insurance Department
Department Legal Division
Contact Person Ray McNeil (478-2999) Phone 686-2999
Statutory Authority for Promulgating Rules A.R. Code Ann. §§ 23-61-103, 25-15-202 et seq., § 23-67-212

	Date
Intended Effective Date <u>Final 10/25/96</u>	Legal Notice Published <u>From 3/2/96 to 4/1/96</u>
<input type="checkbox"/> Emergency	Final Date for Public Comment <u>4-1-96</u>
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<input checked="" type="checkbox"/> Other	Reviewed by Legislative Council <u>4-4-96</u>
<u>4-30-96</u>	Adopted by State Agency <u>4-11-96</u>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

Ray McNeil

Signature

478-2999

Phone Number

Associate Counsel

Title

4-19-96

Date

RULE AND REGULATION 23

PROPERTY, CASUALTY, SURETY AND
MARINE RATE AND FORM FILINGS

FILED
AR. REGISTER DIV.
96 APR 19 PM 1:01

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

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-
- 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 WC-1 Workers' compensation abstract
FORM F-1 Form filing abstract
FORM APCS Automobile survey (as updated)
FORM HPCS Homeowners survey (as updated)

*Note, these forms are listed here for convenience and are not exhibits to this Regulation. They are the prescribed forms for use and are available at the Department.

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 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, 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 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 and §23-79-109, subject to any exemptions the Commissioner may order pursuant to Ark. Code Ann. §23-67-206.

Section 4. Effective Date

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

6 H. Participating Insurer.

7 Participating insurer means any member, subscriber or service purchaser
8 of an advisory organization.

9 Section 6. Rate Service Organizations

10 A. Advisory Organizations - Permitted Activity.

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

17 1. Prepare and distribute rates, supplementary rate information and
18 supporting information in accordance with Ark. Code Ann. §23-67-216 and
19 §23-67-219; however, such filings are for advisory purposes only and
20 shall not be made on behalf of any insurer.

21 2. Prepare and file on behalf of members and subscribers, policy
22 forms and endorsements and consult with members, subscribers and others
23 relative to their use and application.

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

29 4. Final rates for residual markets may be prepared and filed by the
30 Plan Administrator as directed by the Department.

31 B. Advisory Organizations - Prohibited Activity.

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

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

40 Section 7. Procedures for Rate and Supplementary Rate Information
41 Filings

1 2. Supporting Information Required to Supplement the Filing.
2

3 a. Each rate and rule filing submitted shall be accompanied by the
4 Rate Filing Abstract (Form RF-1). If you are making a loss cost reference
5 filing see Section 7(A)(3). Rate and rule filings for Homeowners
6 Insurance and Private Passenger Automobile Insurance must also include
7 the Private Passenger Automobile Abstract (Form A-1), Survey Form APCS
8 or Homeowners Abstract (Form H-1) and Survey Form HPCS. Rate and form
9 filings must be made separately. (See Section 8, Procedures for Form
10 Filings, below). The following required documentation should be
11 identified as an exhibit in the filing, and the exhibits should be
12 numbered to correspond directly with the listing of documentation. If an
13 item required is not available or is inapplicable, a statement should be
14 included that specifies the inapplicability or unavailability of the
15 particular item.

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

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

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

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

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

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

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

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

- 1 company's loss cost adjustments.
2 (3) Pay the appropriate fees.
3 (4) Indicate the insurer's proposed effective date.

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

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

10 (2) Pay the appropriate fees.

11 (3) Provide a copy of the previously filed RF-2 indicating that
12 the loss cost modifier will be applicable to future filings.
13

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

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

31 e. Nothing in these procedures shall be construed to require
32 advisory organizations or their participating insurers to immediately
33 refile rates previously implemented. Any participating insurer of an
34 advisory organization is authorized to continue to use all rates and
35 deviations filed for its use until disapproved, or the insurer makes its
36 own filing, or files Form RF-2 adopting the advisory organization's
37 prospective loss costs or a modification thereof.
38

39 **B. Procedures for Rate and Supplementary Rate Information Filings.**
40 **For Workers' Compensation and Employers' Liability Insurance.**

41 Manuals of classifications, rules and rates, rating plans, and every
42 modification of any of the foregoing which an insurer proposes to use for
43 workers' compensation and employers' liability insurance must be approved
44 or deemed approved by this Department before such manual, rules and rates
45 or rating plan can be used. Insurers may file independently or by
46 reference to the loss costs, supporting information or supplementary rate
47 information filed by an advisory organization. Insurers may file
48 deviations to the loss costs filed by an advisory organization.

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

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

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

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

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

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

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

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

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

25 l. Any additional information the Department may require.

26 3. Rate Filing Deadlines.

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

37 4. Maintenance of Uniform Data Base.

38 Independent filings based upon a classification system other than the
39 classification system filed by a designated advisory organization must be
40 accompanied by an explanation of the method the insurer will utilize to
41 compile and report data in compliance with Ark. Code Ann.

1 remain on file with the Department intends to delay, modify, or not adopt
2 a particular advisory organization's loss cost reference filing, the
3 insurer must notify the Department in writing. The insurer's on-file
4 loss cost adjustments will remain in effect until disapproved by the
5 Department, withdrawn by the insurer or until the insurer files and
6 receives approval of a revised Form RF-WC.

7 d. Final rate pages for all workers' compensation classification
8 codes must be filed with the Department.

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

16 Section 8. PROCEDURES FOR FORM FILINGS - All Lines.

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

22 1. Filing Cover.

23 a. If a copy of the filing, bearing the appropriate stamp of the
24 Department, is to be returned to the filer, two (2) copies of the filing
25 cover letter of submission are required together with a postage paid
26 envelope addressed to the filing insurer, insurance holding company
27 group, or advisory organization. One (1) copy of the filing cover
28 documenting the action taken by the Department will be returned to the
29 filing insurer, insurance holding company group, or advisory
30 organization. An additional copy of the filing cover for each affiliated
31 company utilizing the documents is required. In addition, the entire
32 filing packet, consisting of all filings, supporting information and
33 exhibits, shall be sequentially numbered or contain a table of contents,
34 and the total number of pages comprising the filing packet shall be
35 referenced in the filing cover.

36 b. The filing cover must include sufficient information to identify
37 the forms contained therein completely without need for further reference
38 to attached memoranda, forms, exhibits or other documents.

39 c. If the information required by Section 8(2) below is not included
40 with the filing, the filing shall be deemed incomplete and will not be
41 reviewed.

42 d. Any insurer may satisfy its obligation to submit form filings by
43 becoming a member of or subscriber to a licensed advisory organization
44 which makes filings on its behalf, provided that nothing contained in
45 this Regulation shall be construed as requiring any insurer to become a

ARKANSAS INSURANCE DEPARTMENT
1123 South University, Suite 400
Little Rock, AR 72204
501-686-2975

ARKANSAS RATE FILING ABSTRACT FORM INSTRUCTIONS

The attached form is for inter-departmental purposes to track company loss costs. Companies are required to complete this form although some of the information requested is a duplication of information provided elsewhere.

1. **Line of Insurance (By Coverage)**: List each coverage that is separately rated or which has a separate loss cost multiplier, for example, Auto BI, PD, Phy. Damage, etc.
2. **Indicated % Rate Level Change**: Percent of change as indicated through actuarial date for each coverage as listed in column 1. Show overall change at bottom of column.
3. **Requested % Rate level Change**: Chosen rate level change. Show by coverage as listed in column 1. Show indicated overall rate change at bottom of the column.
4. **Expected Loss Ratio**: Enter expected loss ratio as shown on Form RF-2, Item 4(A), or Form RF-WC, Item 4(A) for Workers' Compensation.
5. **Loss Cost Modification Factor**: Enter the loss cost modification factor as shown on Form RF-2, Item 2(A) or Form RF-WC, Item 2(A) for Workers' Compensation.
6. **Selected Loss Cost Multiplier**: Enter the loss cost multiplier as shown on Form RF-2, Item 6 or Form RF-WC, Item 8 for Workers' Compensation.
7. **Expense Constant**: Enter the selected company expense constant as developed in Item 6 of Page 3, Form RF-2 (if applicable).
8. **Company Current Loss Cost Multiplier**: Enter the loss cost multiplier for each coverage currently on file with the Department. If this is a first-time conversion from rates to loss costs, enter the Bureau's underlying LCM.

Future Filings: Indicate with Yes or No, whether the submitted loss cost factors are to apply to future filings.

Maximum Rate Increase/Decrease: Indicate the estimated maximum rate increase and decrease applicable to the filing being submitted and give territory affected.

ARKANSAS INSURANCE DEPARTMENT

Form A-1
Rev. 4/96

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 homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name _____

NAIC No. _____ Group No. _____

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance? _____

2. Do you furnish a market for young drivers? _____
Over age 65 drivers? _____

3. Do you require collateral business to support a youthful driver risk? _____

4. Do you insure drivers with an international or foreign driver's license? _____

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? _____
If so, what is the fee for installment payments? _____

7. Does your company utilize a tiered rating plan? _____ If so, list the programs and percentage differences. _____

State the current volume for each program.

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

Signature

Title

Telephone Number

7. Specify the form(s) utilized in writing homeowner 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? _____

9. Is there a surcharge on risks with wood heat? _____

If yes, state surcharge _____

Does the surcharge apply to conventional fire places? _____

If yes, state surcharge _____

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

Signature

Title

Telephone Number

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 3

Insurer Name: _____ Date: _____
NAIC No. _____ Group No. _____

**INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS
SUMMARY OF SUPPORTING INFORMATION FORM
CALCULATION OF COMPANY LOSS COST MULTIPLIER**

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

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. 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 & Fees	_____ %
D. Underwriting Profit & Contingencies*	_____ %
E. Other (explain)	_____ %
F. TOTAL	_____ %

*Explain how investment income is taken into account.

4. A. Expected Loss Ratio: $ELR = 100\% - 3F = A$. _____ %
 B. ELR in Decimal Form = _____ %
5. Company Formula Loss Cost Multiplier: $(2B \text{ divided by } 4B) =$ _____ %
6. Company Selected Loss Cost Multiplier = _____ %
 Explain any differences between 5 and 6:

7. Rate level change for the coverages to which this page applies: _____ %

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.

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE _____

Page 1 of 2

1. INSURER NAME _____

ADDRESS _____

PERSON RESPONSIBLE FOR FILING _____

TITLE _____ TELEPHONE NO. _____

2. INSURER NAIC NO. _____ GROUP NO. _____

3. ADVISORY ORGANIZATION _____

4. ADVISORY ORGANIZATION REFERENCE FILING NO. _____

5. 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.

6. A. PROPOSED RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
B. PROPOSED PREMIUM LEVEL CHANGE _____ % EFFECTIVE DATE _____

7. A. PRIOR RATE LEVEL CHANGE _____ % EFFECTIVE DATE _____
B. PRIOR PREMIUM LEVEL CHANGE _____ % EFFECTIVE DATE _____

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. 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 organizations's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organizations'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.

() 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.

ARKANSAS INSURANCE DEPARTMENT

Form WC-1
Rev. 4/96

WORKERS' COMPENSATION 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.

Company Name _____

NAIC No. _____ Group No. _____

Deviation From _____ Proposed Effective Date _____

1. What type of deviation(s) are you currently utilizing? (Specify whether deviation is a schedule rating plan or an across-the board deviation.)

Type	Approved	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. What, if any, restrictions apply to the deviation? _____

3. What is the minimum premium requirement for eligibility for the deviation? _____

4. What was the average percentage of credit given on policies eligible under the deviation? _____

5. What was the average percentage of debit given on policies eligible under the deviation? _____

6. State the number of Arkansas policies issued since the approval of your deviation. _____
Of these policies, how many received a deviation? _____

7. Do you allow both schedule rating plans and across-the-board deviations on the same risk? _____

8. Does your company offer a dividend plan? If so, please describe the type of dividend, including the amount paid in dividends for the preceding calendar year. _____

9. When promulgating an individual policy premium, at what point is the deviation applied? _____

10. Do plans for the future market provide for:
(a) A greater market penetration for this type of business _____
(b) A lesser penetration _____
(c) Status quo _____

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

Signature

Title

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage

NAIC #: _____
 Company Name: _____
 Contact Person: _____
 Tel. /: () _____

Return to: ARKANSAS INSURANCE DEPARTMENT
 400 University Tower Building
 Little Rock, AR 72204
 (501) 686-2975

Preferred _____
 Standard _____
 Non-Standard _____

COMPARISON OF AUTOMOBILE INSURANCE COST

Coverage	Limits or Deductible	Annual Premium					
		Insured 1	Insured 2	Insured 3	Insured 4		
1. Liability	Max. Amount Policy Will Pay	Little Rock	Russellville	Little Rock	Russellville	Little Rock	Russellville
Bodily Injury	\$25,000 per person						
	\$50,000 per accident						
Property Damage	\$15,000 per accident						
(OR) \$65,000 Combined Single Limit							
2. Damage to your Insured Vehicle							
Comprehensive	\$100 deductible per accident						
Collision	\$250 deductible per accident						
3. Uninsured Motorist							
Bodily Injury	\$25,000/\$50,000						
Property Damage	\$15,000						
4. Underinsured Motorist 25/50							
5. Personal Injury Protection							
A. Medical Bills	\$5,000						
B. Loss of Wages	Statutory Max.						
C. Accidental Death	\$5,000						
6. Membership Fees (If Any)							
Total Cost of Automobile Ins.							
Discounts (If Available)							
(a) Passenger Reentrant/Airbag Discount							
(b) Auto/Homeowners Discount							
(c) Good Student Discount							
(d) Anti-Theft Device Discount							

NAIC NUMBER : _____
 COMPANY NAME : _____
 CONTACT PERSON: _____
 TELEPHONE # : _____

RETURN TO: ARKANSAS INSURANCE DEPARTMENT
 1123 S. UNIVERSITY, SUITE 400
 LITTLE ROCK, ARKANSAS 72204
 (501) 686-2975

FORM 11PCS
 PAGE 1 OF 3
 (ED. 9/95)

COMPARISON OF HOMEOWNERS INSURANCE COST

ANNUAL PREMIUM - POLICY PERIOD ____/____/____ TO ____/____/____

	LITTLE ROCK BRICK	FRAME	SCANTON BRICK	FRAME	JONESBORO BRICK	FRAME	SILGAM SPRINGS BRICK	FRAME	TEXARKANA BRICK	FRAME
FORM HO-3 (ALL RISK OR EQUIVALENT)										
DWELLING VALUE \$70,000.00										
APPROVED ROOF, \$250.00 FLAT DEDUCTIBLE										
*EARTHQUAKE ENDORSEMENT (____ X DEDUCTIBLE)										
REPLACEMENT COST ENDORSEMENT										
TOTAL ANNUAL PREMIUM										
FORM HO-5 (ALL RISK OR EQUIVALENT)										
DWELLING VALUE \$70,000.00										
APPROVED ROOF, \$250.00 FLAT DEDUCTIBLE										
*EARTHQUAKE ENDORSEMENT (____ X DEDUCTIBLE)										
REPLACEMENT COST ENDORSEMENT										
TOTAL ANNUAL PREMIUM										
FORM HO-8 (ALL RISK OR EQUIVALENT)										
DWELLING VALUE \$50,000.00										
APPROVED ROOF, \$250.00 FLAT DEDUCTIBLE										
*EARTHQUAKE ENDORSEMENT (____ X DEDUCTIBLE)										
REPLACEMENT COST ENDORSEMENT										
TOTAL ANNUAL PREMIUM										
FORM HO-4 (CONTENTS BROAD FORM)										
CONTENTS VALUE \$20,000.00										
SIX (6) FAMILY APARTMENT										
\$250.00 FLAT DEDUCTIBLE										
*EARTHQUAKE ENDORSEMENT (____ X DEDUCTIBLE)										
REPLACEMENT COST ENDORSEMENT										
TOTAL ANNUAL PREMIUM										

* USE YOUR MINIMUM DEDUCTIBLE AND INDICATE EXACT X IN SPACE PROVIDED

NAIC NUMBER : _____
 COMPANY NAME : _____
 CONTACT PERSON: _____
 TELEPHONE # : _____

RETURN TO: ARKANSAS INSURANCE DEPARTMENT
 1123 S. UNIVERSITY, SUITE 400
 LITTLE ROCK, ARKANSAS 72204
 (501) 686-2975

COMPARISON OF HOMEOWNERS INSURANCE COST

1. SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:
- A. FIRE EXTINGUISHER _____ X
 - B. BURGLAR ALARM _____ X
 - C. SMOKE ALARM _____ X
 - D. INSURED WHO HAS BOTH HOMEOWNERS
AND AUTO WITH YOUR COMPANY _____ X
 - E. DEADBOLT LOCK _____ X
 - F. WINDOW OR DOOR LOCKS _____ X
 - G. OTHER (SPECIFY) _____ X
 - H. _____ X
 - I. _____ X
 - J. _____ X
 - K. _____ X
 - L. MAXIMUM CREDIT ALLOWED _____ X

EARTHQUAKE INSURANCE

PLEASE ATTACH COPIES OF YOUR APPROVED EARTHQUAKE ENDORSEMENTS WHICH YOU ARE CURRENTLY USING.
 PLEASE ATTACH A COPY OF YOUR FILED EARTHQUAKE RATES AND RULES WHICH YOU ARE CURRENTLY USING,
 INCLUDING A BREAKDOWN OF YOUR EARTHQUAKE ZONES.
 PLEASE ATTACH A COPY OF YOUR EARTHQUAKE UNDERWRITING GUIDELINES.