

Filing at a Glance

Company: NCCI

Product Name: Item 02-AR-2007--Revision to SERFF Tr Num: NCCI-125220613 State: Arkansas

Basic Manual Classifications Code 2719--

Logging or Tree Removal: Certified Mechanized

Harvesting Exclusivley

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025272

Sub-TOI: 16.0004 Standard WC

Co Tr Num:

State Status:

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Lesley O'Brien, Alison Herwig

Disposition Date: 07-02-2007

Date Submitted: 06-28-2007

Disposition Status: Approved

Effective Date Requested (New): 07-01-2007

Effective Date (New): 07-01-2007

Effective Date Requested (Renewal): 07-01-2007

Effective Date (Renewal):

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-02-2007

State Status Changed: 06-29-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to amend Arkansas state special classification Code 2719--Logging or Tree Removal--Certified Mechanized Harvesting Exclusivel.

Company and Contact

Filing Contact Information

Terri Robinson, State Relations Executive

terri_robinson@ncci.com

11430 Gravois Road

(314) 843-4001 [Phone]

St. Louis, MO 63126

(314) 842-3188[FAX]

Filing Company Information

NCCI

CoCode: 5

State of Domicile: Florida

901 Peninsula Corporate Circle

Group Code:

Company Type:

Boca Raton, FL 33487

Group Name:

State ID Number:

(561) 893-3186 ext. [Phone]

FEIN Number: 65-0439698

Created by SERFF on 07-02-2007 04:09 PM

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
NCCI	\$100.00	06-28-2007	14380168

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-02-2007	07-02-2007

Disposition

Disposition Date: 07-02-2007

Effective Date (New): 07-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-02-2007 04:09 PM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Item 02-AR-2007	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-02-2007
Comments:			
Attachment:	02-AR-2007 Transmittal Form.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-02-2007
Bypass Reason:	n/a		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07-02-2007
Bypass Reason:	n/a		
Comments:			
Satisfied -Name:	Item 02-AR-2007	Review Status: Approved	07-02-2007
Comments:			
Attachments:	02-AR-2007 Cover Letter.pdf 02-AR-2007 Filing Memo & Exhibits.pdf		

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
NCCI, Inc.	FL	0005		

5. Company Tracking Number	Item 02-AR-2007—Revision to Basic Manual Classification Code 2719—Logging or Tree Removal: Certified Mechanized Harvesting Exclusively
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Terri Robinson NCCI, Inc. 46714 Hwy 10 Perryville, AR 72126	State Relations Executive	501-753-5180	561-893-5565	Terri_Robinson@ncci.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Terri Robinson
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16
10. Sub-Type of Insurance (Sub-TOI)	Workers Compensation
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: July 1, 2007 Renewal: July 1, 2007
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	June 28, 2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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 the state.)

	This filing transmittal is part of Company Tracking #			n/a	
	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
	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)
1			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
2			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
3			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
4			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
5			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
6			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
7			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
8			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
9			<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		

RATE/RULE FILING ATTACHMENT

(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 #	Item 02-AR-2007—Revision to Basic Manual Classification Code 2719—Logging or Tree Removal: Certified Mechanized Harvesting Exclusively
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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 checked="" type="checkbox"/> Rate Neutral (0%)		

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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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)
NCCI, Inc.	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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 on ly)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing	n/a	
5c	Effect of Rate Filing – Written premium change for this program	n/a	
5d	Effect of Rate Filing – Number of policyholders affected	n/a	

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	Revision to Basic Manual Classification Code 2719—Logging or Tree Removal: Certified Mechanized Harvesting Exclusively	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Item 02-AR-2007
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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PC RRFS-1



Terri Robinson
State Relations Executive
Regulatory Service Division

June 28, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201

**Re: Item 02-AR-2007—Revision to Basic Manual Classification Code
2719—Logging or Tree Removal: Certified Mechanized
Harvesting Exclusively**

Dear Commissioner Bowman:

In accordance with the applicable statutes and regulations of your jurisdiction, I am filing for your consideration and approval the above captioned filing. This item filing is to be effective 12:01 a.m. on July 1, 2007, applicable to new and renewal business only.

The attached filing memorandum explains the purpose, background, proposal, impact and implementation of this change.

This filing is made in reference by the members and subscribers of the National Council on Compensation Insurance, Inc. who are now writing or will write workers compensation insurance in Arkansas.

Thank you for your consideration.

Respectfully submitted,

A handwritten signature in black ink that reads "Terri Robinson". The signature is written in a cursive, flowing style.

Terri Robinson
State Relations Executive

TR:ah

Attachment

FILING MEMORANDUM

ITEM 02-AR-2007—REVISION TO BASIC MANUAL CLASSIFICATION CODE 2719—LOGGING OR TREE REMOVAL: CERTIFIED MECHANIZED HARVESTING EXCLUSIVELY

(To become effective 12:01 a.m. on July 1, 2007, applicable to new and renewal voluntary and assigned risk policies.)

PURPOSE

The purpose of this item is to amend Arkansas state special classification Code 2719—Logging or Tree Removal—Certified Mechanized Harvesting Exclusively.¹

BACKGROUND

The Arkansas Insurance Department has directed NCCI to amend Arkansas state special classification Code 2719. This code is applicable to all employers of forestry workers whose employees have obtained the appropriate safety training certification as produced by the Arkansas Timber Producers Association (ATPA). These revisions will clarify the proper classification when the ATPA certification lapses during the policy period.

PROPOSAL

It is proposed that Exhibit 1, which details the revisions to Code 2719—Logging or Tree Removal—Certified Mechanized Harvesting Exclusively, be adopted effective July 1, 2007.

IMPACT

Little or no reclassification of logging operations' payroll is expected due to this wording-only change. Likewise, no significant change in statewide premium is expected.

IMPLEMENTATION

Exhibit 1 details the changes required to the Arkansas State Special Classification in NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance*.

¹ The phraseology for Code 2719 is based on Arkansas' approval of B-1397 effective July 1, 2007.

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ITEM 02-AR-2007—REVISION TO BASIC MANUAL CLASSIFICATION CODE 2719—LOGGING OR TREE REMOVAL: CERTIFIED MECHANIZED HARVESTING EXCLUSIVELY

**EXHIBIT 1
BASIC MANUAL—2001 EDITION
Arkansas Special Classifications****2719 LOGGING OR TREE REMOVAL—CERTIFIED MECHANIZED HARVESTING EXCLUSIVELY**

Applies only to those insureds certified as mechanized loggers by the Arkansas Timber Producers Association (ATPA). Includes construction, operation, maintenance or extension of logging roads or logging railroads. Mill operations to be separately rated as Code 2710. Certification of mechanized loggers and the assignment of this classification must be based on the following criteria:

1. The felling and loading of trees must be done with the use of mechanized equipment in which the operator does not normally leave the cab of the machine in the performance of his duties.
2. Removal of felled trees must be by skidder and at least 50% of the skidders used by the employer, whether owned, rented or leased, must be the grapple type.
3. All mechanized equipment must meet OSHA guidelines for Roll Over Protection Standards (ROPS) and Falling Object Protection Standards (FOPS).
4. Limb removal (trimming) must be performed by a mechanical delimber or with the use of a delimiting gate.
5. Chain saw operators may be used only for occasional trimming or, on a limited and infrequent basis, tree felling. The payroll of all chain saw operators may not constitute more than 25% of total logging payroll. Operators must wear appropriate safety equipment including chaps, hearing protectors, and hard hats.

Employers covering uninsured subcontractors are not eligible for this classification. Such insureds are to be separately classified under Code 2702. Code 2719 may be assigned to insureds also engaged in operations subject to Code 2702. Such assignment may be made only to those logging job sites that meet the above-listed criteria. This classification may only be assigned when verifiable payroll records are maintained by job site, disclosing when the job was performed, the job occupations at the site, and the types of mechanized equipment utilized.

Certifications will be made on an annual basis; however, carriers may withdraw Code 2719 at any time in which it is determined that the insured does not meet the eligibility criteria. If a valid certification from the ATPA is presented at the inception or renewal of the policy, then the carrier may rely on that certification for the entire policy period even if it expires during the policy. It is the responsibility of the insured to get recertified by the next renewal. If the carrier finds evidence that the business was not mechanized for any part of the policy, they have the right to charge the nonmechanized rate for that time period. The carrier is required to notify the ATPA of their intent to renew any policy that includes the mechanized logging classification code.