

State: Ohio **Filing Company:** Berkley Casualty Company
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Small Business Transportation Program - Commercial Auto Coverages
Project Name/Number: /

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User Usage Agreement

Attachments

Usage Agreement [Usage Agreement.pdf](#)

Rate-Rule Attachments

(ex. Document Name Attachment Name)

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Driver Quality Factor [TM 2.0 DQF Rule 08 24.pdf](#)

Rule 24. Truckers / Motor Carriers [TM 2.0 Rule 24.pdf](#)

Rule 25. Premium Development -
Zone Rated Autos [TM 2.0 Rule 25 10 24.pdf](#)

Weighted Average Radius / Zone
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Violation Category Mapping Table [SmallTrucking - DQF Violation Mapping_CW_06 24.pdf](#)

Company Loss Cost Multipliers [Auto LCM Rule - OH 03 24.pdf](#)

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Rule 23. Trucks, Tractors and Trailer
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Rule 1. Application of this Division [Auto Rule 1 - OH Default with table.pdf](#)

Underwriting Tiering Guidelines [BSB_Underwriting Tiering Guidelines 2.0_OH_updated.pdf](#)

Underwriting Tiering Guidelines [BSB_Underwriting Tiering Guidelines 2.0_OH.pdf](#)

Underwriting Tiering Guidelines [BSB_Underwriting Tiering Guidelines 2.0.pdf](#)

Supporting Document

(ex. Supporting Document Name Attachment Name)

Attachments

Filing Requirements Summary - P&C [Actuarial Memo - OH.pdf](#)

Filing Requirements Summary - P&C [FM OH RARUFM.pdf](#)

Filing Requirements Summary - P&C [Memorandum on BSB Zone Rating Loss Cost Calculation.pdf](#)

*Filing Requirements Summary -
P&C* [Actuarial Memo - OH.pdf](#)

State: Ohio **Filing Company:** Berkley Casualty Company
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Project Name/Number: /

*Filing Requirements Summary -
P&C*

[FM OH RARUFM.pdf](#)

| | |
|--|--|
| Redline | <u>TM 2.0 Rule 24 Redline 08 19 MU.pdf</u> |
| Redline | <u>TM 2.0 Rule 25 10 24 redline 08 19 MU.pdf</u> |
| Redline | <u>TM 2.0 WA Rule 10 24 redline 05 22 MU.pdf</u> |
| Redline | <u>TM 2.0 DQF Rule 08 24 redline from 09 22.pdf</u> |
| Redline | <u>BSB_Underwriting Tiering Guidelines 2.0_redline_from_20220706_as_of.pdf</u> |
| Redline | <u>Auto LCM Rule - OH 03 24 redline.pdf</u> |
| Redline | <u>Auto Rule 1 - OH Default with table_redline.pdf</u> |
| Redline | <u>Auto Rule 298 - OH 03 24 redline.pdf</u> |
| Redline | <u>SmallTrucking - DQF Violation Mapping_CW_06 24 redline from 09 22.pdf</u> |
| LCM | <u>OH - LC Adoption Form - Liab - Non-Zone-Rated P.pdf</u> |
| LCM | <u>OH - LC Adoption Form - Liab - Zone-Rated P.pdf</u> |
| LCM | <u>OH - LC Adoption Form - PD - Non-Zone-Rated P.pdf</u> |
| LCM | <u>OH - LC Adoption Form - PD - Zone-Rated P.pdf</u> |
| Authorization Letter | <u>Authorization Letter - BSB Trucking Model 2024 signed.pdf</u> |
| Supporting Documentation | <u>INS4012_CW.pdf</u> |
| Supporting Documentation | <u>INS4012_OH.pdf</u> |
| Response Letter objection 3 and 4 from 07/12/2024 | <u>SERFF Response obj 3 and 4.pdf</u> |
| Response letter - objection 07/31/2024 | <u>Responses_OH.pdf</u> |

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

Filing at a Glance

| | |
|---------------------------|---|
| Company: | Berkley Casualty Company |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages |
| State: | Ohio |
| TOI: | 20.0 Commercial Auto |
| Sub-TOI: | 20.0000 Commercial Auto Combinations |
| Filing Type: | Form/Rate/Rule |
| Date Submitted: | 06/13/2024 |
| SERFF Tr Num: | BNIC-134120828 |
| SERFF Status: | Closed-FILED |
| State Tr Num: | BNIC-134120828 |
| State Status: | FILED |
| Co Tr Num: | OH-CA-RARUFM-BSB |
| Effective Date | 12/15/2024 |
| Requested (New): | |
| Effective Date | 12/15/2024 |
| Requested (Renewal): | |
| Author(s): | Paula Rossman, Melissa Lovejoy, Ashley Allen |
| Reviewer(s): | Brad Wolfenbarger (primary), Stewart Trego |
| Disposition Date: | 08/08/2024 |
| Disposition Status: | FILED |
| Effective Date (New): | 12/15/2024 |
| Effective Date (Renewal): | 12/15/2024 |

State: Ohio **Filing Company:** Berkley Casualty Company
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Small Business Transportation Program - Commercial Auto Coverages
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Insurance Services Office ("ISO") Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/08/2024
State Status Changed: 08/08/2024 Deemer Date:
Created By: Paula Rossman Submitted By: Ashley Allen
Corresponding Filing Tracking Number:
State TOI: 20.0 Commercial Auto State Sub-TOI: 20.0000 Commercial Auto Combinations

Filing Description:

With this filing, Berkley Casualty Company (BCC) is amending the Commercial Auto Coverages under the following program as described below.

Berkley Casualty Company – Small Business Transportation Program

BCC is a subscriber with the Insurance Services Office, Inc. (ISO) and had granted ISO filing authority on its behalf but has withdrawn that filing authority with ISO for Commercial Auto for the Small Business Transportation Program, and our intention is to non-adopt rates including loss costs, forms and rules for this program. The purpose of this submission is to introduce our new trucking model. We also will be amending our Loss Cost Multipliers for an overall rate change of 0%.

We respectfully request to implement this revision for all new and renewal policies effective on or after November 1, 2024.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

Company and Contact

Filing Contact Information

Paula Rossman, Filing Analyst III
401 Wilshire Blvd
Santa Monica, CA 90401

prossman@perrknight.com
310-893-0033 [Phone]

Filing Company Information

Berkley Casualty Company
11201 Douglas Ave.
Urbandale, IA 53022
(800) 448-5621 ext. [Phone]

CoCode: 15911
Group Code: 98
Group Name: W.R. Berkley
FEIN Number: 63-0866690

State of Domicile: Iowa
Company Type: Insurance
State ID Number:

State: Ohio **Filing Company:** Berkley Casualty Company
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Small Business Transportation Program - Commercial Auto Coverages
Project Name/Number: /

Filing Fees

State Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per company
Per Company: Yes

| Company | Amount | Date Processed | Transaction # |
|--------------------------|---------|---------------------|---------------|
| Berkley Casualty Company | \$50.00 | 06/13/2024 05:34 PM | 288424696 |

EFT Total **\$50.00**

State Specific

Indicate Name of Statistical Reporting Agent (AAIS, ISO, ISSI, MSO, NCIS, NISS, OTIRB, SFAA, etc) Response REQUIRED on NEW Programs or NEW Lines of Business.: N/A

PUBLIC RECORD ACKNOWLEDGEMENT (REQUIRED FIELD): Acknowledge (by entering "YES") that everything submitted in this filing, with the exception of pages or parts of documents appropriately marked as trade secret pursuant to Ohio law and the Department's "Trade Secrets Policy," will become public record in accordance with R.C. 149.43, R.C. 1751.52, R.C. 3935.04, and/or R.C. 3937.03. (See General Instructions for further information.): Yes

FILING FEES VIA EFT: Confirm that via EFT you have submitted Ohio's filing fees of \$50 per company.: Yes

State:

TOI/Sub-TOI:

Product Name:

Project Name/Number:

Ohio

20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Small Business Transportation Program - Commercial Auto Coverages

/

Filing Company:

Berkley Casualty Company

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|-------------------|------------|----------------|
| FILED | Brad Wolfenbarger | 08/08/2024 | 08/08/2024 |

Objection Letters and Response Letters

Objection Letters

| Status | Created By | Created On | Date Submitted |
|---------------------------|-------------------|------------|----------------|
| Pending Industry Response | Brad Wolfenbarger | 07/31/2024 | 07/31/2024 |
| Pending Industry Response | Brad Wolfenbarger | 07/12/2024 | 07/12/2024 |

Response Letters

| Responded By | Created On | Date Submitted |
|---------------|------------|----------------|
| Paula Rossman | 08/06/2024 | 08/06/2024 |
| Paula Rossman | 07/24/2024 | 07/24/2024 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|-----------------------------------|------------------|-------------------|------------|----------------|
| Effective date - Change Requested | Note To Reviewer | Paula Rossman | 08/23/2024 | 08/23/2024 |
| AA Reviewed | Reviewer Note | Brad Wolfenbarger | 08/08/2024 | |
| AA Sent Second Letter | Reviewer Note | Brad Wolfenbarger | 07/31/2024 | |
| AA Sent Letter | Reviewer Note | Brad Wolfenbarger | 07/12/2024 | |

| | | | | | |
|-----------------------------|---|--------------------------|--------------------------|----------------------------|------------------|
| SERFF Tracking #: | BNIC-134120828 | State Tracking #: | BNIC-134120828 | Company Tracking #: | OH-CA-RARUFM-BSB |
| State: | Ohio | Filing Company: | Berkley Casualty Company | | |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | | | |
| Project Name/Number: | / | | | | |

Disposition

Disposition Date: 08/08/2024

Effective Date (New): 12/15/2024

Effective Date (Renewal): 12/15/2024

- Effective Date (New) changed from 11/01/2024 to 12/15/2024 and Effective Date (Renewal) changed from 11/01/2024 to 12/15/2024 by Wolfenbarger, Brad on 08/26/2024.

Status: FILED

Comment: This filing, as submitted or as amended herein, is Approved under Chapter 3935, or Accepted under Chapter 3937, of the Ohio Revised Code.

EFFECTIVE DATES: Our records indicate you did/will implement this filing on the Effective Date(s) shown herein. If the effective dates are incorrect or you need to revise the effective date(s), submit a Post-Submission Update with the revised dates.

PUBLIC RECORD: Since filings become public record as of the effective date, changes of effective date(s) should be submitted PRIOR TO the effective date(s) originally requested.

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|--------------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| Berkley Casualty Company | 0.100% | 0.100% | \$1,345 | 23 | \$921,052 | 3.600% | -3.500% |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------|---|----------------------|---------------|
| Rate (revised) | Driver Quality Factor | Filed | Yes |
| Rate | Driver Quality Factor | Superseded/Withdrawn | Yes |
| Rate | Rule 24. Truckers / Motor Carriers | Filed | Yes |
| Rate | Rule 25. Premium Development - Zone Rated Autos | Filed | Yes |
| Rate | Weighted Average Radius / Zone Rule | Filed | Yes |
| Rate | Violation Category Mapping Table | Filed | Yes |
| Rate | Company Loss Cost Multipliers | Filed | Yes |
| Rate | Rule 298. Deductible Insurance | Filed | Yes |
| Rate | Rule 23. Trucks, Tractors and Trailer Classifications | Filed | Yes |
| Rate | State Zone Loss Cost | Filed | Yes |

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|-------------------------------|---|----------------------|---------------|
| Rate | Zip Code Zone Loss Cost | Filed | Yes |
| Rate | Rule 1. Application of this Division | Filed | Yes |
| Rate (revised) | Underwriting Tiering Guidelines | Filed | Yes |
| Rate | Underwriting Tiering Guidelines | Superseded/Withdrawn | Yes |
| Rate | Underwriting Tiering Guidelines | Superseded/Withdrawn | Yes |
| Supporting Document (revised) | Filing Requirements Summary - P&C | Filed | Yes |
| Supporting Document | Filing Requirements Summary - P&C | Superseded/Withdrawn | Yes |
| Supporting Document | Redline | Filed | Yes |
| Supporting Document | LCM | Filed | Yes |
| Supporting Document | Authorization Letter | Filed | Yes |
| Supporting Document | Supporting Documentation | Filed | Yes |
| Supporting Document | Response Letter objection 3 and 4 from 07/12/2024 | Filed | Yes |
| Supporting Document | Response letter - objection 07/31/2024 | Filed | Yes |

State: Ohio **Filing Company:** Berkley Casualty Company
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Small Business Transportation Program - Commercial Auto Coverages
Project Name/Number: /

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 07/31/2024 |
| Submitted Date | 07/31/2024 |
| Respond By Date | 08/14/2024 |

Dear Paula Rossman,

Introduction:

RESPOND BY: 08/14/2024

In order for us to continue our review, please submit a complete response by the date shown above.

Objection 1

Comments: Regarding response 7 of the previous letter, provide further details regarding the review of the insured's IFTAs and inspection patterns for reasonability of the weighted average radius class. Explain what the IFTA is and how reviewing it can support the stated expected mileage within each radius class.

Objection 2

Comments: Provide further details around how and when the expected mileage within each radius classification can change or be updated for a particular vehicle. In particular, clarify whether the expected mileage within each radius can change

- 1.) On midterm amendment
- 2.) On audit
- 3.) On renewal or rewrite.

Revise and supersede as necessary.

Objection 3

Comments: The previous response to objection 4 is viewed as incomplete. The attached lift chart shows the lift using quintiles, but the factors vary down to the centile level.

Provide additional details and support for the specific tier factors. Include all data, methods, and assumptions used in selecting the tier factors.

Conclusion:

Sincerely,
Brad Wolfenbarger

State: Ohio **Filing Company:** Berkley Casualty Company
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Small Business Transportation Program - Commercial Auto Coverages
Project Name/Number: /

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 07/12/2024 |
| Submitted Date | 07/12/2024 |
| Respond By Date | 07/26/2024 |

Dear Paula Rossman,

Introduction:

RESPOND BY: 07/26/2024

In order for us to continue our review, please submit a complete response by the date shown above.

Objection 1

Comments: Provide all company rate data by going to the Filing Correspondence tab and creating a Post-Submission Update. Under the Rate Information section, click "Yes" for Rate Info Applies and complete the rate data fields for:

Overall % Indicated Change

Overall % Rate Impact

Written Premium Change for this Program

of Policy Holders Affected for this Program

Written Premium for this Program

Be sure to include the SERFF Tracking Number of Last Filing, if applicable.

Objection 2

Comments: As indicated in our Filing Requirements Summary, rate revisions should include the Property and Casualty Profit and Loss Statement, INS 4012 (copy in General Instructions), unless the information is provided in a similar format within the filing. Submit data for each company on both an Ohio and Countrywide basis. For Personal Auto, submit the data for Liability and Physical Damage coverages separately.

Objection 3

Comments: Provide support and documentation for the new state zone loss costs and state zip code loss costs.

Objection 4

Comments: Provide support for the underwriting tier factors.

Objection 5

Comments: Provide support for the driver experience factors.

Objection 6

Comments: Provide support and documentation for the Number of Super & Major Violations Factors, Number of Minor Violations Factors, and Number of Other Administrative Violations Factors.

Objection 7

Comments: The expected mileage within each radius classification used in the weighted average radius/zone rule appears subjective and thus potentially unfairly discriminatory.

Provide a more detailed description regarding how the expected mileage within each radius is determined to demonstrate that the weighted average radius is determined in an objective, mutually exclusive, and exhaustive manner. Revise and supersede

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

accordingly.

Objection 8

Comments: The category of "Unknown" for Prior Carrier Length is viewed as potentially unfairly discriminatory since this should be a known quantity and "0" and "11+" are already available options.

Explain how a policyholder could be in the "Unknown" category or remove this as an option.

Objection 9

Comments: The category of "Unknown" for Average Number of Relevant Claims is viewed as potentially unfairly discriminatory since this should be a known quantity and "0" is already an option.

Explain how a policyholder could be in the "Unknown" category or remove this as an option.

Objection 10

Comments: The category of "Missing" for Driver Experience is viewed as potentially unfairly discriminatory since this should be a known quantity.

Explain how a policyholder could be in the "Unknown" category or remove this as an option.

Conclusion:

Sincerely,
Brad Wolfenbarger

| | | | | | |
|-----------------------------|---|--------------------------|--------------------------|----------------------------|------------------|
| SERFF Tracking #: | BNIC-134120828 | State Tracking #: | BNIC-134120828 | Company Tracking #: | OH-CA-RARUFM-BSB |
| State: | Ohio | Filing Company: | Berkley Casualty Company | | |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | | | |
| Project Name/Number: | / | | | | |

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 08/06/2024 |
| Submitted Date | 08/06/2024 |

Dear Brad Wolfenbarger,

Introduction:

Response 1

Comments:

Please see the attached response letter.

Related Objection 1

Comments: Regarding response 7 of the previous letter, provide further details regarding the review of the insured's IFTAs and inspection patterns for reasonability of the weighted average radius class. Explain what the IFTA is and how reviewing it can support the stated expected mileage within each radius class.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

| Supporting Document Schedule Item Changes | |
|---|--|
| Satisfied - Item: | Response letter - objection 07/31/2024 |
| Comments: | |
| Attachment(s): | Responses_OH.pdf |

Response 2

Comments:

Please see the attached response letter.

Related Objection 2

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

Comments: Provide further details around how and when the expected mileage within each radius classification can change or be updated for a particular vehicle. In particular, clarify whether the expected mileage within each radius can change

- 1.) On midterm amendment
- 2.) On audit
- 3.) On renewal or rewrite.

Revise and supersede as necessary.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 3

Comments:

Please see the attached response letter.

Additionally weve updated our tiering guidelines to change the Unknown category for Average Number of Relevant Claims to Info Unavailable New business, as discussed with the DOI.

Related Objection 3

Comments: The previous response to objection 4 is viewed as incomplete. The attached lift chart shows the lift using quintiles, but the factors vary down to the centile level.

Provide additional details and support for the specific tier factors. Include all data, methods, and assumptions used in selecting the tier factors.

Changed Items:

No Form Schedule items changed.

State:Ohio

Filing Company:Berkley Casualty Company

TOI/Sub-TOI:20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:Small Business Transportation Program - Commercial Auto Coverages

Project Name/Number:/

| Rate Schedule Item Changes | | | | | |
|----------------------------|---------------------------------|---------------------------------|-------------|------------------------------|---------------------------------|
| Item No. | Exhibit Name | Rule # or Page # | Rate Action | Previous State Filing Number | Date Submitted |
| 1 | Underwriting Tiering Guidelines | Underwriting Tiering Guidelines | Replacement | BNIC-133371521 | 08/06/2024 By: Paula Rossman |
| Previous Version | | | | | |
| 1 | Underwriting Tiering Guidelines | Underwriting Tiering Guidelines | Replacement | BNIC-133371521 | 07/24/2024 By: Paula Rossman |
| Previous Version | | | | | |
| 1 | Underwriting Tiering Guidelines | Underwriting Tiering Guidelines | Replacement | BNIC-133371521 | 06/13/2024 By: Ashley Allen |

| Supporting Document Schedule Item Changes | |
|---|--|
| Satisfied - Item: | Response letter - objection 07/31/2024 |
| Comments: | |
| Attachment(s): | Responses_OH.pdf |

Conclusion:
Should you have any further concerns, please do not hesitate to contact us.
Sincerely,
Paula Rossman

| | | | | | |
|----------------------|---|-------------------|--------------------------|---------------------|------------------|
| SERFF Tracking #: | BNIC-134120828 | State Tracking #: | BNIC-134120828 | Company Tracking #: | OH-CA-RARUFM-BSB |
| State: | Ohio | Filing Company: | Berkley Casualty Company | | |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | | | |
| Project Name/Number: | / | | | | |

Response Letter

| | |
|------------------------|--------------------|
| Response Letter Status | Submitted to State |
| Response Letter Date | 07/24/2024 |
| Submitted Date | 07/24/2024 |

Dear Brad Wolfenbarger,

Introduction:

Response 1

Comments:

A post-submission update has been submitted

Related Objection 1

Comments: Provide all company rate data by going to the Filing Correspondence tab and creating a Post-Submission Update. Under the Rate Information section, click "Yes" for Rate Info Applies and complete the rate data fields for:

- Overall % Indicated Change
- Overall % Rate Impact
- Written Premium Change for this Program
- # of Policy Holders Affected for this Program
- Written Premium for this Program

Be sure to include the SERFF Tracking Number of Last Filing, if applicable.

Changed Items:

- No Form Schedule items changed.
- No Rate/Rule Schedule items changed.
- No Supporting Documents changed.

Response 2

Comments:

Please see attached statements.

Related Objection 2

State:OhioFiling Company:Berkley Casualty Company

TOI/Sub-TOI:20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:Small Business Transportation Program - Commercial Auto Coverages

Project Name/Number:/

Comments: As indicated in our Filing Requirements Summary, rate revisions should include the Property and Casualty Profit and Loss Statement, INS 4012 (copy in General Instructions), unless the information is provided in a similar format within the filing. Submit data for each company on both an Ohio and Countrywide basis. For Personal Auto, submit the data for Liability and Physical Damage coverages separately.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

| Supporting Document Schedule Item Changes | |
|---|----------------------------------|
| Satisfied - Item: | Supporting Documentation |
| Comments: | |
| Attachment(s): | INS4012_CW.pdf INS4012_OH.pdf |

Response 3

Comments:

Please see the attached response letter and supporting documentation.

Related Objection 3

Comments: Provide support and documentation for the new state zone loss costs and state zip code loss costs.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

| | | | |
|----------------------|---|-----------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

| Supporting Document Schedule Item Changes | |
|---|--|
| Satisfied - Item: | Filing Requirements Summary - P&C |
| Comments: | |
| Attachment(s): | Actuarial Memo - OH.pdf FM OH RARUFM.pdf Memorandum on BSB Zone Rating Loss Cost Calculation.pdf |
| Previous Version | |
| Satisfied - Item: | Filing Requirements Summary - P&C |
| Comments: | |
| Attachment(s): | Actuarial Memo - OH.pdf FM OH RARUFM.pdf |

| Supporting Document Schedule Item Changes | |
|---|--|
| Satisfied - Item: | Filing Requirements Summary - P&C |
| Comments: | |
| Attachment(s): | Actuarial Memo - OH.pdf FM OH RARUFM.pdf Memorandum on BSB Zone Rating Loss Cost Calculation.pdf |
| Previous Version | |
| Satisfied - Item: | Filing Requirements Summary - P&C |
| Comments: | |
| Attachment(s): | Actuarial Memo - OH.pdf FM OH RARUFM.pdf |

| | |
|-------------------|---|
| Satisfied - Item: | Response Letter objection 3 and 4 from 07/12/2024 |
| Comments: | |
| Attachment(s): | SERFF Response obj 3 and 4.pdf |

Response 4

Comments:

Please see the attached response letter and supporting documentation

Related Objection 4

Comments: Provide support for the underwriting tier factors.

| | | | |
|----------------------|---|-----------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

| Supporting Document Schedule Item Changes | |
|---|----------------------------------|
| Satisfied - Item: | Supporting Documentation |
| Comments: | |
| Attachment(s): | INS4012_CW.pdf INS4012_OH.pdf |

| Supporting Document Schedule Item Changes | |
|---|----------------------------------|
| Satisfied - Item: | Supporting Documentation |
| Comments: | |
| Attachment(s): | INS4012_CW.pdf INS4012_OH.pdf |

| | |
|-------------------|---|
| Satisfied - Item: | Response Letter objection 3 and 4 from 07/12/2024 |
| Comments: | |
| Attachment(s): | SERFF Response obj 3 and 4.pdf |

Response 5

Comments:

As this is a new program, we did not have detailed enough internal information to derive our own factors related to driver experience and MVR violations. To stay consistent in the marketplace, we are adopting competitors filed factors. The factors remain the same as in our initial filing under SERFF tracking number BNIC-133371521.

Related Objection 5

Comments: Provide support for the driver experience factors.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

| | | | | | |
|-----------------------------|---|--------------------------|--------------------------|----------------------------|------------------|
| SERFF Tracking #: | BNIC-134120828 | State Tracking #: | BNIC-134120828 | Company Tracking #: | OH-CA-RARUFM-BSB |
| State: | Ohio | Filing Company: | Berkley Casualty Company | | |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | | | |
| Project Name/Number: | / | | | | |

Response 6

Comments:

Please see our response to Objection 5.

Related Objection 6

Comments: Provide support and documentation for the Number of Super & Major Violations Factors, Number of Minor Violations Factors, and Number of Other Administrative Violations Factors.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 7

Comments:

This is a question we ask on our application, and our expectation is that the agent of the insured will be familiar with the insureds mileage/patterns of operations. We also may review the insureds IFTAs and pattern of inspections for reasonability in light of what is provided in the application.

Related Objection 7

Comments: The expected mileage within each radius classification used in the weighted average radius/zone rule appears subjective and thus potentially unfairly discriminatory.

Provide a more detailed description regarding how the expected mileage within each radius is determined to demonstrate that the weighted average radius is determined in an objective, mutually exclusive, and exhaustive manner. Revise and supersede accordingly.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 8

Comments:

We have removed Unknown category from the guidelines.

Related Objection 8

Comments: The category of "Unknown" for Prior Carrier Length is viewed as potentially unfairly discriminatory since this should be a known quantity and "0" and "11+" are already available options.

Explain how a policyholder could be in the "Unknown" category or remove this as an option.

Changed Items:

No Form Schedule items changed.

| Rate Schedule Item Changes | | | | | |
|----------------------------|---------------------------------|---------------------------------|-------------|------------------------------|---------------------------------|
| Item No. | Exhibit Name | Rule # or Page # | Rate Action | Previous State Filing Number | Date Submitted |
| 1 | Underwriting Tiering Guidelines | Underwriting Tiering Guidelines | Replacement | BNIC-133371521 | 07/24/2024 By: Paula Rossman |
| Previous Version | | | | | |
| 1 | Underwriting Tiering Guidelines | Underwriting Tiering Guidelines | Replacement | BNIC-133371521 | 06/13/2024 By: Ashley Allen |

No Supporting Documents changed.

Response 9

Comments:

Average Number of Relevant Claims is based on the claim history of a policyholder prior to the policy effective date, which is unavailable for a newly established business entity. The category of Unknown is for this type of policyholders and 0 is inappropriate in this situation since it should be essentially different from policyholder with insurance history and 0 claims.

Related Objection 9

Comments: The category of "Unknown" for Average Number of Relevant Claims is viewed as potentially unfairly discriminatory since this should be a known quantity and "0" is already an option.

Explain how a policyholder could be in the "Unknown" category or remove this as an option.

Changed Items:

No Form Schedule items changed.

State:

Ohio

Filing Company:

Berkley Casualty Company

TOI/Sub-TOI:

20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:

Small Business Transportation Program - Commercial Auto Coverages

Project Name/Number:

/

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 10

Comments:

We have removed the Missing category for Driver Experience from the rule.

Related Objection 10

Comments: The category of "Missing" for Driver Experience is viewed as potentially unfairly discriminatory since this should be a known quantity.

Explain how a policyholder could be in the "Unknown" category or remove this as an option.

Changed Items:

No Form Schedule items changed.

| Rate Schedule Item Changes | | | | | |
|----------------------------|-----------------------|---------------------------|-------------|------------------------------|---------------------------------|
| Item No. | Exhibit Name | Rule # or Page # | Rate Action | Previous State Filing Number | Date Submitted |
| 1 | Driver Quality Factor | Driver Quality Factor - 1 | Replacement | BNIC-133371521 | 07/24/2024 By: Paula Rossman |
| Previous Version | | | | | |
| 1 | Driver Quality Factor | Driver Quality Factor - 1 | Replacement | BNIC-133371521 | 06/13/2024 By: Ashley Allen |

No Supporting Documents changed.

Conclusion:

Sincerely,
Paula Rossman

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

Note To Reviewer

Created By:

Paula Rossman on 08/23/2024 03:27 PM

Last Edited By:

Filing Rules Migration

Submitted On:

12/15/2024 02:01 AM

Subject:

Effective date - Change Requested

Comments:

The Company would like to change the approved effective date from 11/01/2024 to 12/15/2024 for new and renewal dates.

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

Reviewer Note

Created By:

Brad Wolfenbarger on 08/08/2024 09:14 AM

Last Edited By:

Filing Rules Migration

Submitted On:

12/15/2024 02:01 AM

Subject:

AA Reviewed

Comments:

X

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

Reviewer Note

Created By:

Brad Wolfenbarger on 07/31/2024 10:53 AM

Last Edited By:

Filing Rules Migration

Submitted On:

12/15/2024 02:01 AM

Subject:

AA Sent Second Letter

Comments:

X

| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

Reviewer Note

Created By:

Brad Wolfenbarger on 07/12/2024 05:39 AM

Last Edited By:

Filing Rules Migration

Submitted On:

12/15/2024 02:01 AM

Subject:

AA Sent Letter

Comments:

X

State: Ohio **Filing Company:** Berkley Casualty Company
TOI/Sub-TOI: 20.0 Commercial Auto/20.0000 Commercial Auto Combinations
Product Name: Small Business Transportation Program - Commercial Auto Coverages
Project Name/Number: /

Post Submission Update Request Processed On 07/24/2024

Status: Allowed
Created By: Paula Rossman
Processed By: Stewart Trego
Comments:

Rate Information:

| Field Name | Requested Change | Prior Value |
|--------------------------------------|------------------|-------------|
| Rate Data Applies | Yes | No |
| Filing Method | File and Use | |
| Rate Change Type | Increase | |
| Overall Pct. of Last Revision | 0.000% | |
| Effective Date of Last revision | 11/01/2022 | |
| Filing Method of Last Filing | File and Use | |
| SERFF Tracking Number of Last Filing | BNIC-133371521 | |

Company Rate Information:

Company Name: Berkley Casualty Company

| Field Name | Requested Change | Prior Value |
|--|------------------|-------------|
| Overall % Indicated Change | 0.100% | |
| Overall % Rate Impact | 0.100% | |
| Written Premium Change for this Program | \$1345 | |
| Number of Policy Holders Affected for this Program | 23 | |
| Written Premium for this Program | \$921052 | |
| Maximum %Change (where required) | 3.600% | |
| Minimum %Change (where required) | -3.500% | |

State:

Ohio

Filing Company:

Berkley Casualty Company

TOI/Sub-TOI:

20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:

Small Business Transportation Program - Commercial Auto Coverages

Project Name/Number:

/

Post Submission Update Request Processed On 08/26/2024

Status:

Allowed

Created By:

Paula Rossman

Processed By:

Brad Wolfenbarger

Comments:

General Information:

| Field Name | Requested Change | Prior Value |
|----------------------------------|------------------|-------------|
| Effective Date Requested (New) | 12/15/2024 | 11/01/2024 |
| Effective Date Requested (Renew) | 12/15/2024 | 11/01/2024 |

State:Ohio

Filing Company:Berkley Casualty Company

TOI/Sub-TOI:20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:Small Business Transportation Program - Commercial Auto Coverages

Project Name/Number:/

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

File and Use

Increase

0.000%

11/01/2022

File and Use

BNIC-133371521

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|--------------------------|-----------------------------|------------------------|--|---|-----------------------------------|---------------------------------|---------------------------------|
| Berkley Casualty Company | 0.100% | 0.100% | \$1,345 | 23 | \$921,052 | 3.600% | -3.500% |

State:

Ohio

Filing Company:

Berkley Casualty Company

TOI/Sub-TOI:

20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:

Small Business Transportation Program - Commercial Auto Coverages

Project Name/Number:

/

Rate/Rule Schedule

| Item No. | Schedule Item Status | Exhibit Name | Rule # or Page # | Rate Action | Previous State Filing Number | Attachments |
|----------|----------------------|---|---|-------------|------------------------------|--|
| 1 | Filed 08/08/2024 | Driver Quality Factor | Driver Quality Factor - 1 | Replacement | BNIC-133371521 | TM 2.0 DQF Rule 08 24_OH.pdf |
| 2 | Filed 08/08/2024 | Rule 24. Truckers / Motor Carriers | Rule 24. Truckers / Motor Carriers | Replacement | BNIC-133371521 | TM 2.0 Rule 24.pdf |
| 3 | Filed 08/08/2024 | Rule 25. Premium Development - Zone Rated Autos | Rule 25. Premium Development - Zone Rated Autos | Replacement | BNIC-133371521 | TM 2.0 Rule 25 10 24.pdf |
| 4 | Filed 08/08/2024 | Weighted Average Radius / Zone Rule | Weighted Average Radius / Zone Rule | Replacement | BNIC-133371521 | TM 2.0 WA Rule 10 24.pdf |
| 5 | Filed 08/08/2024 | Violation Category Mapping Table | Violation Category Mapping Table | Replacement | BNIC-133371521 | SmallTrucking - DQF Violation Mapping_CW_06 24.pdf |
| 6 | Filed 08/08/2024 | Company Loss Cost Multipliers | LCM – 1 | Replacement | BNIC-133371521 | Auto LCM Rule - OH 03 24.pdf |
| 7 | Filed 08/08/2024 | Rule 298. Deductible Insurance | Rule 298. Deductible Insurance | Replacement | BNIC-133371521 | Auto Rule 298 - OH 03 24.pdf |
| 8 | Filed 08/08/2024 | Rule 23. Trucks, Tractors and Trailer Classifications | Rule 23. Trucks, Tractors and Trailer Classifications | Replacement | BNIC-133371521 | Revised CA Rule 23 09-2023.pdf |
| 9 | Filed 08/08/2024 | State Zone Loss Cost | State Zone Loss Cost | New | | BSB_State Zone Loss Cost 03 24_2 OH.pdf |
| 10 | Filed 08/08/2024 | Zip Code Zone Loss Cost | Zip Code Zone Loss Cost | New | | BSB_Zip Code Zone Loss Cost 03 24_2 OH.pdf |
| 11 | Filed 08/08/2024 | Rule 1. Application of this Division | Rule 1. Application of this Division | Replacement | BNIC-133371521 | Auto Rule 1 - OH Default with table.pdf |
| 12 | Filed 08/08/2024 | Underwriting Tiering Guidelines | Underwriting Tiering Guidelines | Replacement | BNIC-133371521 | BSB_Underwriting Tiering Guidelines 2.0_OH_updated.pdf |

**BERKLEY CASUALTY COMPANY
SMALL BUSINESS TRANSPORTATION PROGRAM
DIVISION ONE - AUTOMOBILE COMMERCIAL LINES MANUAL**

Company Rules

MULTISTATE

DRIVER QUALITY FACTOR

A Driver Quality Factor will be applied multiplicatively to Liability, No Fault, Medical Payments, Comprehensive, Specified Causes of Loss, and Collision coverages. This is applicable only to Trucks Tractors and Trailers, and will not be modified because of midterm changes.

The following variables are used in determining the Driver Quality Factor:

- Driver Experience: Years of driving experience for each driver
- Motor Vehicle Record (MVR): Considers driver violations and incidents related to each driver

The Driver Quality Factor is calculated as:

Driver Quality Factor =

$$\frac{(\text{Average Driver Quality Score} \times \text{Number of Listed Drivers} + 1.15 \times \text{Number of Undisclosed Drivers})}{(\text{Number of Listed Drivers} + \text{Number of Undisclosed Drivers})}$$

Where,

Average Driver Quality Score = Average Driver Experience Score Factor
x Average MVR Score Factor

Average Driver Experience Score = Average (Driver Experience Score for each driver)

Average MVR Score = Average (Number of Super & Major Violations Factor
x Number of Minor Violations Factor
x Number of Other Administrative Violations Factor
x Number of Findings of Defective Equipment Factor
x Number of Incidents Factor
x Number of Months Since Last Incident Factor)

The Driver Quality Factor calculated above will be applied to Liability, No Fault, Medical Payments, and Collision coverages. For Comprehensive and Specified Causes of Loss coverages, apply the following factor:

Driver Quality Factor – Comprehensive = $0.25 \times \text{Driver Quality Factor} + 0.75 \times 1.000$

**BERKLEY CASUALTY COMPANY
SMALL BUSINESS TRANSPORTATION PROGRAM
DIVISION ONE - AUTOMOBILE COMMERCIAL LINES MANUAL**

Company Rules

MULTISTATE

[Lookup Tables](#)

[Table 1-1. Driver Experience](#)

| Driver Experience | Score | Driver Experience | Score | Driver Experience | Score | Driver Experience | Score |
|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|
| 0 | 1.57 | 20 | 1.026 | 40 | 0.962 | 60 | 1.063 |
| 1 | 1.516 | 21 | 1.019 | 41 | 0.963 | 61 | 1.073 |
| 2 | 1.465 | 22 | 1.012 | 42 | 0.965 | 62 | 1.084 |
| 3 | 1.415 | 23 | 1.006 | 43 | 0.967 | 63 | 1.095 |
| 4 | 1.369 | 24 | 1 | 44 | 0.969 | 64 | 1.106 |
| 5 | 1.324 | 25 | 0.995 | 45 | 0.971 | 65 | 1.118 |
| 6 | 1.281 | 26 | 0.99 | 46 | 0.975 | 66 | 1.131 |
| 7 | 1.24 | 27 | 0.985 | 47 | 0.978 | 67 | 1.145 |
| 8 | 1.201 | 28 | 0.981 | 48 | 0.982 | 68 | 1.159 |
| 9 | 1.163 | 29 | 0.977 | 49 | 0.986 | 69 | 1.173 |
| 10 | 1.128 | 30 | 0.974 | 50 | 0.991 | 70 or more | 1.189 |
| 11 | 1.115 | 31 | 0.971 | 51 | 0.996 | | |
| 12 | 1.103 | 32 | 0.968 | 52 | 1.002 | | |
| 13 | 1.092 | 33 | 0.966 | 53 | 1.008 | | |
| 14 | 1.081 | 34 | 0.964 | 54 | 1.014 | | |
| 15 | 1.07 | 35 | 0.963 | 55 | 1.021 | | |
| 16 | 1.061 | 36 | 0.962 | 56 | 1.029 | | |
| 17 | 1.051 | 37 | 0.961 | 57 | 1.036 | | |
| 18 | 1.043 | 38 | 0.961 | 58 | 1.045 | | |
| 19 | 1.034 | 39 | 0.962 | 59 | 1.054 | | |

[Table 1-2. Average Driver Experience Score](#)

| Average Driver Experience Score | | |
|--|----------------------------------|---------------|
| Greater than | And less than or equal to | Factor |
| 0 | 0.986 | 0.989 |
| 0.986 | 0.998 | 1.000 |
| 0.998 | 1.01 | 1.020 |
| 1.01 | 1.022 | 1.048 |
| 1.022 | 1.034 | 1.087 |
| 1.034 | 1.046 | 1.135 |
| 1.046 | 1.058 | 1.196 |
| 1.058 | 1.07 | 1.270 |
| 1.07 | 1.082 | 1.344 |
| 1.082 | 1.094 | 1.418 |

**BERKLEY CASUALTY COMPANY
SMALL BUSINESS TRANSPORTATION PROGRAM
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Company Rules

MULTISTATE

| | | |
|-------|-------|-------|
| 1.094 | 1.106 | 1.492 |
| 1.106 | 1.3 | 1.566 |
| 1.3 | | 1.750 |

Table 2-1. Number of Super & Major Violations

| Number of Super & Major Violations | Factor |
|---|---------------|
| 0 | 1.000 |
| 1 | 1.354 |
| 2 | 1.716 |
| 3 | 2.117 |
| 4 | 2.573 |
| 5 | 3.098 |
| 6 | 3.707 |
| 7 | 4.414 |
| 8 | 5.238 |
| 9 | 6.197 |
| 10 or more | 7.315 |

Table 2-2. Number of Minor Violations

| Number of Minor Violations | Factor |
|-----------------------------------|---------------|
| 0 | 1.000 |
| 1 | 1.152 |
| 2 | 1.252 |
| 3 | 1.328 |
| 4 | 1.390 |
| 5 | 1.443 |
| 6 | 1.489 |
| 7 | 1.530 |
| 8 | 1.567 |
| 9 | 1.602 |
| 10 ore more | 1.633 |

Table 2-3. Number of Other Administrative Violations

| Number of Other Administrative Violations | Factor |
|--|---------------|
| 0 | 1.000 |

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Company Rules

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| | |
|------------|-------|
| 1 | 1.151 |
| 2 | 1.250 |
| 3 | 1.325 |
| 4 | 1.386 |
| 5 | 1.438 |
| 6 | 1.484 |
| 7 | 1.525 |
| 8 | 1.561 |
| 9 | 1.595 |
| 10 or more | 1.626 |

Table 2-4. Number of Findings of Defective Equipment

| Number of Findings of Defective Equipment | Factor |
|--|---------------|
| 0 | 1.000 |
| 1 or more | 1.367 |

Table 2-5. Number of Incidents

| Number of Incidents | Factor |
|----------------------------|---------------|
| 0 | 1.000 |
| 1 | 1.050 |
| 2 | 1.081 |
| 3 | 1.103 |
| 4 | 1.121 |
| 5 | 1.135 |
| 6 or more | 1.148 |

Table 2-6. Number of Months Since Last Chargeable Event

| Number of Months Since Last Incident | | |
|---|--------------------------------------|---------------|
| Greater Than | And less than or equal to | Factor |
| 0 | 5 | 1.081 |
| 5 | 11 | 1.067 |
| 11 | 17 | 1.054 |
| 17 | 23 | 1.040 |
| 23 | 29 | 1.026 |
| 29 | 36 | 1.013 |

**BERKLEY CASUALTY COMPANY
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Company Rules

MULTISTATE

| | | | | | |
|----|--|-------|--|--|--|
| 36 | | 1.000 | | | |
|----|--|-------|--|--|--|

Table 2-7. Average MVR Score

| Average MVR Score | | | | | |
|-------------------|---------------------------|-----------------|--------------|---------------------------|-----------------|
| Greater than | And less than or equal to | Selected Factor | Greater than | And less than or equal to | Selected Factor |
| 0 | 1 | 1.000 | 1.628 | 1.644 | 1.727 |
| 1 | 1.02 | 1.014 | 1.644 | 1.66 | 1.750 |
| 1.02 | 1.036 | 1.028 | 1.66 | 1.676 | 1.773 |
| 1.036 | 1.052 | 1.042 | 1.676 | 1.692 | 1.797 |
| 1.052 | 1.068 | 1.056 | 1.692 | 1.708 | 1.821 |
| 1.068 | 1.084 | 1.071 | 1.708 | 1.724 | 1.845 |
| 1.084 | 1.1 | 1.086 | 1.724 | 1.74 | 1.869 |
| 1.1 | 1.116 | 1.101 | 1.74 | 1.756 | 1.894 |
| 1.116 | 1.132 | 1.116 | 1.756 | 1.788 | 1.919 |
| 1.132 | 1.148 | 1.131 | 1.788 | 1.82 | 1.944 |
| 1.148 | 1.164 | 1.147 | 1.82 | 1.852 | 1.969 |
| 1.164 | 1.18 | 1.163 | 1.852 | 1.884 | 1.997 |
| 1.18 | 1.196 | 1.179 | 1.884 | 1.916 | 2.025 |
| 1.196 | 1.212 | 1.195 | 1.916 | 1.948 | 2.053 |
| 1.212 | 1.228 | 1.212 | 1.948 | 1.98 | 2.081 |
| 1.228 | 1.244 | 1.228 | 1.98 | 2.012 | 2.113 |
| 1.244 | 1.26 | 1.245 | 2.012 | 2.044 | 2.145 |
| 1.26 | 1.276 | 1.263 | 2.044 | 2.076 | 2.177 |
| 1.276 | 1.292 | 1.280 | 2.076 | 2.108 | 2.209 |
| 1.292 | 1.308 | 1.298 | 2.108 | 2.14 | 2.244 |
| 1.308 | 1.324 | 1.316 | 2.14 | 2.172 | 2.279 |
| 1.324 | 1.34 | 1.334 | 2.172 | 2.204 | 2.314 |
| 1.34 | 1.356 | 1.352 | 2.204 | 2.252 | 2.349 |
| 1.356 | 1.372 | 1.371 | 2.252 | 2.3 | 2.389 |
| 1.372 | 1.388 | 1.390 | 2.3 | 2.348 | 2.429 |
| 1.388 | 1.404 | 1.409 | 2.348 | 2.396 | 2.469 |
| 1.404 | 1.42 | 1.429 | 2.396 | 2.444 | 2.509 |
| 1.42 | 1.436 | 1.449 | 2.444 | 2.492 | 2.551 |
| 1.436 | 1.452 | 1.469 | 2.492 | 2.54 | 2.593 |
| 1.452 | 1.468 | 1.489 | 2.54 | 2.588 | 2.635 |
| 1.468 | 1.484 | 1.509 | 2.588 | 2.636 | 2.677 |
| 1.484 | 1.5 | 1.530 | 2.636 | 2.684 | 2.722 |

**BERKLEY CASUALTY COMPANY
SMALL BUSINESS TRANSPORTATION PROGRAM
DIVISION ONE - AUTOMOBILE COMMERCIAL LINES MANUAL**

Company Rules

MULTISTATE

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 1.5 | 1.516 | 1.551 | 2.684 | 2.732 | 2.767 |
| 1.516 | 1.532 | 1.572 | 2.732 | 2.78 | 2.812 |
| 1.532 | 1.548 | 1.593 | 2.78 | 2.828 | 2.857 |
| 1.548 | 1.564 | 1.615 | 2.828 | 2.876 | 2.905 |
| 1.564 | 1.58 | 1.637 | 2.876 | 2.924 | 2.953 |
| 1.58 | 1.596 | 1.659 | 2.924 | 2.972 | 3.001 |
| 1.596 | 1.612 | 1.681 | 2.972 | 3.02 | 3.049 |
| 1.612 | 1.628 | 1.704 | 3.02 | | 3.099 |

**BERKLEY CASUALTY COMPANY
SMALL BUSINESS TRANSPORTATION PROGRAM
DIVISION ONE - AUTOMOBILE COMMERCIAL LINES MANUAL**

Company Rules

MULTISTATE

DRIVER QUALITY FACTOR

A Driver Quality Factor will be applied multiplicatively to Liability, No Fault, Medical Payments, Comprehensive, Specified Causes of Loss, and Collision coverages. This is applicable only to Trucks Tractors and Trailers, and will not be modified because of midterm changes.

The following variables are used in determining the Driver Quality Factor:

- Driver Experience: Years of driving experience for each driver
- Motor Vehicle Record (MVR): Considers driver violations and incidents related to each driver

The Driver Quality Factor is calculated as:

Driver Quality Factor =

$$\frac{(\text{Average Driver Quality Score} \times \text{Number of Listed Drivers} + 1.15 \times \text{Number of Undisclosed Drivers})}{(\text{Number of Listed Drivers} + \text{Number of Undisclosed Drivers})}$$

Where,

Average Driver Quality Score = Average Driver Experience Score Factor
x Average MVR Score Factor

Average Driver Experience Score = Average (Driver Experience Score for each driver)

Average MVR Score = Average (Number of Super & Major Violations Factor
x Number of Minor Violations Factor
x Number of Other Administrative Violations Factor
x Number of Findings of Defective Equipment Factor
x Number of Incidents Factor
x Number of Months Since Last Incident Factor)

The Driver Quality Factor calculated above will be applied to Liability, No Fault, Medical Payments, and Collision coverages. For Comprehensive and Specified Causes of Loss coverages, apply the following factor:

Driver Quality Factor – Comprehensive = $0.25 \times \text{Driver Quality Factor} + 0.75 \times 1.000$

**BERKLEY CASUALTY COMPANY
SMALL BUSINESS TRANSPORTATION PROGRAM
DIVISION ONE - AUTOMOBILE COMMERCIAL LINES MANUAL**

Company Rules

MULTISTATE

[Lookup Tables](#)

[Table 1-1. Driver Experience](#)

| Driver Experience | Score | Driver Experience | Score | Driver Experience | Score | Driver Experience | Score |
|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|--------------------------|--------------|
| 0 | 1.57 | 20 | 1.026 | 40 | 0.962 | 60 | 1.063 |
| 1 | 1.516 | 21 | 1.019 | 41 | 0.963 | 61 | 1.073 |
| 2 | 1.465 | 22 | 1.012 | 42 | 0.965 | 62 | 1.084 |
| 3 | 1.415 | 23 | 1.006 | 43 | 0.967 | 63 | 1.095 |
| 4 | 1.369 | 24 | 1 | 44 | 0.969 | 64 | 1.106 |
| 5 | 1.324 | 25 | 0.995 | 45 | 0.971 | 65 | 1.118 |
| 6 | 1.281 | 26 | 0.99 | 46 | 0.975 | 66 | 1.131 |
| 7 | 1.24 | 27 | 0.985 | 47 | 0.978 | 67 | 1.145 |
| 8 | 1.201 | 28 | 0.981 | 48 | 0.982 | 68 | 1.159 |
| 9 | 1.163 | 29 | 0.977 | 49 | 0.986 | 69 | 1.173 |
| 10 | 1.128 | 30 | 0.974 | 50 | 0.991 | 70 or more | 1.189 |
| 11 | 1.115 | 31 | 0.971 | 51 | 0.996 | Missing | 1 |
| 12 | 1.103 | 32 | 0.968 | 52 | 1.002 | | |
| 13 | 1.092 | 33 | 0.966 | 53 | 1.008 | | |
| 14 | 1.081 | 34 | 0.964 | 54 | 1.014 | | |
| 15 | 1.07 | 35 | 0.963 | 55 | 1.021 | | |
| 16 | 1.061 | 36 | 0.962 | 56 | 1.029 | | |
| 17 | 1.051 | 37 | 0.961 | 57 | 1.036 | | |
| 18 | 1.043 | 38 | 0.961 | 58 | 1.045 | | |
| 19 | 1.034 | 39 | 0.962 | 59 | 1.054 | | |

[Table 1-2. Average Driver Experience Score](#)

| Average Driver Experience Score | | |
|--|----------------------------------|---------------|
| Greater than | And less than or equal to | Factor |
| 0 | 0.986 | 0.989 |
| 0.986 | 0.998 | 1.000 |
| 0.998 | 1.01 | 1.020 |
| 1.01 | 1.022 | 1.048 |
| 1.022 | 1.034 | 1.087 |
| 1.034 | 1.046 | 1.135 |
| 1.046 | 1.058 | 1.196 |
| 1.058 | 1.07 | 1.270 |
| 1.07 | 1.082 | 1.344 |
| 1.082 | 1.094 | 1.418 |

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| | | |
|-------|-------|-------|
| 1.094 | 1.106 | 1.492 |
| 1.106 | 1.3 | 1.566 |
| 1.3 | | 1.750 |

Table 2-1. Number of Super & Major Violations

| Number of Super & Major Violations | Factor |
|---|---------------|
| 0 | 1.000 |
| 1 | 1.354 |
| 2 | 1.716 |
| 3 | 2.117 |
| 4 | 2.573 |
| 5 | 3.098 |
| 6 | 3.707 |
| 7 | 4.414 |
| 8 | 5.238 |
| 9 | 6.197 |
| 10 or more | 7.315 |

Table 2-2. Number of Minor Violations

| Number of Minor Violations | Factor |
|-----------------------------------|---------------|
| 0 | 1.000 |
| 1 | 1.152 |
| 2 | 1.252 |
| 3 | 1.328 |
| 4 | 1.390 |
| 5 | 1.443 |
| 6 | 1.489 |
| 7 | 1.530 |
| 8 | 1.567 |
| 9 | 1.602 |
| 10 ore more | 1.633 |

Table 2-3. Number of Other Administrative Violations

| Number of Other Administrative Violations | Factor |
|--|---------------|
| 0 | 1.000 |

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|------------|-------|
| 1 | 1.151 |
| 2 | 1.250 |
| 3 | 1.325 |
| 4 | 1.386 |
| 5 | 1.438 |
| 6 | 1.484 |
| 7 | 1.525 |
| 8 | 1.561 |
| 9 | 1.595 |
| 10 or more | 1.626 |

Table 2-4. Number of Findings of Defective Equipment

| Number of Findings of Defective Equipment | Factor |
|--|---------------|
| 0 | 1.000 |
| 1 or more | 1.367 |

Table 2-5. Number of Incidents

| Number of Incidents | Factor |
|----------------------------|---------------|
| 0 | 1.000 |
| 1 | 1.050 |
| 2 | 1.081 |
| 3 | 1.103 |
| 4 | 1.121 |
| 5 | 1.135 |
| 6 or more | 1.148 |

Table 2-6. Number of Months Since Last Chargeable Event

| Number of Months Since Last Incident | | |
|---|--------------------------------------|---------------|
| Greater Than | And less than or equal to | Factor |
| 0 | 5 | 1.081 |
| 5 | 11 | 1.067 |
| 11 | 17 | 1.054 |
| 17 | 23 | 1.040 |
| 23 | 29 | 1.026 |
| 29 | 36 | 1.013 |

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|----|--|-------|--|--|--|
| 36 | | 1.000 | | | |
|----|--|-------|--|--|--|

Table 2-7. Average MVR Score

| Average MVR Score | | | | | |
|-------------------|---------------------------|-----------------|--------------|---------------------------|-----------------|
| Greater than | And less than or equal to | Selected Factor | Greater than | And less than or equal to | Selected Factor |
| 0 | 1 | 1.000 | 1.628 | 1.644 | 1.727 |
| 1 | 1.02 | 1.014 | 1.644 | 1.66 | 1.750 |
| 1.02 | 1.036 | 1.028 | 1.66 | 1.676 | 1.773 |
| 1.036 | 1.052 | 1.042 | 1.676 | 1.692 | 1.797 |
| 1.052 | 1.068 | 1.056 | 1.692 | 1.708 | 1.821 |
| 1.068 | 1.084 | 1.071 | 1.708 | 1.724 | 1.845 |
| 1.084 | 1.1 | 1.086 | 1.724 | 1.74 | 1.869 |
| 1.1 | 1.116 | 1.101 | 1.74 | 1.756 | 1.894 |
| 1.116 | 1.132 | 1.116 | 1.756 | 1.788 | 1.919 |
| 1.132 | 1.148 | 1.131 | 1.788 | 1.82 | 1.944 |
| 1.148 | 1.164 | 1.147 | 1.82 | 1.852 | 1.969 |
| 1.164 | 1.18 | 1.163 | 1.852 | 1.884 | 1.997 |
| 1.18 | 1.196 | 1.179 | 1.884 | 1.916 | 2.025 |
| 1.196 | 1.212 | 1.195 | 1.916 | 1.948 | 2.053 |
| 1.212 | 1.228 | 1.212 | 1.948 | 1.98 | 2.081 |
| 1.228 | 1.244 | 1.228 | 1.98 | 2.012 | 2.113 |
| 1.244 | 1.26 | 1.245 | 2.012 | 2.044 | 2.145 |
| 1.26 | 1.276 | 1.263 | 2.044 | 2.076 | 2.177 |
| 1.276 | 1.292 | 1.280 | 2.076 | 2.108 | 2.209 |
| 1.292 | 1.308 | 1.298 | 2.108 | 2.14 | 2.244 |
| 1.308 | 1.324 | 1.316 | 2.14 | 2.172 | 2.279 |
| 1.324 | 1.34 | 1.334 | 2.172 | 2.204 | 2.314 |
| 1.34 | 1.356 | 1.352 | 2.204 | 2.252 | 2.349 |
| 1.356 | 1.372 | 1.371 | 2.252 | 2.3 | 2.389 |
| 1.372 | 1.388 | 1.390 | 2.3 | 2.348 | 2.429 |
| 1.388 | 1.404 | 1.409 | 2.348 | 2.396 | 2.469 |
| 1.404 | 1.42 | 1.429 | 2.396 | 2.444 | 2.509 |
| 1.42 | 1.436 | 1.449 | 2.444 | 2.492 | 2.551 |
| 1.436 | 1.452 | 1.469 | 2.492 | 2.54 | 2.593 |
| 1.452 | 1.468 | 1.489 | 2.54 | 2.588 | 2.635 |
| 1.468 | 1.484 | 1.509 | 2.588 | 2.636 | 2.677 |
| 1.484 | 1.5 | 1.530 | 2.636 | 2.684 | 2.722 |

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| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 1.5 | 1.516 | 1.551 | 2.684 | 2.732 | 2.767 |
| 1.516 | 1.532 | 1.572 | 2.732 | 2.78 | 2.812 |
| 1.532 | 1.548 | 1.593 | 2.78 | 2.828 | 2.857 |
| 1.548 | 1.564 | 1.615 | 2.828 | 2.876 | 2.905 |
| 1.564 | 1.58 | 1.637 | 2.876 | 2.924 | 2.953 |
| 1.58 | 1.596 | 1.659 | 2.924 | 2.972 | 3.001 |
| 1.596 | 1.612 | 1.681 | 2.972 | 3.02 | 3.049 |
| 1.612 | 1.628 | 1.704 | 3.02 | | 3.099 |

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RULE 24. TRUCKERS / MOTOR CARRIERS

The proprietary changes in BSB edition 08 19 are withdrawn.

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RULE 25. PREMIUM DEVELOPMENT – ZONE RATED AUTOS

1. Except with respect to Trailer Interchange, Section 25.B Development of Zone Combination is withdrawn in its entirety
2. Section 25.C.1.d is replaced by the following:

Determine the base loss cost for the desired coverage from the **Zip Code Zone Loss Cost** table utilizing vehicle's garaging zip code as look- up. If zip code is not found, utilize the **State Zone Loss Cost** table utilizing vehicle's garaging state as look-up.

3. Section 25.E. Zone-rating Tables is withdrawn in its entirety

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WEIGHTED AVERAGE RADIUS / ZONE RULE

- A. For each Truck, Tractor or Trailer, the premium will be the average of the local, intermediate and long distance premiums for that vehicle weighted by the expected distribution of mileage by radius for the upcoming policy term.
- B. Local and intermediate radii will be determined as set forth in Rules 22 and 23.
- C. For long distance radius will be determined as set forth in Rule 25.
- D. This rule will be applicable to Liability, Pollution Liability, Comprehensive, Specified Causes of Loss, and Collision coverages.
- E. Example:

- 1. Vehicle A is garaged in zip 12345 Terr 123 in XX state. The annual mileage for Vehicle A is 100,000. Vehicle A is expected to have 25,000 miles within the local radius, 25,000 miles within the intermediate radius, and 50,000 miles long distance.

- 2. The premium would be calculated as follows:

(Final liability premium for Vehicle A rated as local)*25,000/100,000

+ (Final liability premium for Vehicle A rated as intermediate)*25,000/100,000

+ (Final liability premium for Vehicle A rated as long-distance)*50,000/100,000

= Final liability premium for Vehicle A.

| Violation Category Mapping Table | | Edition 06 24 | |
|----------------------------------|-------|--|--------------------------------|
| State | Code | Description | Driver Quality Factor Category |
| ALL | 1110 | NO SVC DESCRIPTION AVAILABLE | Not Applicable |
| ALL | 1120 | UNCLASSIFIED (UNCL) STATE CODE | Not Applicable |
| ALL | 1130 | STATE CODE/DESCRIPTION NOT VALID | Not Applicable |
| ALL | 11010 | SALES VIOLATION BY MFR OR DLR | Not Applicable |
| ALL | 11020 | VIOLATION BY BUSINESS OTHER THAN MFR OR DLR | Not Applicable |
| ALL | 11100 | REG VIOL, GENERALLY | Minor Violation |
| ALL | 11110 | DRIV OR PERM OPER OF VEH NOT REG | Not Applicable |
| ALL | 11210 | REG TO BE CARRIED IN VEH AND DISPL | Not Applicable |
| ALL | 11220 | VEH SHALL DISPL REG PLATES | Not Applicable |
| ALL | 11230 | REG PLATES TO BE CLEARLY VISIBLE | Not Applicable |
| ALL | 11310 | VEH NOT TO BE OPER W/O REG/PLATES | Not Applicable |
| ALL | 11320 | VEH NOT TO BE OPER WHILE REG IS SUSP/REV | Not Applicable |
| ALL | 11410 | LEND/BORROW OR PERM USE REG CARD, PLATE, TITLE | Not Applicable |
| ALL | 11510 | ALL VEH TO SUBMIT TO VEH INSP | Not Applicable |
| ALL | 11520 | CERTIF OF INSP TO BE DISPL AT ALL TIMES | Not Applicable |
| ALL | 11530 | UNLAWFUL TO DISPL FALSE CERTIF OF INSP | Not Applicable |
| ALL | 11610 | OWNER TO RET REG MATERIAL UPON SUSP/REV/CANC | Not Applicable |
| ALL | 11710 | ALTER, FORGE, COUNTERFEIT TITLE, REG, PLATES | Minor Violation |
| ALL | 11720 | POSSESSION/USE OF ALTERED TITLE, REG, PLATES | Minor Violation |
| ALL | 11730 | USE OF FALSE NAME/STATMT TO OBTAIN TITLE, REG | Minor Violation |
| ALL | 11800 | OWNER TO NOTIFY DEPT OF CHNG OF NAME/ADDRESS | Not Applicable |
| ALL | 11810 | OWNER TO NOTIFY DEPT OF CHNG OF ADDRESS | Not Applicable |
| ALL | 11820 | OWNER TO NOTIFY DEPT OF CHNG OF NAME | Not Applicable |
| ALL | 12010 | LICENSING ACTION | Not Applicable |
| ALL | 12011 | SUSPENSION | Not Applicable |
| ALL | 12012 | REVOCATION | Not Applicable |
| ALL | 12013 | REINSTATEMENT | Not Applicable |
| ALL | 12020 | ADMINISTRATIVE MESSAGE | Not Applicable |
| ALL | 12030 | HABITUAL OFFENDER | Not Applicable |
| ALL | 12100 | NO DRIV LIC, GENERALLY | Not Applicable |
| ALL | 12110 | DRIVE WITHOUT CORRECT LICENSE CLASS | Not Applicable |

| | | | |
|-----|-------|--|-----------------|
| ALL | 12120 | EXPIRED LICENSE | Not Applicable |
| ALL | 12130 | PERSON UND 18/21 NOT TO OPER SCHOOL BUS | Major Violation |
| ALL | 12150 | PERSONS UND 18 NOT DRIV FOR HIRE | Major Violation |
| ALL | 12210 | FAIL TO SURR OUT-OF-ST PERM; MORE THAN 1 LIC | Not Applicable |
| ALL | 12300 | UNSPECIFIED LIC MISREP, UNLAWFUL USE OF LIC | Not Applicable |
| ALL | 12310 | UNLAWFUL TO LEND LIC | Not Applicable |
| ALL | 12320 | UNLAWFUL TO DISPL ANOTHER PERSONS LIC | Not Applicable |
| ALL | 12330 | USE OF FALSE NAME/OTHR STATMT TO OBTAIN LIC | Not Applicable |
| ALL | 12340 | LICENSEE SHALL NOT PERM UNLAWFUL USE OF LIC | Not Applicable |
| ALL | 12350 | FAIL TO COMPLY W/LIC PROVISIONS | Not Applicable |
| ALL | 12360 | FAIL TO SURR SUSP/REV LIC | Not Applicable |
| ALL | 12370 | UNLAWFUL TO DISPL ALTERED, CANC/SUSP/REV LIC | Not Applicable |
| ALL | 12380 | MUTILATED LIC | Not Applicable |
| ALL | 12410 | DRIV WHILE LIC SUSP/REV | Major Violation |
| ALL | 12420 | VIOLATION OF OUT-OF-SERVICE ORDER | Major Violation |
| ALL | 12430 | DEPT MAY EXTEND SUSP/REV FOR DWS/DWR | Not Applicable |
| ALL | 12440 | NO OPER ON FOREIGN LIC DURING SUSP/REV | Major Violation |
| ALL | 12450 | DRIV WHILE WITHDRAWN FOR HAB OFFENDER-MISDEM | Major Violation |
| ALL | 12460 | DRIV WHILE WITHDRAWN FOR HAB OFFENDER-FELONY | Major Violation |
| ALL | 12500 | PERM UNAUTH PERSON TO DRIV, GENERALLY | Not Applicable |
| ALL | 12510 | PERM UNLICENSED DRIVER TO DRIVE | Not Applicable |
| ALL | 12520 | PERM UNAUTH MINOR TO DRIV | Not Applicable |
| ALL | 12610 | FREQ VIOLATOR AS DETERMINED BY PT SYSTEM | Not Applicable |
| ALL | 12620 | HABITUALLY RECKLESS OR NEGLIGENT | Not Applicable |
| ALL | 12630 | FREQ OF SERIOUS VIOL TO INDICATE DISREGARD | Not Applicable |
| ALL | 12710 | LICENSEE TO NOTIFY DEPT OF NAME/ADDRESS CHNG | Not Applicable |
| ALL | 12720 | FALSE AFFIDAVIT OF DRIVERS LICENSE APPLICATION | Not Applicable |
| ALL | 12730 | FRAUDULENT LIC EXAM | Not Applicable |
| ALL | 13010 | ID CARD VIOL | Not Applicable |
| ALL | 13110 | DRIV TO CARRY LIC AND DISPL ON DEMAND | Not Applicable |
| ALL | 13200 | VIOLATING CONDITIONS OF LIC, GENERALLY | Not Applicable |
| ALL | 13210 | DRIV IN VIOL OF RESTR OF LIC | Minor Violation |
| ALL | 13220 | VIOL OF INSTRUCTION PERM | Not Applicable |

| | | | |
|-----|-------|--|-----------------|
| ALL | 13230 | VIOL OF PROVISIONAL, PROBATIONAL, JUVENILE LIC | Not Applicable |
| ALL | 13310 | VIOL OF CONDITIONS OF EMPL-RELATED RESTR LIC | Not Applicable |
| ALL | 13320 | VIOL OF OTHER OPERATIONALLY RESTR LIC | Not Applicable |
| ALL | 13410 | REFUSAL TO SUBMIT TO CHEMICAL TEST | Major Violation |
| MD | 13410 | REFUSAL TO SUBMIT TO CHEMICAL TEST | Not Applicable |
| ALL | 13420 | NOTICE OF CHEMICAL TEST ABOVE LEGAL LIMIT | Major Violation |
| MD | 13420 | NOTICE OF CHEMICAL TEST ABOVE LEGAL LIMIT | Not Applicable |
| ALL | 13510 | LICENSEE NOT ENTITLED/GAVE WRNG INFO, LIC CANC | Minor Violation |
| ALL | 14110 | LOSS OF CONSENT FOR MINOR'S LICENSE | Minor Violation |
| ALL | 15100 | LICENSE OR REGISTRATION VIOL-NO DISTINCTION | Minor Violation |
| ALL | 15210 | REGISTRATION/TITLE WITHDRAWN | Not Applicable |
| ALL | 15310 | REGISTRATION RESTORED | Not Applicable |
| ALL | 16100 | WITHDRAWAL RECREATIONAL VEHICLE | Not Applicable |
| ALL | 16110 | SUSP OR WITHDRWAL, UNSPECIFIED, OTHER | Not Applicable |
| ALL | 16120 | ADMIN WITHDRWAL, (FTA, TAX PAYMNT, ETC.) | Not Applicable |
| ALL | 16130 | SR-22/FIN/JUDG/INS WITHDRWAL | Not Applicable |
| ALL | 16140 | WITHDRWAL-FAIL TO COMPLY PROG/PROBATION | Not Applicable |
| ALL | 16150 | OUT OF STATE WITHDRWAL | Not Applicable |
| ALL | 16160 | ACCIDENT INVOLVEMENT WITHDRWAL | Not Applicable |
| ALL | 16170 | ACCUMULATED OFFENSE WITHDRWAL | Not Applicable |
| ALL | 16180 | POINT SYSTEM SUSP | Not Applicable |
| ALL | 16210 | SERIOUS OFFENSE (NON-ALCOHOL) WITHDRWAL | Not Applicable |
| ALL | 16220 | ALCOHOL/DRUG WITHDRAWAL | Not Applicable |
| MD | 16220 | ALCOHOL/DRUG WITHDRAWAL | Not Applicable |
| ALL | 16230 | HABITUAL OFFENDER WITHDRWAL | Not Applicable |
| ALL | 16240 | COURT ORDERED WITHDRWAL | Not Applicable |
| ALL | 16250 | WITHDRWAL REINSTATEMENT/APPEAL DENIED | Not Applicable |
| ALL | 16260 | ALCOHOL (BAC ABOVE LEGAL LIMIT) WITHDRAWAL | Not Applicable |
| MD | 16260 | ALCOHOL (BAC ABOVE LEGAL LIMIT) WITHDRAWAL | Not Applicable |
| ALL | 16290 | REVOCATION, UNSPECIFIED, OTHER | Not Applicable |
| ALL | 16310 | LIC RESTRICTION, PROB | Not Applicable |
| ALL | 16320 | LICENSE RESTR/OCCUP LIC ISSUED | Not Applicable |
| ALL | 16330 | SUSP OF ENDORSEMENT | Not Applicable |

| | | | |
|-----|-------|---|----------------|
| ALL | 16340 | PROBATION | Not Applicable |
| ALL | 16350 | MODIFICATION OF COND/RESTRICTIONS | Not Applicable |
| ALL | 16360 | APPEAL OF RESTRIC/PROB, ETC DENIED OR DROPPED | Not Applicable |
| ALL | 16410 | CANCELLATION | Not Applicable |
| ALL | 16420 | WITHDRWAL, LOSS OF CONSENT FOR MINOR | Not Applicable |
| ALL | 16430 | WITHDRWAL, MEDICAL REASONS/INCOMPETENCY | Not Applicable |
| ALL | 16440 | DECEASED | Not Applicable |
| ALL | 16450 | WITHDRWL, INCORRECT INFO | Not Applicable |
| ALL | 16460 | WITHDRWAL, FALSE INFO | Not Applicable |
| ALL | 16510 | DENIAL, GENERAL | Not Applicable |
| ALL | 16520 | FAILED EXAM | Not Applicable |
| ALL | 16530 | FAILED WRITTEN EXAMINATION | Not Applicable |
| ALL | 16540 | FAILED FIELD EXAMINATION | Not Applicable |
| ALL | 16550 | FAILED VISION EXAMINATION | Not Applicable |
| ALL | 16560 | FAILED SPECIAL EXAM/REVIEW | Not Applicable |
| ALL | 16610 | VOL SURRENDER OF LICENSE | Not Applicable |
| ALL | 16690 | DISQUALIFICATION, GENERALLY | Not Applicable |
| ALL | 16700 | CDL DISQUALIFICATION, GENERALLY | Not Applicable |
| ALL | 16710 | CDL DISQUALIFICATION: BAC .04+ | Not Applicable |
| MD | 16710 | CDL DISQUALIFICATION: BAC .04+ | Not Applicable |
| ALL | 16720 | CDL DISQUALIFICATION: BAC .10+ | Not Applicable |
| MD | 16720 | CDL DISQUALIFICATION: BAC .10+ | Not Applicable |
| ALL | 16730 | CDL DISQUALIFICATION: CHEMICAL TEST REFUSAL | Not Applicable |
| MD | 16730 | CDL DISQUALIFICATION: CHEMICAL TEST REFUSAL | Not Applicable |
| ALL | 16740 | CDL DISQUALIFICATION: DUI CONTROLLED SUBSTANC | Not Applicable |
| MD | 16740 | CDL DISQUALIFICATION: DUI CONTROLLED SUBSTANC | Not Applicable |
| ALL | 16750 | CDL DISQUALIFICATION: LEAVING SCENE OF ACCID | Not Applicable |
| ALL | 16760 | CDL DISQUALIFICATION: INVOLVED IN FELONY | Not Applicable |
| ALL | 16810 | CDL 3 YR DISQUAL: BAC .04+, HAZ MAT | Not Applicable |
| MD | 16810 | CDL 3 YR DISQUAL: BAC .04+, HAZ MAT | Not Applicable |
| ALL | 16820 | CDL 3 YR DISQUAL: BAC .10+, HAZ MAT | Not Applicable |
| MD | 16820 | CDL 3 YR DISQUAL: BAC .10+, HAZ MAT | Not Applicable |
| ALL | 16830 | CDL 3 YR DISQUAL: TEST REFUSAL, HAZ MAT | Not Applicable |

| | | | |
|-----|-------|---|----------------|
| MD | 16830 | CDL 3 YR DISQUAL: TEST REFUSAL, HAZ MAT | Not Applicable |
| ALL | 16840 | CDL 3 YR DISQUAL: DUI CONTROL SUBST, HAZ MAT | Not Applicable |
| MD | 16840 | CDL 3 YR DISQUAL: DUI CONTROL SUBST, HAZ MAT | Not Applicable |
| ALL | 16850 | CDL 3 YR DISQUAL: LEAVING SCENE, HAZ MAT | Not Applicable |
| ALL | 16860 | CDL 3 YR DISQUAL: INVOLVED IN FELONY, HAZ MAT | Not Applicable |
| ALL | 16890 | CDL DISQUALIFICATION: MANSLAUGHTER, HAZ MAT | Not Applicable |
| ALL | 16910 | CDL LIFE DISQUAL: MANUF, DISTR, DISP CONT SUB | Not Applicable |
| MD | 16910 | CDL LIFE DISQUAL: MANUF, DISTR, DISP CONT SUB | Not Applicable |
| ALL | 16920 | CDL LIFE DISQUAL: COMBINATION OF C11-C16 | Not Applicable |
| ALL | 16930 | CDL DISQUAL: 2 SERIOUS CONVICTIONS IN 3 YRS | Not Applicable |
| ALL | 16940 | CDL 120 DAY DISQUAL: 3 SERIOUS CONV IN 3 YRS | Not Applicable |
| ALL | 16990 | CDL 24 HR OUT-OF-SERVICE: DETECTABLE ALCOHOL | Not Applicable |
| MD | 16990 | CDL 24 HR OUT-OF-SERVICE: DETECTABLE ALCOHOL | Not Applicable |
| ALL | 17110 | REIN, LIC RESTORED OR REISSUED | Not Applicable |
| ALL | 17120 | WITHDRWAL, LIFTED/STAYED/APPEALED | Not Applicable |
| ALL | 17130 | ELIGIBLE FOR LIC | Not Applicable |
| ALL | 17140 | WITHDRAWN IN ERROR, EXPUNGED | Not Applicable |
| ALL | 17150 | RESTORATION OF PRIV AFTER LIMIT OR RESTR | Not Applicable |
| ALL | 17160 | RELEASE FROM PROBATION | Not Applicable |
| ALL | 17170 | PARTIAL RESTORATION | Not Applicable |
| ALL | 17180 | RESTRICTION/OTHER ACTION APPEALED (STAYED) | Not Applicable |
| ALL | 17210 | REPEALED LAW | Not Applicable |
| ALL | 17220 | NOT GUILTY,CHARGE VACATED,EXPUNGED,OVERTURNED | Not Applicable |
| ALL | 18110 | IMPROVEMENT ACTION UNSPECIFIED, OTHER | Not Applicable |
| MD | 18120 | ALCOHOL CLINIC, COURSE, PROGRAM | Not Applicable |
| ALL | 18120 | ALCOHOL CLINIC, COURSE, PROGRAM | Not Applicable |
| ALL | 18130 | CLASS, COURSE, SCHOOL | Not Applicable |
| ALL | 18140 | EDUCATIONAL PROGRAM | Not Applicable |
| ALL | 18150 | HEARING | Not Applicable |
| ALL | 18160 | INTERVIEW | Not Applicable |
| ALL | 18170 | WARNING LETTER | Not Applicable |
| ALL | 18210 | SPECIAL EXAM REQUIRED | Not Applicable |
| ALL | 18220 | SPECIAL REVIEW/MEDICAL/REQUIRED | Not Applicable |

| | | | |
|-----|-------|--|-----------------|
| ALL | 18310 | RESCHEDULE/POSTPONED CLASS, HEARING ETC. | Not Applicable |
| ALL | 18320 | FAILURE TO APPEAR INTERVIEW/HEAR/EXAM | Not Applicable |
| ALL | 18330 | FAILURE TO ATTEND/COMPLETE COURSE, PROG | Not Applicable |
| ALL | 18340 | NO ACTION | Not Applicable |
| ALL | 18410 | RECORD FLAG | Not Applicable |
| ALL | 18420 | FREQUENT VIOLATOR | Not Applicable |
| ALL | 18430 | 3 CONV IN ONE YEAR FLAG | Not Applicable |
| ALL | 18440 | HABITUAL VIOLATOR FLAG | Not Applicable |
| ALL | 18450 | FREQUENT ACCIDENTS FLAG | Not Applicable |
| ALL | 18460 | ACTION PENDING | Not Applicable |
| ALL | 18470 | UNDER INVESTIGATION REVIEW | Not Applicable |
| ALL | 18510 | PUNISHMENT TERMS - FINE, JAIL, SERVICE, ETC | Not Applicable |
| ALL | 18520 | FINANCIAL RESPONSIBILITY NOTICE REQUIREMENTS | Not Applicable |
| ALL | 19110 | LICENSE ISSUED OR REISSUED | Not Applicable |
| ALL | 19120 | CLASS OR ENDORSEMENT CHANGE | Not Applicable |
| ALL | 19130 | ID CARD ISSUED, WITHDRAWN, ETC. | Not Applicable |
| ALL | 19140 | CHANGE OF NAME; ADDRESS, DOB ETC. | Not Applicable |
| ALL | 19150 | MOVED OUT OF STATE | Not Applicable |
| ALL | 19160 | MOVING IN FROM ANOTHER STATE | Not Applicable |
| ALL | 19170 | ORGAN DONOR | Not Applicable |
| ALL | 19210 | POINT CREDIT | Not Applicable |
| ALL | 19220 | DRIVER ED (HIGH SCHOOL ETC.) | Not Applicable |
| ALL | 19230 | EXAM PASSED | Not Applicable |
| ALL | 19310 | FINANCIAL TRANSACTION | Not Applicable |
| ALL | 19320 | REQUIREMENTS SATISFIED | Not Applicable |
| ALL | 19330 | BAD/PROTESTED CHECK | Not Applicable |
| ALL | 19340 | FAILURE TO DEPOSIT SECURITY | Not Applicable |
| ALL | 19350 | FEE DUE | Not Applicable |
| ALL | 19410 | CORRESPONDENCE SENT | Not Applicable |
| ALL | 19420 | LETTER NOT DELIVERED | Not Applicable |
| ALL | 19430 | CORRESPONDENCE RECEIVED | Not Applicable |
| ALL | 21110 | OWNER NOT TO PERM OPER OF UNINSURED VEH | Minor Violation |
| ALL | 21120 | PERSON SHALL NOT DRIV UNINSURED VEH | Minor Violation |

| | | | |
|-----|-------|---|---------------------|
| ALL | 21130 | OWNER SHALL RET REG IF INS CANC | Minor Violation |
| ALL | 21140 | CANC OF INS IN MANDATORY INS STATE | Not Applicable |
| ALL | 21210 | NON-PAYMENT OF JUDGMENT | Not Applicable |
| ALL | 21220 | DEFAULT ON INSTALLMENT PAYMENT | Not Applicable |
| ALL | 21310 | FAIL TO MEET SECURITY FOLLOW ACC | Not Applicable |
| ALL | 21320 | FAIL TO FILE FUTURE PROOF FOLLOW CONVICTION | Not Applicable |
| ALL | 21330 | FAIL TO FILE FUTURE PROOF REASON UNSPECIFIED | Not Applicable |
| ALL | 21340 | FALSE CERTIFICATION | Not Applicable |
| ALL | 21400 | FAIL TO MEET OTHER REQUIREMENTS | Not Applicable |
| ALL | 22010 | ACCIDENT | Not Applicable |
| ALL | 22020 | PROPERTY DAMAGE ONLY ACC INVOLVEMENT | Not Applicable |
| ALL | 22030 | INJURY ACCIDENT INVOLVEMENT | Not Applicable |
| ALL | 22040 | FATAL ACCIDENT INVOLVEMENT | Not Applicable |
| ALL | 22110 | DRIV TO STOP AFTER PI ACC | Not Applicable |
| ALL | 22120 | DRIV IN PI ACC TO RENDER AID AND INFO | Not Applicable |
| ALL | 22210 | DRIV TO STOP AFTER PD ACC | Not Applicable |
| ALL | 22220 | DRIV IN PD ACC TO PROVIDE INFO | Not Applicable |
| ALL | 22300 | OTHR FAIL TO RPT ACC | Not Applicable |
| ALL | 22310 | FAIL TO NOTIFY FOLLOWING DISABLING ACC | Not Applicable |
| ALL | 22320 | DRIV TO FILE WRITTEN ACC RPT WITHIN 10 DAYS | Not Applicable |
| ALL | 22330 | PERSON SHALL NOT GIVE FALSE INFO IN REQ RPT | Not Applicable |
| ALL | 22510 | FAIL TO STOP AFTER STRIKING UNATTENDED VEH | Major Violation |
| ALL | 22520 | FAIL PROVIDE INFO - UNATTENDED PROPERTY ACCI | Not Applicable |
| ALL | 22600 | FAIL TO STOP AFTER ACC - UNSPECIFIED | Major Violation |
| ALL | 22610 | FAILURE TO STOP AFTER ACCIDENT - ANIMAL | Major Violation |
| ALL | 22700 | VIOLATION RESULTING IN ACCIDENT | Not Applicable |
| ALL | 22710 | AT FAULT (CONTRIBUTE) IN PROPERTY DAMAGE ACCI | Number of Incidents |
| ALL | 22720 | AT FAULT (CONTRIBUTE) IN INJURY ACCIDENT | Number of Incidents |
| ALL | 31100 | SPEEDING, GENERALLY | Minor Violation |
| CT | 31100 | SPEEDING, GENERALLY | Not Applicable |
| ALL | 31110 | MAXIMUM SPEED LIMIT 30 URBAN, 55 OTHR | Minor Violation |
| CT | 31110 | MAXIMUM SPEED LIMIT 30 URBAN, 55 OTHR | Not Applicable |
| ALL | 31120 | SPEED GREATER THAN REASONABLE OR PRUDENT | Major Violation |

| | | | |
|-----|-------|---|-----------------|
| CT | 31120 | SPEED GREATER THAN REASONABLE OR PRUDENT | Not Applicable |
| ALL | 31130 | STATE SPEED ZONES AS NOTED BY SIGNS | Minor Violation |
| CT | 31130 | STATE SPEED ZONES AS NOTED BY SIGNS | Not Applicable |
| ALL | 31140 | SPEED LIMIT AS ALTERED BY LOCAL AUTHORITIES | Minor Violation |
| CT | 31140 | SPEED LIMIT AS ALTERED BY LOCAL AUTHORITIES | Not Applicable |
| ALL | 31150 | SPEED LIMIT FOR TRUCKS AND BUSES | Minor Violation |
| CT | 31150 | SPEED LIMIT FOR TRUCKS AND BUSES | Not Applicable |
| ALL | 31160 | SPEED LIMIT IN SCHL ZONE | Major Violation |
| CT | 31160 | SPEED LIMIT IN SCHL ZONE | Not Applicable |
| ALL | 31170 | ENERGY SPEED | Major Violation |
| CT | 31170 | ENERGY SPEED | Not Applicable |
| CT | 31180 | SPEED IN EXCESS OF 100 MPH | Not Applicable |
| ALL | 31180 | SPEED IN EXCESS OF 100 MPH | Major Violation |
| ALL | 31210 | DRIV TOO SLOW AS TO IMPEDE TRAF | Minor Violation |
| CT | 31210 | DRIV TOO SLOW AS TO IMPEDE TRAF | Not Applicable |
| ALL | 31220 | SPEED UND POSTED MINIMUM | Minor Violation |
| CT | 31220 | SPEED UND POSTED MINIMUM | Not Applicable |
| ALL | 31310 | SPECIAL SPEED LIMITATION FOR MCYC | Minor Violation |
| CT | 31310 | SPECIAL SPEED LIMITATION FOR MCYC | Not Applicable |
| ALL | 31400 | SPECIAL SPEED LIMITATIONS | Minor Violation |
| CT | 31400 | SPECIAL SPEED LIMITATIONS | Not Applicable |
| CT | 31410 | SPEED LIMIT IN CONST/WORK ZONE | Not Applicable |
| ALL | 31410 | SPEED LIMIT IN CONST/WORK ZONE | Major Violation |
| ALL | 31420 | SPECIAL SPEED LIMIT ON BRIDGES | Major Violation |
| CT | 31420 | SPECIAL SPEED LIMIT ON BRIDGES | Not Applicable |
| ALL | 31610 | RACING OR PARTICIPATING IN ANY MANNER IN RACE | Major Violation |
| ALL | 31620 | PREARRANGED RACING | Major Violation |
| ALL | 32010 | RIGHT OF WAY | Minor Violation |
| ALL | 32100 | FAIL TO YLD UNSPECIFIED, OTHER | Minor Violation |
| ALL | 32110 | FAIL TO YLD R.O.W. AT INTSCT | Minor Violation |
| ALL | 32120 | LT TURNING VEH TO YLD TO APPROACHING TRAF | Minor Violation |
| ALL | 32130 | FAIL TO OBEY YLD SIGN | Minor Violation |
| ALL | 32140 | VEH ENTERING FROM PVT RD/DRIVEWAY TO YLD | Minor Violation |

Exhibit A

Date: 5/6/2024

**Insurer Rate Filing
Adoption of Advisory Organization
Prospective Loss Costs
Reference Filing Adoption Form**

| |
|---|
| Space Reserved for Insurance Department Use |
| |

1. INSURER NAME & ADDRESS Berkley Casualty Company
11201 Douglas Ave
Urbandale, IA 53022

PERSON RESPONSIBLE FOR FILING Paula Rossman
TITLE State Filings Analyst TELEPHONE # 310-893-0033

2. INSURER NAIC # 0098-15911

3. LINE OF INSURANCE 20.0 Commercial Auto

4. ADVISORY ORGANIZATION Insurance Services Office, Inc.

5. ADVISORY ORGANIZATION REFERENCE FILING# CA-2023-BRLA1,CA-2023-BRLC1

6. 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 Loss Cost 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.

7. PROPOSED RATE LEVEL CHANGE 0 % EFFECTIVE DATE 11/01/2024

8. PRIOR RATE LEVEL CHANGE -4.8 % EFFECTIVE DATE 03/15/2024

11. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

10. 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 Director, or 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.

Exhibit B

Insurer Name: Berkley Casualty Company
NAIC Number: 0098-15911

Date: 5/6/2024

**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:
20.0 Commercial Auto, 20.0000 Commercial Auto Combinations, Liability (Non-Zone-Rated)

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned loss cost 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.)

0.809

NOTE: If Expense Constants Are Utilized, Attach "Expense Constants Are Utilized, Attach 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 or both.)

Selected Provisions

| | | |
|--|-------------|---|
| A. Total Production Expense | <u>14.5</u> | % |
| B. General Expense | <u>11.0</u> | % |
| C. Taxes, Licenses & Fees | <u>2.5</u> | % |
| D. Underwriting Profit & Contingencies | <u>5.0</u> | % |
| E. Other (explain) | <u>0.0</u> | % |
| F. TOTAL | <u>33.0</u> | % |

4A. Expected Loss Ratio: $ELR = 100\% - 3F =$

67.0

4B. ELR in decimal form =

0.670

5. Company Formula Loss Cost Multiplier: $(2B \div 4B) =$

1.207

6. Company Selected Loss Cost Multiplier =

1.207

Explain any differences between 5 and 6:

7. Rate Level change for the coverages to which this page applies

0 %

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 of +15%, a factor of 1.15 ($1.000 + .150$) should be used.

Exhibit A

Date: 5/6/2024

**Insurer Rate Filing
Adoption of Advisory Organization
Prospective Loss Costs
Reference Filing Adoption Form**

| |
|---|
| Space Reserved for Insurance Department Use |
| |

1. INSURER NAME & ADDRESS Berkley Casualty Company
11201 Douglas Ave
Urbandale, IA 53022

PERSON RESPONSIBLE FOR FILING Paula Rossman
TITLE State Filings Analyst TELEPHONE # 310-893-0033

2. INSURER NAIC # 0098-15911

3. LINE OF INSURANCE 20.0 Commercial Auto

4. ADVISORY ORGANIZATION Insurance Services Office, Inc.

5. ADVISORY ORGANIZATION REFERENCE FILING# CA-2023-BRLA1,CA-2023-BRLC1

6. 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 Loss Cost 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.

7. PROPOSED RATE LEVEL CHANGE 0 % EFFECTIVE DATE 11/01/2024

8. PRIOR RATE LEVEL CHANGE -4.8 % EFFECTIVE DATE 03/15/2024

11. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

10. 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 Director, or 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.

Exhibit B

Insurer Name: Berkley Casualty Company
NAIC Number: 0098-15911

Date: 5/6/2024

**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:
20.0 Commercial Auto, 20.0000 Commercial Auto Combinations, Liability (Zone-Rated)

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned loss cost 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.)

0.811

NOTE: If Expense Constants Are Utilized, Attach "Expense Constants Are Utilized, Attach 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 or both.)

Selected Provisions

| | | |
|--|-------------|---|
| A. Total Production Expense | <u>14.5</u> | % |
| B. General Expense | <u>11.0</u> | % |
| C. Taxes, Licenses & Fees | <u>2.5</u> | % |
| D. Underwriting Profit & Contingencies | <u>5.0</u> | % |
| E. Other (explain) | <u>0.0</u> | % |
| F. TOTAL | <u>33.0</u> | % |

4A. Expected Loss Ratio: $ELR = 100\% - 3F =$

67.0

4B. ELR in decimal form =

0.670

5. Company Formula Loss Cost Multiplier: $(2B \div 4B) =$

1.210

6. Company Selected Loss Cost Multiplier =

1.210

Explain any differences between 5 and 6:

7. Rate Level change for the coverages to which this page applies

0 %

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 of +15%, a factor of 1.15 ($1.000 + .150$) should be used.

Exhibit A

Date: 5/6/2024

**Insurer Rate Filing
Adoption of Advisory Organization
Prospective Loss Costs
Reference Filing Adoption Form**

| |
|---|
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| |

1. INSURER NAME & ADDRESS Berkley Casualty Company
11201 Douglas Ave
Urbandale, IA 53022

PERSON RESPONSIBLE FOR FILING Paula Rossman
TITLE State Filings Analyst TELEPHONE # 310-893-0033

2. INSURER NAIC # 0098-15911

3. LINE OF INSURANCE 20.0 Commercial Auto

4. ADVISORY ORGANIZATION Insurance Services Office, Inc.

5. ADVISORY ORGANIZATION REFERENCE FILING# CA-2023-BRLA1,CA-2023-BRLC1

6. 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 Loss Cost 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.

7. PROPOSED RATE LEVEL CHANGE 0 % EFFECTIVE DATE 11/01/2024

8. PRIOR RATE LEVEL CHANGE -5.4 % EFFECTIVE DATE 03/15/2024

11. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

10. 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 Director, or 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.

Exhibit B

Insurer Name: Berkley Casualty Company
NAIC Number: 0098-15911

Date: 5/6/2024

**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:
20.0 Commercial Auto, 20.0000 Commercial Auto Combinations, Physical Damage (Non-Zone-Rated)

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned loss cost 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.)

0.872

NOTE: If Expense Constants Are Utilized, Attach "Expense Constants Are Utilized, Attach 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 or both.)

Selected Provisions

| | | |
|--|-------------|---|
| A. Total Production Expense | <u>14.5</u> | % |
| B. General Expense | <u>11.0</u> | % |
| C. Taxes, Licenses & Fees | <u>2.2</u> | % |
| D. Underwriting Profit & Contingencies | <u>7.5</u> | % |
| E. Other (explain) | <u>0.0</u> | % |
| F. TOTAL | <u>35.2</u> | % |

4A. Expected Loss Ratio: $ELR = 100\% - 3F =$

64.8

4B. ELR in decimal form =

0.648

5. Company Formula Loss Cost Multiplier: $(2B \div 4B) =$

1.346

6. Company Selected Loss Cost Multiplier =

1.346

Explain any differences between 5 and 6:

7. Rate Level change for the coverages to which this page applies

0 %

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 of +15%, a factor of 1.15 ($1.000 + .150$) should be used.

BERKLEY CASUALTY COMPANY
SMALL BUSINESS TRANSPORTATION PROGRAM –
COMMERCIAL AUTOMOBILE COVERAGES

ACTUARIAL MEMORANDUM

OHIO

With this filing, we are introducing the following rule revision for our Small Business Transportation Auto Program.

The company wishes to revise Commercial Auto Rule 25. PREMIUM DEVELOPMENT - ZONE-RATED AUTOS. The loss costs for zone-rated vehicles will be determined based on the vehicle's garaging zip code and state. All methods and statistics used in the development of the rules are standard practice used within the industry.

Exhibit A

Date: 5/6/2024

**Insurer Rate Filing
Adoption of Advisory Organization
Prospective Loss Costs
Reference Filing Adoption Form**

| |
|---|
| Space Reserved for Insurance Department Use |
| |

1. INSURER NAME & ADDRESS Berkley Casualty Company
11201 Douglas Ave
Urbandale, IA 53022

PERSON RESPONSIBLE FOR FILING Paula Rossman
TITLE State Filings Analyst TELEPHONE # 310-893-0033

2. INSURER NAIC # 0098-15911

3. LINE OF INSURANCE 20.0 Commercial Auto

4. ADVISORY ORGANIZATION Insurance Services Office, Inc.

5. ADVISORY ORGANIZATION REFERENCE FILING# CA-2023-BRLA1,CA-2023-BRLC1

6. 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 Loss Cost 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.

7. PROPOSED RATE LEVEL CHANGE 0 % EFFECTIVE DATE 11/01/2024

8. PRIOR RATE LEVEL CHANGE -5.4 % EFFECTIVE DATE 03/15/2024

11. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

10. 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 Director, or 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.

Exhibit B

Insurer Name: Berkley Casualty Company
NAIC Number: 0098-15911

Date: 5/6/2024

**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:
20.0 Commercial Auto, 20.0000 Commercial Auto Combinations, Physical Damage (Zone-Rated)

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned loss cost 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.)

1.499

NOTE: If Expense Constants Are Utilized, Attach "Expense Constants Are Utilized, Attach 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 or both.)

Selected Provisions

| | | |
|--|-------------|---|
| A. Total Production Expense | <u>14.5</u> | % |
| B. General Expense | <u>11.0</u> | % |
| C. Taxes, Licenses & Fees | <u>2.2</u> | % |
| D. Underwriting Profit & Contingencies | <u>7.5</u> | % |
| E. Other (explain) | <u>0.0</u> | % |
| F. TOTAL | <u>35.2</u> | % |

4A. Expected Loss Ratio: $ELR = 100\% - 3F =$

64.8

4B. ELR in decimal form =

0.648

5. Company Formula Loss Cost Multiplier: $(2B \div 4B) =$

2.314

6. Company Selected Loss Cost Multiplier =

2.314

Explain any differences between 5 and 6:

7. Rate Level change for the coverages to which this page applies

0 %

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 of +15%, a factor of 1.15 ($1.000 + .150$) should be used.

With this filing, Berkley Casualty Company (BCC) is amending the Commercial Auto Coverages under the following program as described below.

Berkley Casualty Company – Small Business Transportation Program

BCC is a subscriber with the Insurance Services Office, Inc. (ISO) and had granted ISO filing authority on its behalf but has withdrawn that filing authority with ISO for Commercial Auto for the Small Business Transportation Program, and our intention is to non-adopt rates including loss costs, forms and rules for this program. The purpose of this submission is to introduce our new trucking model. We also will be amending our Loss Cost Multipliers for an overall rate change of 0%.

We respectfully request to implement this revision for all new and renewal policies effective on or after November 1, 2024.

Please note that this filing is mutually exclusive to all other Programs filed and approved on behalf of the above captioned companies. All other filed and approved programs for the above captioned companies remain on file without change.

With this filing we adopt:

CA-2023-OPPSR ISO-133638280

CA-2023-BRLA1 ISO-133928762

CA-2023-BRLC1 ISO-133928817

CA-2023-IALL1 ISO-133925470

CA-2021-OAMRU

CA-2021-RAMLC

CA-2021-ROCP1

CA-2019-ROCP1

CL-2019-OMJRU

CA-2023-OPPSF ISO-133638351

CA-2021-OAMFR

CL-2019-OMJFR



Berkley Casualty Company

a Berkley Company

5/17/2024

Re: Berkley Casualty Company (NAIC: 15911) , (FEIN Number: 63-0866690)

Letter of Authorization

TOI: 20.0 Commercial Auto / 20.00 Commercial Auto Combinations

To Whom It May Concern:

Perr&Knight is hereby authorized to submit **rate/rule, rule, form** filing(s) on behalf of **Berkley Casualty Company**. This authorization includes providing additional information and responding to questions regarding this filing on our behalf as necessary.

The following individuals at Perr&Knight shall have access to the filing:

Neresa Torres
Paula Rossman
leisha James

Stephanie Joe
Jeremy DeCarr
Ashley Allen

Please direct all correspondences and inquiries related to this filing to Perr&Knight. If needed, Perr&Knight's mailing address and phone number are below:

State Filings Department
Perr&Knight
401 Wilshire Blvd, Suite 960
Santa Monica, CA 90401
Phone: (888) 201-5123

Please contact me if you have any questions regarding this authorization.

Sincerely,

**David A.
Hanes**

Digitally signed by: David A. Hanes
DN: CN = David A. Hanes email =
dhanes@wrberkley.com C = US O =
Berkley Shared Services OU =
Assistant Secretary
Date: 2024.05.20 09:46:48 -04'00'

David A. Hanes
Assistant Secretary
W 630-210-0374
dhanes@wrberkley.com

Memorandum

Loss Cost Calculation for BSB Small Trucking Zone Rating

1. Background

The loss cost of zone rating for BSB Small Trucking product is implemented at the level of pairs of states and 5-digit zip-codes, instead of pairs of the garaging zones and destination zones defined by ISO. Therefore, in implementation, a table, with US state name and 5-digit zip-code as the look-up key and the loss costs as the look-up values, is created for each coverage of liability, collision, comprehensive, and medical expense and for states where each coverage type applies.

2. Development

Step1. For each zip code, collect all the inspections that were performed between 2021-01-01 and 2023-12-31, pertaining to active DOT numbers found in Federal Motor Carrier Safety Administration (FMCSA) database as of 2023-12-31.

Step 2. Look up for the garaging zone for this zip code and the destination zone for the county where each of these inspections took place. Then a list of pairs of garaging zone and destination zone was created, where the garaging zone is the same.

Step3. Look up for the loss cost for each item in the list created in step 2, from original ISO's zone rating loss cost table and then calculate the straight average, called the raw zip-code loss cost.

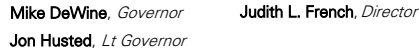
Step 4. Smooth the raw zip code loss cost. There are three situations:

- a. If a zip code has neighboring zip codes that are located within 10 miles, where the distance is the great circle distance between centroids, select the top 5 closest ones. Calculate the weighted average of the raw loss cost with the count of inspections of each zip code as the weight. The result is called smoothed loss cost.
- b. If zip code does not have any neighboring zip codes that meet the criteria in (a), calculate the weighted average of raw loss cost for all zip codes from the same county, where the weight is the count of inspections. The result is called county loss cost.
- c. If there are no inspections that are found from the county, calculate the weighted average among all the zip codes from the state. The result is called state loss cost.

Step 6. If smoothed loss cost is available, select it. Otherwise select county loss cost if it is available and select state loss cost if not. The result is called the BSB zone rating loss cost at zip code level.

3. Implementation

In rating, use BSB zone loss cost at zip code level if a pair of state and zip code is found in the lookup tables. Otherwise use state loss cost.



OPRAS Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
1-614-644-2635 | Fax 1-614-728-1280 | insurance.ohio.gov

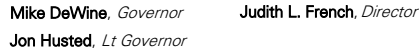
Five Year Statement
Complete Separately for Ohio and Countrywide

| | |
|----------|---------------------------------------|
| Company: | Berkley Casualty Company |
| Program: | Small Business Transportation Program |
| Line: | Commercial Auto (19.3,19.4,21.2) |

| | Year | 2024 | Year | 2023 | Year | 2022 | Year | | Year | | Total Combined Years | |
|---------------------------------------|------------|------|-------|------------|------|-------|-----------|--|-------|------------|----------------------|-------|
| | Dollars | | Ratio | Dollars | | Ratio | Dollars | | Ratio | Dollars | | Ratio |
| Direct Premiums Written | 16,961,814 | | | 15,842,384 | | | 1,604,447 | | | 34,408,645 | | |
| Direct Premiums Earned | 11,222,091 | | | 6,919,775 | | | 388,494 | | | 18,530,360 | | |
| Losses Incurred (E)* | 4,220,442 | | 37.6 | 3,341,003 | | 48.3 | 386,516 | | 99.5 | 7,947,962 | | 42.9 |
| Loss Adjustment Expense Incurred (E)* | 296,235 | | 2.6 | 148,154 | | 2.1 | 45,312 | | 11.7 | 489,700 | | 2.6 |
| Acquisition Expense Incurred (W)** | 2,542,094 | | 15.0 | 2,375,298 | | 15.0 | 240,667 | | 15.0 | 5,158,059 | | 15.0 |
| General Expense (E)* | | | | | | | | | | | | |
| Taxes, License & Fees Incurred (W)** | | | | | | | | | | | | |
| Total Loss & Expense | 4,312,416 | | | 3,456,714 | | | 431,828 | | | 8,200,958 | | |

* (E) Ratio based on Earned Premium ** (W) Ratio based on Written Premium

All premiums on this exhibit are actual premiums collected (NOT adjusted to manual rates if written at a deviation).



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| | |
|----------|---------------------------------------|
| Company: | Berkley Casualty Company |
| Program: | Small Business Transportation Program |
| Line: | Commercial Auto (19.3,19.4,21.2) |

| | Year | 2024 | Year | 2023 | Year | | Year | | Year | | Total Combined Years | |
|---------------------------------------|-----------|------|-------|---------|------|-------|---------|--|-------|-----------|----------------------|-------|
| | Dollars | | Ratio | Dollars | | Ratio | Dollars | | Ratio | Dollars | | Ratio |
| Direct Premiums Written | 1,380,981 | | | 584,001 | | | | | | 1,964,982 | | |
| Direct Premiums Earned | 572,736 | | | 199,359 | | | | | | 772,095 | | |
| Losses Incurred (E)* | 252,327 | | 44.1 | 11,159 | | 5.6 | | | | 263,486 | | 34.1 |
| Loss Adjustment Expense Incurred (E)* | 19,622 | | 3.4 | 1,313 | | 0.7 | | | | 20,934 | | 2.7 |
| Acquisition Expense Incurred (W)** | 207,147 | | 15.0 | 87,600 | | 15.0 | | | | 294,747 | | 15.0 |
| General Expense (E)* | | | | | | | | | | | | |
| Taxes, License & Fees Incurred (W)** | | | | | | | | | | | | |
| Total Loss & Expense | 271,949 | | | 12,471 | | | | | | 284,420 | | |

*(E) Ratio based on Earned Premium

All premiums on this exhibit are actual premiums collected (NOT adjusted to manual rates if written at a deviation).

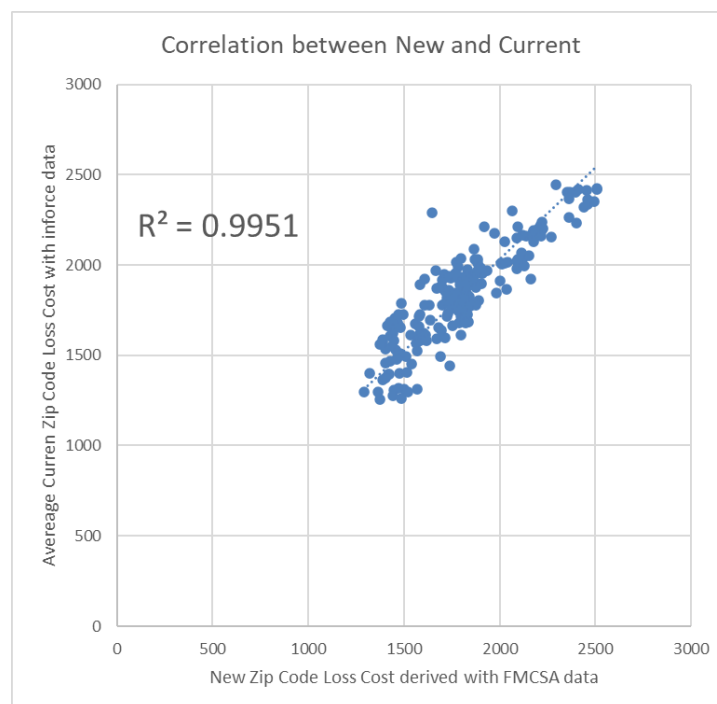
Objection 3

Applies To:

Comments:

Provide support and documentation for the new state zone loss costs and state zip code costs.

A memorandum on methodology can be found in Memorandum on BSB Zone Rating Loss Cost Calculation.docx. A comparison between the new loss cost and the average of in-force book by zip code before implementation was performed. The very high correlation justified the validity of method.



Please find the attached memo.

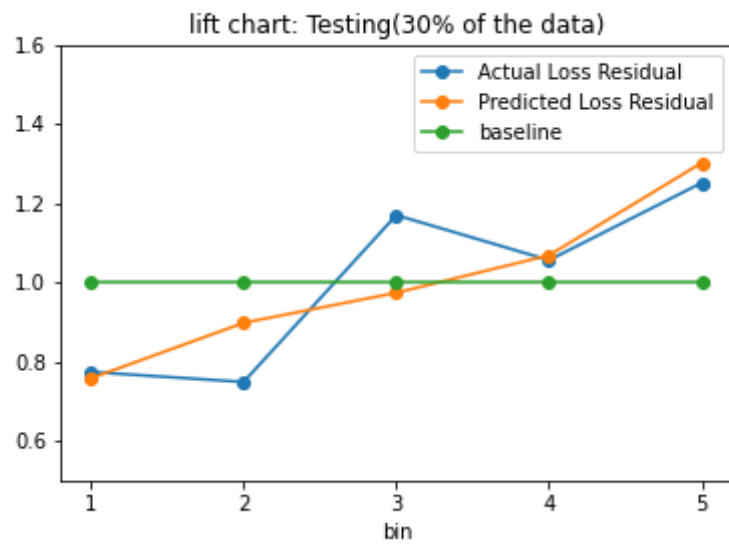
Objection 4

Applies To:

Comments:

Provide support for the underwriting tier factors.

The lift chart on testing data is attached here to show the power of this model on top of the base ISO loss cost. As shown in the chart, the model can distinguish low/high risks and there is good consistency between the actual loss residual and the prediction.



Objection 1

Applies To:

Comments:

Regarding response 7 of the previous letter, provide further details regarding the review of the insured's IFTAs and inspection patterns for reasonability of the weighted average radius class. Explain what the IFTA is and how reviewing it can support the stated expected mileage within each radius class.

IFTA stands for International Fuel Tax Agreement, which requires carriers to file a quarterly fuel tax report that details mileage information for each state. These IFTA reports are a standardized industry tool used to verify the mileage data provided by the insureds. Additionally, underwriters can review locations where inspections happened as available in the data from the Federal Motor Carrier Safety Administration (FMCSA). With IFTA reports and FMCSA inspection data, underwriters can cross-validate the radius information provided by the insureds on their applications, by calculating the distance between the garaging location and the data shown on the IFTA reports and inspection patterns.

Objection 2

Applies To:

Comments:

Provide further details around how and when the expected mileage within each radius classification can change or be updated for a particular vehicle. In particular, clarify whether the expected mileage within each radius can change

- 1.) On midterm amendment
- 2.) On audit
- 3.) On renewal or rewrite.

Revise and supersede as necessary.

Our practice is not to update the expected mileage on midterm amendment or audits. The information is updated on renewal or rewrite.

Objection 3

Applies To:

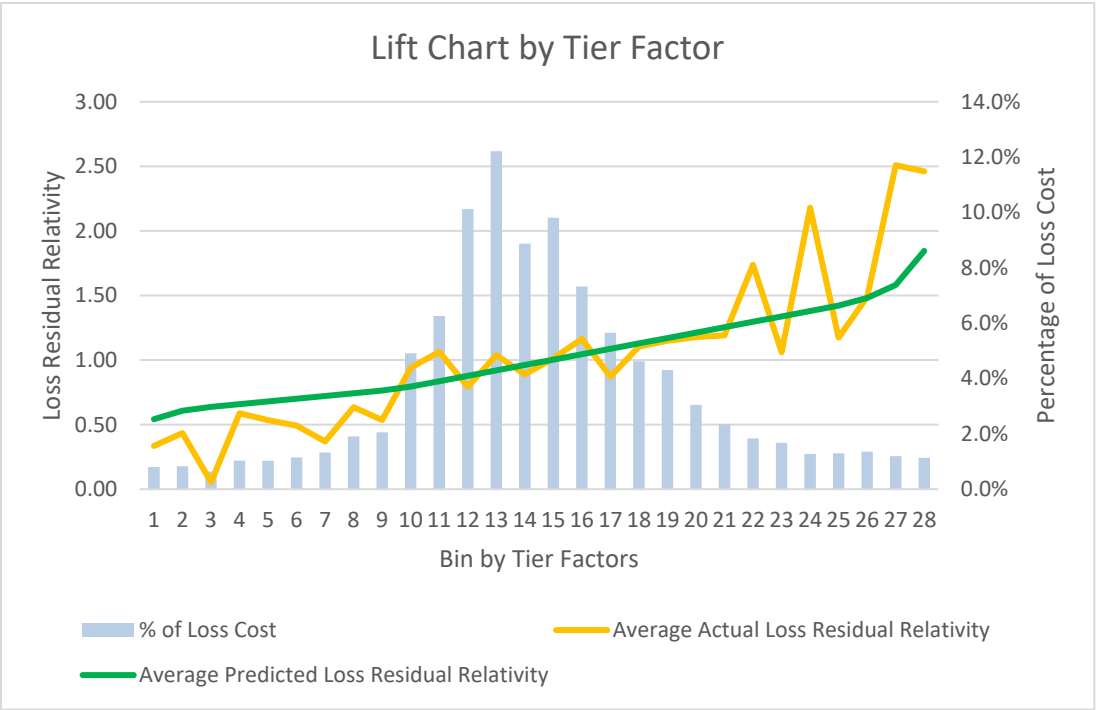
Comments:

The previous response to objection 4 is viewed as incomplete. The attached lift chart shows the lift using quintiles, but the factors vary down to the centile level. Provide additional details and support for the specific tier factors. Include all data, methods, and assumptions used in selecting the tier factors.

Tier factors can be found in the score-to-tier mapping table, where the model score is the product of scores by components (Prior Carrier Length, Commercial Credit Score, Driver-Power-Unit Combination, Average Number of Relevant Claims, FMCSA Quality Score, Dump Indicator, and Intermodal Indicator). The column "Tier Factor" uses the identical values from the previously approved tier model, and the columns "Lower Bound" and "Upper Bound" are obtained by shifting the values of the same columns from the previously approved tier model in such a way that the overall tier factor impact on the in-force book is neutral, i.e., the aggregate ISO loss cost before tier factors applied equals the aggregate loss cost after tier factors applied.

A refined lift chart is attached below. Bins are created with policies ordered by the tier factors from low to high so that each has as least about 1% of the total loss costs. The orange line is the average actual

loss residual relativity, while the green one is the average predicted loss residual relativity. The strong consistency between actual and predicted demonstrates the efficacy of the tier model. Reversals can be attributed to randomness and the smaller volume of data in some tier buckets.



| | | | |
|-----------------------------|---|------------------------|--------------------------|
| State: | Ohio | Filing Company: | Berkley Casualty Company |
| TOI/Sub-TOI: | 20.0 Commercial Auto/20.0000 Commercial Auto Combinations | | |
| Product Name: | Small Business Transportation Program - Commercial Auto Coverages | | |
| Project Name/Number: | / | | |

| | |
|-----------------------|----------------------------------|
| Comments: | |
| Attachment(s): | INS4012_CW.pdf INS4012_OH.pdf |
| Item Status: | Filed |
| Status Date: | 08/08/2024 |

| | |
|--------------------------|---|
| Satisfied - Item: | Response Letter objection 3 and 4 from 07/12/2024 |
| Comments: | |
| Attachment(s): | SERFF Response obj 3 and 4.pdf |
| Item Status: | Filed |
| Status Date: | 08/08/2024 |

| | |
|--------------------------|--|
| Satisfied - Item: | Response letter - objection 07/31/2024 |
| Comments: | |
| Attachment(s): | Responses_OH.pdf |
| Item Status: | Filed |
| Status Date: | 08/08/2024 |

State:Ohio

Filing Company:Berkley Casualty Company

TOI/Sub-TOI:20.0 Commercial Auto/20.0000 Commercial Auto Combinations

Product Name:Small Business Transportation Program - Commercial Auto Coverages

Project Name/Number:/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule Item Status | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|---------------|-------------------------------------|---------------------|-----------------------------------|---------------------------|---|
| 07/24/2024 | Superseded/With drawn 08/08/2024 | Rate | Underwriting Tiering Guidelines | 08/06/2024 | BSB_Underwriting Tiering Guidelines 2.0_OH.pdf (Superseded) |
| 05/23/2024 | Superseded/With drawn 08/08/2024 | Rate | Underwriting Tiering Guidelines | 07/24/2024 | BSB_Underwriting Tiering Guidelines 2.0.pdf (Superseded) |
| 05/23/2024 | Superseded/With drawn 08/08/2024 | Supporting Document | Filing Requirements Summary - P&C | 07/24/2024 | Actuarial Memo - OH.pdf FM OH RARUFM.pdf |
| 05/23/2024 | Superseded/With drawn 08/08/2024 | Rate | Driver Quality Factor | 07/24/2024 | TM 2.0 DQF Rule 08 24.pdf (Superseded) |