

**State:** Illinois **Filing Company:** West Bend Mutual Insurance Company  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0002 Businessowners  
**Product Name:** IL Mine Subsidence Rate Change  
**Project Name/Number:** /

## Filing at a Glance

Company: West Bend Mutual Insurance Company  
Product Name: IL Mine Subsidence Rate Change  
State: Illinois  
TOI: 05.0 CMP Liability and Non-Liability  
Sub-TOI: 05.0002 Businessowners  
Filing Type: RF3 - Summary Sheet only  
Date Submitted: 12/06/2013  
SERFF Tr Num: WBMN-129327622  
SERFF Status: Closed-Received  
State Tr Num: WBMN-129327622  
State Status:  
Co Tr Num: 20130264  
  
Effective Date: 07/01/2014  
Requested (New):  
Effective Date: 07/01/2014  
Requested (Renewal):  
Author(s): Melinda Marymee  
Reviewer(s): Keith Fanning (primary)  
Disposition Date: 12/10/2013  
Disposition Status: Received  
Effective Date (New): 07/01/2014  
Effective Date (Renewal):

**State:** Illinois **Filing Company:** West Bend Mutual Insurance Company  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0002 Businessowners  
**Product Name:** IL Mine Subsidence Rate Change  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Domicile Status Comments:  
 Reference Organization: Reference Number:  
 Reference Title: Advisory Org. Circular:  
 Filing Status Changed: 12/10/2013  
 State Status Changed: Deemer Date:  
 Created By: Melinda Marymee Submitted By: Melinda Marymee  
 Corresponding Filing Tracking Number:

### Filing Description:

We are revising our IL mine subsidence rates per the Illinois Mine Subsidence Insurance Fund Circular 06 (11/2013), which supersedes Circular 06 (11/2010). These new rates will be effective 7/1/2014. The current rate plan is \$23.10 for the first \$10,000 of coverage plus \$3.30 per \$10,000 increment for coverage from \$10,001 to \$750,000. The new rate structure will be \$19.91 for the first \$10,000 of coverage plus \$2.84 per \$10,000 increment for coverage from \$10,001 to \$750,000, reflecting an overall rate decrease of 13.8%.

## Company and Contact

### Filing Contact Information

Melinda Marymee, Product Development Assistant mmarymee@wbmi.com  
 8401 Greenway Blvd, Suite 1100 Middleton, WI 53562  
 608-410-3410 [Phone] 496 [Ext]  
 608-410-3415 [FAX]

### Filing Company Information

West Bend Mutual Insurance Company	CoCode: 15350	State of Domicile: Wisconsin
8401 Greenway Blvd., Suite 1100 Middleton, WI 53562	Group Code:	Company Type: Property & Casualty
(608) 410-3410 ext. 260[Phone]	Group Name: West Bend Mutual Group	State ID Number:
	FEIN Number: 39-0698170	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Filing Fee = \$50.00  
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
West Bend Mutual Insurance Company	\$50.00	12/06/2013	77235772

## State Specific

---

**State:** Illinois **Filing Company:** West Bend Mutual Insurance Company  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0002 Businessowners  
**Product Name:** IL Mine Subsidence Rate Change  
**Project Name/Number:** /

Refer to our checklists prior to submitting filing ([http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)):  
Ok

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Ok

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: Ok

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: N/A

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A  
When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

SERFF Tracking #:

WBMN-129327622

State Tracking #:

WBMN-129327622

Company Tracking #:

20130264

State:

Illinois

Filing Company:

West Bend Mutual Insurance Company

TOI/Sub-TOI:

05.0 CMP Liability and Non-Liability/05.0002 Businessowners

Product Name:

IL Mine Subsidence Rate Change

Project Name/Number:

/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Received	Keith Fanning	12/10/2013	12/10/2013

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Keith Fanning	12/09/2013	12/09/2013

#### Response Letters

Responded By	Created On	Date Submitted
Melinda Marymee	12/10/2013	12/10/2013

SERFF Tracking #:

WBMN-129327622

State Tracking #:

WBMN-129327622

Company Tracking #:

20130264

**State:** Illinois **Filing Company:** West Bend Mutual Insurance Company  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0002 Businessowners  
**Product Name:** IL Mine Subsidence Rate Change  
**Project Name/Number:** /

## Disposition

Disposition Date: 12/10/2013

Effective Date (New): 07/01/2014

Effective Date (Renewal):

Status: Received

Comment:

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):
West Bend Mutual Insurance Company	%	-13.800%	\$-375,936	1,717	\$2,724,174	%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes

**State:** Illinois **Filing Company:** West Bend Mutual Insurance Company  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0002 Businessowners  
**Product Name:** IL Mine Subsidence Rate Change  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/09/2013
Submitted Date	12/09/2013
Respond By Date	12/16/2013

Dear Melinda Marymee,

**Introduction:**

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

**Objection 1**

- Form RF3 - (Summary Sheet) (Supporting Document)

Comments: Column (2) on the RF3 is blank. Please insert the appropriate figure.

**Conclusion:**

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Keith Fanning

**State:** Illinois **Filing Company:** West Bend Mutual Insurance Company  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0002 Businessowners  
**Product Name:** IL Mine Subsidence Rate Change  
**Project Name/Number:** /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 12/10/2013  
 Submitted Date 12/10/2013

Dear Keith Fanning,

### Introduction:

Please see the response below.

### Response 1

#### Comments:

An updated RF3 - Summary Sheet has been updated to include information in Column 2. Please see the Supporting Document Schedule Item Changes for the revised RF3 - Summary Sheet.

### Related Objection 1

Applies To:

- Form RF3 - (Summary Sheet) (Supporting Document)

Comments: Column (2) on the RF3 is blank. Please insert the appropriate figure.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	IL Summary Sheet.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	IL Summary Sheet.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Thank you for your time.

**SERFF Tracking #:**

WBMN-129327622

**State Tracking #:**

WBMN-129327622

**Company Tracking #:**

20130264

---

**State:**

Illinois

**Filing Company:**

West Bend Mutual Insurance Company

**TOI/Sub-TOI:**

05.0 CMP Liability and Non-Liability/05.0002 Businessowners

**Product Name:**

IL Mine Subsidence Rate Change

**Project Name/Number:**

/

Sincerely,

Melinda Marymee



SERFF Tracking #:

WBMN-129327622

State Tracking #:

WBMN-129327622

Company Tracking #:

20130264

State:

Illinois

Filing Company:

West Bend Mutual Insurance Company

TOI/Sub-TOI:

05.0 CMP Liability and Non-Liability/05.0002 Businessowners

Product Name:

IL Mine Subsidence Rate Change

Project Name/Number:

/

## Rate Information

Rate data applies to filing.

Filing Method:

Use & File

Rate Change Type:

Decrease

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

07/01/2011

Filing Method of Last Filing:

Use & File

## 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):
West Bend Mutual Insurance Company	%	-13.800%	\$-375,936	1,717	\$2,724,174	%	%

SERFF Tracking #:

WBMN-129327622

State Tracking #:

WBMN-129327622

Company Tracking #:

20130264

State:

Illinois

Filing Company:

West Bend Mutual Insurance Company

TOI/Sub-TOI:

05.0 CMP Liability and Non-Liability/05.0002 Businessowners

Product Name:

IL Mine Subsidence Rate Change

Project Name/Number:

/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	IL Summary Sheet.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	Not requested.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/01/2014.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Businessowners	2,724,174	-13.8%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are revising our IL mine subsidence rates per the Illinois Mine Subsidence Insurance Fund Circular 06 (11/2013),

which supersedes Circular 06 (11/2010). These new rates will be effective 7/1/2014. The current rate plan is \$23.10 for the first \$10,000 of coverage plus \$3.30 per \$10,000 increment for coverage from \$10,001 to \$750,000.

The new rate structure will be \$19.91 for the first \$10,000 of coverage plus \$2.84 per \$10,000 increment for coverage from \$10,001 to \$750,000, reflecting an overall rate decrease of 13.8%.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company

Name of Company

Product Development Assistant

Official – Title

**SERFF Tracking #:**

WBMN-129327622

**State Tracking #:**

WBMN-129327622

**Company Tracking #:**

20130264

**State:**

Illinois

**Filing Company:**

West Bend Mutual Insurance Company

**TOI/Sub-TOI:**

05.0 CMP Liability and Non-Liability/05.0002 Businessowners

**Product Name:**

IL Mine Subsidence Rate Change

**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)
12/06/2013		Supporting Document	Form RF3 - (Summary Sheet)	12/10/2013	IL Summary Sheet.pdf (Superseded)

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 07/01/2014.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Businessowners		-13.8%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

We are revising our IL mine subsidence rates per the Illinois Mine Subsidence Insurance Fund Circular 06 (11/2013),

which supersedes Circular 06 (11/2010). These new rates will be effective 7/1/2014. The current rate plan is \$23.10 for the first \$10,000 of coverage plus \$3.30 per \$10,000 increment for coverage from \$10,001 to \$750,000.

The new rate structure will be \$19.91 for the first \$10,000 of coverage plus \$2.84 per \$10,000 increment for coverage from \$10,001 to \$750,000, reflecting an overall rate decrease of 13.8%.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company

Name of Company

Product Development Assistant

Official – Title