

Arbella Insurance Group – RFG060915

MASSACHUSETTS 2015
GROUP MARKETING NEW/RENEWAL
AFFIDAVIT

Attached is the documentation required for the application for the listed Arbella Mutual Insurance Company 2015 Group Marketing clients.

We have verified that it is the intention of each of the following clients to participate in the Group Marketing program within their organization for the year 2015 and have confirmed their participation to them in writing:

Radius Financial Group, Inc.

You may contact any of our clients to verify information and confirm participation.

A handwritten signature in cursive script that reads "Al DeAngelis".

Al DeAngelis
Underwriting Manager

Arbella Insurance Group - RFG060915							
193R Application Spreadsheet							
							PROPOSED
INSURANCE		STREET				AUTO (A) or	RATE
COMPANY	GROUP NAME	ADDRESS	CITY/TOWN	STATE	ZIP CODE	HOME (H)	DEV. (0.0%)
Arbella Mutual Insurance Company	Radius Financial Group, Inc.	600 Longwater Dr #107	Norwell	MA	02061	(A)	5%

PROPOSED EFFECTIVE DATE	GROUP TYPE (CU, E, M, U)	TOTAL NUMBER IN GROUP	ELIGIBLE NUMBER IN GROUP	NUMBER OF CURRENT INSUREDS	ORIGINAL PLAN DATE	PRODUCER OR MARKETING REPRESENTATIVE	PRODUCER OR MARKETING REPRESENTATIVE CONTACT INFORMATION	EXPERIENCE SUBMITTED YES OR NO
06/09/2015	E	82	82	0	06/09/2015	G.H. Dunn Insurance Agency, Inc.	www.ghdunninsurance.com	N

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EXPENSE EXHIBIT FOR ALL AUTO & HOME 193R GROUP MARKETING RATE DEVIATIONS

Year Plan Will be Applied

2015

Insurers are required to submit the expense ratios underlying their current rates and the expense ratio or average expense per unit associated with the group marketing rate deviation.

<u>INSURANCE</u> <u>COMPANY</u>	<u>GROUPNAME</u>	(1) Expenses Assumed In Insurer's Rates Currently On File	(2) Expenses Associated With Group Marketing Plan	(3) Reasons for Expensed Difference	(4) Requested Group Rate Deviation
Arbella Mutual Insurance Company	Radius Financial Group, Inc.	35.3%	26.6%	Commission Reduction, Payroll Deduction, More EFT, Smaller rate of cancel/reinstate, Higher Retention and Smaller Claim Volume	5%

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PREMIUM /LOSS/EXPENSE EXHIBIT FOR 193R AUTO/HOME GROUPS AT LEAST 3 YEARS OLD WITH 1,000 OR MORE INSURED UNITS

<insert year below>

Year Plan Will be Applied

2015

Insurers are required to submit a minimum three (3) full years of data, but can at their option submit additional years of data by inserting additional columns.

INSURANCE
COMPANY

GROUPNAME

<u>Earned Premium</u>			<u>Incurred Loss Incl. IBNR</u>			<u>Incurred Loss Ratio</u>			
2012	2013	2014	2012	2013	2014	2012	2013	2014	3 Yr. Total