

Arbella Insurance Group – CCA082415

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:

Cape Cod Ambulance

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

<b>Arbella Insurance Group - CCA082415</b>							
<b>193R Application Spreadsheet</b>							
							<b>PROPOSED</b>
<b><u>INSURANCE</u></b>		<b><u>STREET</u></b>				<b>AUTO (A) or</b>	<b>RATE</b>
<b><u>COMPANY</u></b>	<b><u>GROUP NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>CITY/TOWN</u></b>	<b><u>STATE</u></b>	<b><u>ZIP CODE</u></b>	<b><u>HOME (H)</u></b>	<b><u>DEV. (0.0%)</u></b>
Arbella Mutual Insurance Company	Cape Cod Ambulance	57 Mid-Tech Drive	West Yarmouth	MA	02673	(A)	5%

<b>PROPOSED</b>	<b>GROUP</b>	<b>TOTAL</b>	<b>ELIGIBLE</b>	<b>NUMBER</b>	<b>ORIGINAL</b>	<b>PRODUCER OR</b>	<b>EXPERIENCE</b>	
<b>EFFECTIVE</b>	<b>TYPE</b>	<b>NUMBER</b>	<b>NUMBER</b>	<b>OF CURRENT</b>	<b>PLAN</b>	<b>MARKETING REPRESENTATIVE</b>	<b>SUBMITTED</b>	
<b>DATE</b>	<b>(CU, E, M, U</b>	<b>IN GROUP</b>	<b>IN GROUP</b>	<b>INSUREDS</b>	<b>DATE</b>	<b>MARKETING REPRESENTATIVE</b>	<b>CONTACT INFORMATION</b>	
<b>DATE</b>	<b>(CU, E, M, U</b>	<b>IN GROUP</b>	<b>IN GROUP</b>	<b>INSUREDS</b>	<b>DATE</b>	<b>MARKETING REPRESENTATIVE</b>	<b>CONTACT INFORMATION</b>	
08/24/2015	E	92	92	0	08/24/2015	Bearingstar Insurance	www.bearingstar.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	Cape Cod Ambulance	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