193R Application Spreadsheet

INSURANCE COMPANY	GROUP NAME	STREET ADDRESS	CITY/TOWN	STATE	ZIP CODE	AUTO (A) or HOME (H)
Arbella Mutual Insurance Company	Copley at Stoughton	380 Sumner St	Stoughton	MA	02072	A

PROPOSED RATE DEV. (0.0%)	PROPOSED EFFECTIVE DATE	GROUP TYPE	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
5.0%	07/21/16	E	205	205	0	07/21/16	Morse Insurance Agency	www.morseins.com	N

Year Plan Will be Applied **2016**

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.

INSURANCE COMPANY	GROUPNAME	(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	**Copley at Stoughton**	**35.3%**	**26.6%**	Commission Reduction, Payroll Deduction, More EFT, Smaller rate of cancel/reinstate, Higher Retention and Smaller Claim Volume	**5.0%**

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 2016

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	Earned Premium			Incurred Loss Incl. IBNR			Incurred Loss Ratio			
		2013	2014	2015	2013	2014	2015	2013	2014	2015	3 Yr. Total