1. INSURER NAME  ____________________________________________________________
   ADDRESS  __________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

   PERSON RESPONSIBLE FOR FILING  ____________________________________________

   TITLE ___________________________ TELEPHONE # _____________________________

2. INSURER NAIC# ____________    NAIC GROUP # ____________

3. DESIGNATED RATE SERV. ORG. REFERENCE FILING# ____________________________

4. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference 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.

5. PROPOSED RATE LEVEL CHANGE _______ %   EFFECTIVE DATE ___________

6. PRIOR RATE LEVEL CHANGE _______ %   EFFECTIVE DATE ___________

7. ATTACH PAGE 2 WHICH SHOWS THE CALCULATION OF THE LOSS COSTS MULTIPLIER.

8. The insurer hereby files to have its loss cost multiplier be applicable to future revisions of the designated rate service organization’s prospective loss costs for this line of insurance. The insurer’s rate will be the combination of the designated rate service organization’s prospective loss costs and the insurer’s loss costs multiplier(s) specified in the attachment. The rates will apply to policies written on or after the effective date of the designated rate service organization’s prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

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CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Does this filing apply to all classes contained in item 3 of the Page 1?  If no, attach a list of affected classes. [ ] [ ]

2. Loss Cost Modification:
   A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing: (Check one)
      o Without modification. (Factor = 1.000) ENTER IN 2B.
      o With the following modification(s). (Cite the nature and percent modification to the advisory organization’s loss experience. Attach supporting data and/or rationale.) ENTER IN 2B.
   B. Loss Cost Modification Expressed as a Factor: 2B= ________________

   (Attach exhibit detailing insurer expense data, impact of premium plans, and other supporting information.)

   PROJECTED EXPENSES: compared to standard premium at company rates.
   A. Total Production Expense ____________________ %
   B. General Expenses ____________________ %
   C. Taxes, Licenses & Fees ____________________ %
   D. Profit & Contingencies including offset for investment Income ____________________ %
   E. Other (explain) ____________________ %
   F. TOTAL 3F= ____________________ %

4. Expected Loss & Loss Adjustment Expense (Target Cost) Ratio:
   ELR = 1.000 - 3F (expressed in decimal form)
   ____________________

5. Overall impact of expense constant & minimum premiums:
   (A 2.3% impact would be expressed as 1.023)
   ____________________

6. Overall impact of size - of - risk discounts plus expense gradation recognition in retrospective rating:
   (A 8.6% avg. Discount would be expressed as 0.914)
   ____________________

7. Company Formula Loss Cost Multiplier: 2B/[(6-3F)x5]= ____________________

8. Company Selected Loss Cost Multiplier:
   Attach exhibit explaining any differences between 7 & 8.
   ____________________

9. Are you amending your minimum premium formula? If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. [ ] [ ]

10. Are you changing your premium discount schedules? If yes, attach schedules and support detailing premium or rate level change. [ ] [ ]

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