

STATE OF DELAWARE - DEPARTMENT OF INSURANCE  
PERSONAL & COMMERCIAL FILING STATE SPECIFICS

Company NAIC #: N/A

Company Reference #: 2008

1. Does this filing result in any restriction of coverage? ☐ Yes ☒ No
2. If yes, where is such restriction explained in the filing? \_\_\_\_\_
3. Where is any broadening of coverage explained? N/A
4. State the estimated effect of #1 as percent of premiums (attach separate sheet if more space is needed). N/A
5. State the classes or types of risk which will be affected by filed changes in rules, forms or rating plans if such changes are substantially greater than the effect stated in #4.  
N/A

6. Statewide Percent Change

Earned Exposures	Earned Premiums	Percent Change
		+6.53% Residual Market
		+1.49% Voluntary Market

7. Indicate the classes and/or territories for which the filed rates would produce increases 15% or more above the average effect stated under #6 above.  
See classes boxed on Schedule II attached.
8. Show dates and the statewide average rate level changes that resulted from rate revisions effective during the 60-month period prior to the date of this filing, for the categories to which this filing applies. See Schedule I attached.

Statement of Compliance

Pursuant to the requirements of 18 Del. C., Section 2528, and subject to the penalties found in 18 Del. C., Section 106, I certify that the information stated above and in the attachments consisting of \_\_\_\_\_ pages is correct and complete to my best knowledge and belief and fully conforms to all applicable laws, regulations, and requirements of the State of Delaware.

William V. Taylor

Print Name

William V. Taylor

Digitally signed by William V. Taylor  
Date: 2020.10.05 08:30:04 -04'00'

Signature

President

Title (Must be a Company Officer)

10/5/2020

Date

**Schedule I****History of Changes in DCRB "F" Class Overall Residual Market Rate and Voluntary Market Loss Cost Levels**

Effective Date	Average Residual Market Rate Level Change	Average Voluntary Market Loss Cost Change
December 1, 2020	6.53%	1.49%
June 1, 2018	-3.39%	0.00%
December 1, 2017	-0.43%	-3.66%
December 1, 2010	-1.79%	2.98%
December 1, 2008	5.76%	8.12%
December 1, 2006	-2.81%	-6.91%
December 1, 2004	-5.08%	-3.94%

## History of DCRB "F" Class Voluntary Market Loss Costs and Percentage Changes

Code	12/1/2020	% Chg	6/1/2018	% Chg	12/1/2017	% Chg	12/1/2010	% Chg	12/1/2008
6824F	6.70	25.00%	5.36	0.00%	5.36	-3.25%	5.54	-1.95%	5.65
6826F	5.85	7.73%	5.43	0.00%	5.43	-3.04%	5.60	-2.10%	5.72
6843F	7.37	20.82%	6.10	0.00%	6.10	-3.17%	6.30	-2.02%	6.43
6872F	9.13	18.88%	7.68	0.00%	7.68	-3.03%	7.92	-2.10%	8.09
7309F	20.96	-2.01%	21.39	0.00%	21.39	-2.95%	22.04	-2.04%	22.50
7313F	7.66	-1.42%	7.77	0.00%	7.77	-3.12%	8.02	-2.08%	8.19
7317F	16.21	-1.88%	16.52	0.00%	16.52	-3.11%	17.05	-2.01%	17.40
7327F	11.01	24.83%	8.82	0.00%	8.82	-3.08%	9.10	-1.94%	9.28
7366F	5.16	24.64%	4.14	0.00%	4.14	-3.04%	4.27	-1.84%	4.35
8709F	2.07	25.45%	1.65	0.00%	1.65	-3.51%	1.71	-1.72%	1.74
8726F	2.49	11.16%	2.24	0.00%	2.24	-3.45%	2.32	-2.11%	2.37

## History of DCRB "F" Class Residual Market Rates and Percentage Changes

Code	12/1/2020	% Chg	6/1/2018	% Chg	12/1/2017	% Chg	12/1/2010	% Chg	12/1/2008
6824F	9.08	31.02%	6.93	-3.35%	7.17	0.14%	7.16	-6.53%	7.66
6826F	7.93	13.12%	7.01	-3.44%	7.26	0.14%	7.25	-6.57%	7.76
6843F	9.99	26.78%	7.88	-3.43%	8.16	0.12%	8.15	-6.54%	8.72
6872F	12.37	24.70%	9.92	-3.41%	10.27	0.20%	10.25	-6.56%	10.97
7309F	28.41	2.86%	27.62	-3.39%	28.59	0.28%	28.51	-6.56%	30.51
7313F	10.38	3.39%	10.04	-3.37%	10.39	0.10%	10.38	-6.57%	11.11
7317F	21.98	3.00%	21.34	-3.40%	22.09	0.14%	22.06	-6.53%	23.60
7327F	14.92	30.99%	11.39	-3.39%	11.79	0.17%	11.77	-6.51%	12.59
7366F	7.00	31.09%	5.34	-3.44%	5.53	0.18%	5.52	-6.44%	5.90
8709F	2.80	30.84%	2.14	-3.17%	2.21	0.00%	2.21	-6.36%	2.36
8726F	3.37	16.21%	2.90	-3.33%	3.00	0.00%	3.00	-6.54%	3.21



## Property &amp; Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

**3. Group Name****Group NAIC #**

Delaware Compensation Rating Bureau, Inc.

N/A

**4. Company Name(s)****Domicile****NAIC #****FEIN #****State #**Delaware Compensation  
Rating Bureau, Inc.

Delaware

N/A

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]**6.****Name and address****Title****Telephone #s****FAX #****e-mail**William V. Taylor  
DCRB, Inc.

President

(215) 320-4413

(215) 320-4557

wtaylor@dcrb.com

30 South 17th Street - Suite 1500  
Philadelphia PA 19103**7. Signature of authorized filer**

William V. Taylor

Digitally signed by William V. Taylor  
Date: 2020.10.05 11:49:46 -04'00'**8. Please print name of authorized filer**

William V. Taylor

**Filing information** (see General Instructions for descriptions of these fields)**9. Type of Insurance (TOI)**

16.0 Workers Compensation

**10. Sub-Type of Insurance (Sub-TOI)**

16.0004 Standard WC

**11. State Specific Product code(s)(if applicable)[See State Specific Requirements]**

N/A

**12. Company Program Title (Marketing title)**

N/A

**13. Filing Type**
☐ Rate/Loss Cost   ☐ Rules   ☒ Rates/Rules  
☐ Forms   ☐ Combination Rates/Rules/Forms  
☐ Withdrawal   ☐ Other Provide Description
**14. Effective Date(s) Requested**

New: December 1, 2020

Renewal: December 1, 2020

**15. Reference Filing?**☐ Yes   ☒ No**16. Reference Organization (if applicable)**

N/A

**17. Reference Organization # & Title**

N/A

**18. Company's Date of Filing**

October 5, 2020

**19. Status of filing in domicile**☐ Not Filed   ☐ Pending   ☐ Authorized   ☐ Disapproved

## Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	2008
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Residual Market Rate and Voluntary Loss Cost Filing for Workers Compensation Insurance on policies providing Federal benefits, filed by the Authorized Advisory Organization (DCRB).

[View Complete Filing Description](#)

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT via SERFF

Amount: \$250.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>This filing transmittal is part of Company Tracking #</b>	2008
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
<b>Overall Percentage Last Rate Revision</b>	-3.39% RM; 0.00% VM %
<b>Effective Date of Last Rate Revision</b>	June 1, 2018
<b>Filing Method of Last Filing</b>	Prior Approval
<b>SERFF Tracking Number of Last Filing</b>	

☒ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3. Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>							
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
DCRB, Inc.	+6.53%	+6.49%	Res. Market	4		+31.09%	+2.86%
	+1.49%	+1.45%	Vol. Market	15		+25.45%	-2.01%
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change</b>	<b>Minimum % Change</b>

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
		<b>COMPANY USE</b>	<b>STATE USE</b>
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>	+6.53% R.M.; +1.49% V.M.	
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>	+6.49% R.M.; +1.45% V.M.	
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>	19	

<b>6.</b>	<b>Overall percentage of last rate revision</b>	-3.39% R.M.; 0.00% V.M.
<b>7.</b>	<b>Effective Date of last rate revision</b>	June 1, 2018
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval