

SERFF Tracking Number: AGDE-125617090 State: Arkansas  
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 38760  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Occupational Accident  
Project Name/Number: BOAI Application Filing/64632AR

## Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA

Product Name: Occupational Accident

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AGDE-125617090 State: ArkansasLH

SERFF Status: Closed

Co Tr Num:

Co Status:

Authors: Wanda Floyd, Gloria  
Jauss

Date Submitted: 04/21/2008

State Tr Num: 38760

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/22/2008

Disposition Status: Approved-  
Closed

Implementation Date Requested: 06/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: BOAI Application Filing

Project Number: 64632AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/22/2008

State Status Changed: 04/22/2008

Corresponding Filing Tracking Number:

Filing Description:

April 21, 2008

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: 64632AR is  
specific to Arkansas and has not be submitted  
to Pennsylvania, our state of domicile.

Market Type:

Group Market Size:

Group Market Type:

Deemer Date:

The Honorable Julie Benafield Bowman

Insurance Commissioner

*SERFF Tracking Number:* AGDE-125617090 *State:* Arkansas  
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Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE: Form Submission Pursuant to Bulletin 6-2008  
National Union Fire Insurance Company of Pittsburgh, Pa.  
NAIC # 012-19445, FEIN 25-0687550  
Blanket Occupational Accident Insurance Program  
64632AR Application

Dear Commissioner Benafield Bowman:

Enclosed is the above referenced form for your approval. This form is being submitted pursuant to Bulletin 6-2008 which requires a notice to be added to all applications for stop loss insurance.

This application was approved for use in Arkansas effective September 17, 1997 under form number 64632. The only revisions that have been made are the addition of the notice required by Bulletin 6-2008, the addition of a fraud notice required by Section 23-66-503 of the Arkansas Insurance Code and a change to the form number from 64632 to 64632AR. No other changes have been made.

Enclosed is a copy of 64632AR and the required filing fee. We are requesting an effective date of June 1, 2008.

Please contact me if you have any questions.

Sincerely,

Gloria Jauss  
Manager, Occupational Accident Products & Compliance  
A&H Products and Compliance Department  
Phone: (800) 225-5244, Ext. 2547  
Fax: (302) 594-4810

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 Email: Gloria.Jauss@aig.com

## Company and Contact

### Filing Contact Information

Gloria Jauss, Manager gloria.jauss@aig.com  
 600 King Street (800) 225-5244 [Phone]  
 Wilmington, DE 19801 (302) 594-4810[FAX]

### Filing Company Information

National Union Fire Insurance Company of Pittsburgh, PA CoCode: 19445 State of Domicile: Pennsylvania  
 70 Pine Street Group Code: 12 Company Type:  
 New York, NY 10270 Group Name: AIG State ID Number:  
 (212) 770-7000 ext. [Phone] FEIN Number: 25-0687550  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20.00 per application  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	\$20.00	04/21/2008	19759906

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	04/22/2008	04/22/2008

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## **Disposition**

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Application	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: 64631

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	64632AR	Application/Enrollment Form	Application/Enrollment Form	Revised	Replaced Form #: 64632AR Previous Filing #: 64632		64632AR.pdf



**AIG Domestic Accident & Health Division**

A Division of the AIG Companies®

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 70 Pine Street, New York, NY 10270

(212) 770-7000

(a capital stock company, herein referred to as the Company)

**APPLICATION  
for  
BLANKET OCCUPATIONAL ACCIDENT INSURANCE - COMBINED SINGLE LIMIT**

Application is hereby made for a policy of Insurance on form \_\_\_\_\_ 12345 based upon the following statements and representations:

**SCHEDULE**

1. Name of Policyholder:  
(Herein called the Insured)

Address:

Type of Business or Organization:

Will Affiliates or Subsidiaries be covered?  Yes  No  
(If "Yes", please attach list, subject to Company approval)

Name and Address of Administrator:

2. The Insurance to be provided under the Policy applies only to those Employees described below and only with respect to those coverages indicated in item 8 below. The Attachment Point and Limit of Liability will apply only once per accident, [Occupational Disease, and/or Occupational Cumulative Trauma, ]subject to all terms, limitations and exclusions of the Policy. The Description of Employees includes all persons who come within the scope of such description at any time coverage is in force and the required premium is paid.

3. Description of Employees: [All Employees of the Insured who are Actively at Work, as defined, respectively, in the Policy, while the Policy is in force.]

4. Covered Class(es): Class Code

5. Rate per \$100 of Payroll: \$\_\_\_\_\_

6. Estimated Annual Payroll: \$\_\_\_\_\_

7. Manner of Premium Payment: [ Quarterly ]

8. Benefits: The Policy contains the following coverages:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Accidental Death                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accidental Dismemberment (functional loss of use) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accidental Dismemberment (paralysis)              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Permanent Partial Disability                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Permanent Total Disability                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temporary Partial Disability                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temporary Total Disability                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Accident Medical Expense  Yes  No  
Loss Adjustment Expense  Yes  No

9. Optional Exclusions: The Policy contains the following optional exclusions:

Occupational Cumulative Trauma  Yes  No  
Occupational Disease  Yes  No  
Aerial Navigation:  
Pilot or Crew Member  Yes  No  
Employer-Owned Aircraft  Yes  No

10. Attachment Point: [(a)] \$[ 100,000 ] per occurrence, each accident  
[(b)] \$[ 100,000 ] per person, per Occupational Disease  
[(c)] \$[ 100,000 ] per person, per Occupational Cumulative Trauma

11. Limit of Liability: The maximum amount payable as the result of any one covered accident causing Injury to one or more Employee(s), any Occupational Disease, and/or any Occupational Cumulative Trauma is as follows:

[(a)] \$[ 500,000 ] per occurrence, each accident  
[(b)] \$[ 500,000 ] per person, per Occupational Disease  
[(c)] \$[ 500,000 ] per person, per Occupational Cumulative Trauma

The Company will not be liable for any amount in excess of the above stated Limit of Liability, applicable to any combination of those coverages indicated in item 8 above.

12. Policy Period and Signature[s]:

Policy Period: From: Policy Effective Date 06/01/07  
To: Policy Termination Date 05/31/08

NOTICE: Employers/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and/or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employers/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded health plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed by: John Doe

Title: Owner

Signed at Anytown, USA on 05/15/07

Witness Tom Smith  
(licensed agent where required by law)

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Certification/Notice	<b>Review Status:</b>	Approved-Closed	04/22/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	04/22/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	04/22/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	04/22/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				