

SERFF Tracking Number: AGDE-125783441 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 40009
Company Tracking Number: O30320DBG
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Occupational Accident
Project Name/Number: Independent Contractors (Non-Trans)/O30320DBG

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA

Product Name: Occupational Accident SERFF Tr Num: AGDE-125783441 State: ArkansasLH
TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 40009
Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: O30320DBG State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Wanda Floyd, Gloria Disposition Date: 08/24/2008
Jauss, David Bedwell
Date Submitted: 08/20/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Independent Contractors (Non-Trans) Status of Filing in Domicile:
Project Number: O30320DBG Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Blanket
Filing Status Changed: 08/24/2008
State Status Changed: 08/24/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Attached is the referenced form for your approval. The form is new and does not replace any forms previously approved in your state. The optional form will be used with the Independent Contractors Coverage – Non-Transportation policy (form number C22626DBG), which was approved by your Department on June 14, 2006.

Also attached are the required filing certifications. We thank you in advance for your attention to this filing. Please

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contact our office if you have any questions or require additional information.

Company and Contact

Filing Contact Information

David Bedwell, Product Analyst david.bdwell@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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, PA	\$20.00	08/20/2008	22031167

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/24/2008	08/24/2008

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Pittsburgh, PA
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Disposition

Disposition Date: 08/24/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Pittsburgh, PA
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Transmittal	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Authorized Passenger Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: O30320DBG

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	O30320DBG	Policy/Contract	Authorized Passenger Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		51	O30320DBG.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)

Policyholder: [ABC Incorporated]

Policy Number: [XXXXXX]

[Participating Organization: [XYZ Company]]

AUTHORIZED PASSENGER ENDORSEMENT

This Endorsement is attached to and made part of the Policy[as of the Policy Effective Date shown in the Policy's Master Application][effective [Month Day, Year]]. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations, and exclusions of the Policy except as they are specifically modified by this Endorsement.

The following definition is added to the **General Definitions** section:

Authorized Passenger means a person who is riding as a passenger in or on (including getting in or out of, or on or off of) a vehicle that is operated by an Insured who is performing Occupational services for the [Policyholder][Contractee] at the time of the accident that causes the Authorized Passenger's Covered Loss occurs. An Authorized Passenger (1) must be a minimum of [10-18] years of age; and (2) must not operate or drive the vehicle[, load or unload cargo][, secure or unsecure cargo]¹, fuel or participate in any other activity related to the vehicle[other than loading or unloading cargo][or][securing or unsecuring cargo]¹. In no event will a hitchhiker or the Insured's or Policyholder's employee or contractee be considered an Authorized Passenger.

The definition of **Insured** in the **General Definitions** section is deleted and replaced with the following:

Insured means either an Authorized Passenger or a person who: (1) is a member of an eligible class as described in the Description of Eligible Persons section of the Master Application; (2) has enrolled for coverage; and (3) has paid the required premium.

The definition of **Occupational** in the **General Definitions** section is amended to include the following:

Occupational means, with respect to an Authorized Passenger, that the passenger must be riding as a passenger in or on (including getting in or out of, or on or off of) a vehicle that is operated by an Insured who is not an Authorized Passenger at the time the accident that causes the passenger's Covered Loss occurs, and the driver of the vehicle must be performing Occupational services at the time such accident occurs.

The **Effective and Termination Dates** section is amended as follows:

In the **Insured's Effective Date** and the **Insured's Termination Date** provisions, the term "Insured" does not include an Authorized Passenger.

[The following is added after the second paragraph of the **Temporary Total Disability Benefit** provision:

With respect to an Insured who is an Authorized Passenger, the Temporary Total Disability Benefit with respect to each [week][month] of the Temporary Total Disability during a Single Period of Total Disability is the Maximum [Weekly][Monthly] Benefit Amount shown in the Schedule.

The following is added to the definition of **Temporary Total Disability, Temporarily Totally Disabled**:

However, with respect to an Authorized Passenger for whom the occupational definition of Temporary Total Disability, Temporarily Totally Disabled is not appropriate, Temporary Total Disability, Temporarily Totally

Disabled means disability that: (1) prevents the Authorized Passenger from engaging in any of the usual activities of a person of like age and sex whose health is comparable to that of the Authorized Passenger prior to the Injury; and (2) requires that, and results in, the Authorized Passenger receiving Continuous Care.

All references to the **Rehabilitation Disability Benefit** provision in the **Temporary Total Disability Benefit** provision are deleted with respect to Authorized Passengers.]²

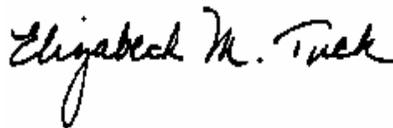
In the **Exclusions** section, exclusion 13 is deleted and replaced with the following:

13. accidents occurring while the Insured who is not an Authorized Passenger is working for or under contract with an entity other than the [Policyholder][Contractee];

The President and Secretary of National Union Fire Insurance Company of Pittsburgh, Pa. witness this Endorsement.



President



Secretary

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Rate Information

Rate data does NOT apply to filing.

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 Pittsburgh, PA
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Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	08/24/2008
Comments:				
Attachment:				
AR1.pdf				
Bypassed -Name:	Application	Review Status:	Approved-Closed	08/24/2008
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	Transmittal	Review Status:	Approved-Closed	08/24/2008
Comments:				
Attachment:				
NAIC.pdf				
Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	08/24/2008
Comments:				
Attachment:				
Letter.pdf				

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached form number(s) O30320DBG et al achieved a Flesch Reading Ease score of 51.8 and complies with the requirements of Ark. Stat. Ann. § 23-80-201 through § 23-80-208, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

Signature: _____

A handwritten signature in black ink, appearing to read "Donald E. Roberts, Jr.", written over a horizontal line.

Name and Title: Donald E. Roberts, Jr. Assistant Vice President
Date: August 20, 2008

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	National Union Fire Ins. Co. of Pittsburgh, Pa. 600 North King Street – PDV1 Wilmington, Delaware 19801	Pennsylvania	Accident & Health	012	19445	25-0687550	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	David Bedwell National Union Fire Ins. Co. of Pittsburgh, Pa. 600 North King Street – PDV1 Wilmington, Delaware 19801	800-225-5244, x2933	302-594-4810	David.Bedwell@aig.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	O30320DBG					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	HO4 Health Blanket Accident/Sickness					
10.	Product Coding Matrix Filing Code	HO4.000 Health Blanket Accident/Sickness					
11.	Submitted Documents	<input checked="" type="checkbox"/> Forms <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input type="checkbox"/> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

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12.	Filing Submission Date	August 30, 2008	
13.	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	August 08, 2008	

15.	Filing Description:
	Attached is the referenced form for your approval. The form is new and does not replace any forms previously approved in your state. The optional form will be used with the Independent Contractors Coverage – Non-Transportation policy (form number C22626DBG), which was approved by your Department on June 14, 2006.

16.	Certification (If required)
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>David PT Bedwell</u> Title <u>Compliance Analyst</u></p> <p>Signature  Date: <u>August 20 2008</u></p>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		O30320DBG
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Authorized Passenger Endorsement	O30320DBG	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1



AIG Domestic Accident & Health Division

A Division of the AIG Companies®

Administrative Offices:

A&H Products and Compliance Department
Mailstop: PDV1
P.O. Box 667
Wilmington, DE 19899-9853

August 20, 2008

Honorable Julie Benafield Bowman
Arkansas Insurance Department
Life & Health Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

ATTN: Rosalind D. Minor

RE: National Union Fire Insurance Company of Pittsburgh, Pa.
NAIC # 012-19445, FEIN 25-0687550
Blanket Occupational Accident Insurance Program
O30320DBG Authorized Passenger Endorsement

Dear Ms. Minor:

Attached is the referenced form for your approval. The form is new and does not replace any forms previously approved in your state. The optional form will be used with the Independent Contractors Coverage – Non-Transportation policy (form number C22626DBG), which was approved by your Department on June 14, 2006.

Also attached are the required filing certifications. We thank you in advance for your attention to this filing. Please contact our office if you have any questions or require additional information.

Respectfully,

David PT Bedwell
A&H Regulatory Affairs Department
Phone: 800-225-5244, ext. 2933
Fax: 302-594-4810
E-Mail: David.Bedwell@aig.com