

SERFF Tracking Number: AGDE-126050937 State: Arkansas  
 Filing Company: National Union Fire Insurance Company of Pittsburgh, PA State Tracking Number: 41683  
 Company Tracking Number: O30341DBG  
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
 Product Name: Occupational Accident  
 Project Name/Number: Truckers Evacuation/O30341DBG

## Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, PA

Product Name: Occupational Accident SERFF Tr Num: AGDE-126050937 State: ArkansasLH  
 TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed State Tr Num: 41683  
 Sub-TOI: H04.000 Health - Blanket Accident/Sickness Co Tr Num: O30341DBG State Status: Approved-Closed  
 Filing Type: Form Co Status: Reviewer(s): Rosalind Minor  
 Authors: David Bedwell, Wanda Floyd Disposition Date: 03/03/2009  
 Date Submitted: 02/25/2009 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Truckers Evacuation  
 Project Number: O30341DBG  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 03/03/2009

Status of Filing in Domicile:  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Group  
 Group Market Size: Small and Large  
 Group Market Type: Blanket  
 Explanation for Other Group Market Type:  
 State Status Changed: 03/03/2009  
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

RE: National Union Fire Insurance Company of Pittsburgh, Pa.

NAIC # 012-19445, FEIN 25-0687550

Blanket Occupational Accident Insurance Program

O30341DBG Emergency Evacuation [With Family Travel] Benefit Rider

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Dear Ms. Minor:

The above referenced form is being submitted for your review and approval, pursuant to Ark. Code Ann. § 23-79-109.

This form is new and does not replace any forms previously approved in your state.

O30341DBG, Emergency Evacuation [With Family Travel] Benefit Rider, is an optional form that will be used with the following blanket Occupational Accident programs which are intended to provide coverage to 1099 workers in your state:

Policy Form Number Program Title Approval Date

C22606DBG Independent Contractors Coverage -Transportation October 16, 2006

C22626DBG Independent Contractors Coverage

– Non-Transportation June 14, 2006

C22382DBG-AR (REV.11-99) Truckers Occupational Accident Insurance September 21, 2001

O30279DBG Truckers Occupational Accident Insurance September 13, 2007

These programs are marketed by agent/broker solicitation, mass marketing and in the future may be offered via the Internet.

Also attached are the required filing certifications. Thank you in advance for your attention to this filing. Please contact me 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  
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## 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	02/25/2009	25954219

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/03/2009	03/03/2009

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## Disposition

Disposition Date: 03/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Emergency Evacuation [With Family Travel] Benefit Rider	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: O30341DBG

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	O30341DBG	Policy/Cont	Emergency Evacuation [With Family Travel] Certificate: Benefit Rider Amendments, Insert Page, Endorsement or Rider	Initial			O30341DBG.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]

#### EMERGENCY EVACUATION [WITH FAMILY TRAVEL] BENEFIT RIDER

This Rider 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 and Emergency Sicknesses] [and] [loss of life] 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 Rider.

**Emergency Evacuation Benefit.** The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured [Person]<sup>1</sup> suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, but not exceeding the Maximum Benefit Amount shown in the Schedule per Insured [Person]<sup>1</sup> for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

The Physician ordering the Emergency Evacuation must certify that the severity of the [Insured's] [Insured Person's]<sup>1</sup> Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

**[Family Travel Benefit.]** Following an Emergency Evacuation for which an Emergency Evacuation Benefit is payable, the Company will pay [up to the Maximum Benefit Amount]<sup>2</sup>, subject to the limitations set out herein, for expenses reasonably incurred[:]

- [to return to their current place of primary residence the [Insured's] [Insured Person's]<sup>1</sup> Spouse and any of the [Insured's] [Insured Person's] Dependent Children who were accompanying the Insured [Person]<sup>1</sup> when the Emergency Evacuation became necessary, with an attendant for the Dependent Children if necessary and if the Dependent Children are not accompanied by the Spouse; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.]<sup>3</sup>
- [for lodging and meals for up to 7 days for the [Insured's] [Insured Person's]<sup>1</sup> Spouse and Dependent Children in the area where the Insured [Person]<sup>1</sup> is confined, if: (a) they were accompanying the Insured [Person]<sup>1</sup> when the Emergency Evacuation became necessary; and (b) the place of confinement is outside a 100 mile radius from the [Insured's] [Insured Person's]<sup>1</sup> current place of primary residence. The Company will only pay for such expenses for days in excess of the days that had been planned for the Occupational trip prior to the [Insured's] [Insured Person's]<sup>1</sup> Emergency Evacuation, and only while he or she remains so confined. The Company will not pay for such expenses in excess of, for the Spouse and Dependent Children combined, \$[100] per day for lodging and \$[75] per day for meals;]<sup>3</sup>

- [to bring one person chosen by the Insured [Person]<sup>1</sup> to and from the hospital or other medical facility where the Insured [Person]<sup>1</sup> is confined if the Insured [Person]<sup>1</sup> is alone and if the place of confinement is outside a 100 mile radius from the Insured's [Insured Person's]<sup>1</sup> current place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket.]<sup>3</sup>
- [for lodging and meals for up to 7 days for such person in the area where the Insured [Person]<sup>1</sup> is confined, but: (a) only while the Insured [Person]<sup>1</sup> remains so confined; and (b) not to exceed \$[100] per day for lodging and \$[50] per day for meals.]<sup>3</sup>

[AIG Travel Assist Inc.]<sup>4</sup> must make all arrangements and must authorize all expenses in advance for any benefits under this Rider to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact [AIG Travel Assist Inc.]<sup>4</sup> in advance.

**Covered Emergency Evacuation Expense(s)** - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

**[Dependent Child(ren)]** – as used in this Rider, means the [Insured's][Insured Person's]<sup>1</sup> unmarried children, including natural children from the moment of birth, step or foster children, or adopted children, from the moment of placement in the home of the Insured, under age [19-25] ([23-29] if attending an accredited institution of higher learning on a full-time basis) and primarily dependent on the Insured [Person]<sup>1</sup> for support and maintenance. It also includes any unmarried Dependent Child(ren) of the Insured [Person]<sup>1</sup> who are incapable of self-sustaining employment by reason of mental or physical incapacity, and who are primarily dependent on the Insured [Person]<sup>1</sup> for support and maintenance.]<sup>5</sup>

**Emergency Evacuation** - as used in this Rider, means, if warranted by the severity of the [Insured's][Insured Person's] Injury or Emergency Sickness: (1) the [Insured's][Insured Person's]<sup>1</sup> immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the [Insured's][Insured Person's]<sup>1</sup> Transportation to his or her current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

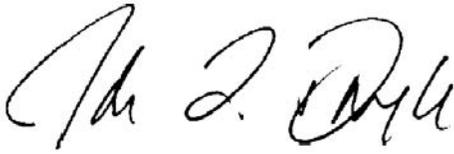
**Emergency Sickness** - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the [Insured's][Insured Person's]<sup>1</sup> condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured [Person]<sup>1</sup> suffering the symptom and while the Insured [Person]<sup>1</sup> is performing Occupational services.

**Medically Necessary Emergency Evacuation Service** - as used in this Rider, means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured [Person]<sup>1</sup>.

**[Spouse]** – as used in this Rider, means the [Insured's][Insured Person's]<sup>1</sup> legal spouse.]<sup>5</sup>

**Transportation** - as used in this Rider, means moving the Insured [Person]<sup>1</sup> during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

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



President



Secretary

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## **Rate Information**

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	03/03/2009
<b>Comments:</b>				
<b>Attachment:</b>				
Read_Cert.pdf				
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	03/03/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				

## Certification

**RE: National Union Fire Insurance Co of Pittsburgh, PA  
O30341DBG Emergency Evacuation [With Family Travel] Benefit Rider**

This hereby certifies that the above captioned Program is in full compliance with District of Columbia Insurance Code §35-531 and the forms have achieved a Flesch reading score of at least 50.7.



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Adam C. Reed.  
Assistant Vice President