## Filing at a Glance

Company: Starr Indemnity & Liability Company

| | | |
|---|---|---|
| Product Name: AR - AD&D AVIATION RIDER | SERFF Tr Num: SILC-126831442 | State: Arkansas |
| TOI: H02G Group Health - Accident Only | SERFF Status: Closed-Approved-Closed | State Tr Num: 46911 |
| Sub-TOI: H02G.000 Health - Accident Only | Co Tr Num: | State Status: Approved-Closed |
| Filing Type: Form | | Reviewer(s): Rosalind Minor |
| | Authors: Eveanne Wood, Lizelle Pell, Katie Guan | Disposition Date: 10/07/2010 |
| | Date Submitted: 09/28/2010 | Disposition Status: Approved-Closed |
| Implementation Date Requested: | | Implementation Date: |
| State Filing Description: | | |

## General Information

| | |
|---|---|
| Project Name: | Status of Filing in Domicile: Not Filed |
| Project Number: | Date Approved in Domicile: |
| Requested Filing Mode: Review & Approval | Domicile Status Comments: |
| Explanation for Combination/Other: | Market Type: Group |
| Submission Type: New Submission | Group Market Size: Large |
| Overall Rate Impact: | Group Market Type: Employer, Association |
| Filing Status Changed: 10/07/2010 | Explanation for Other Group Market Type: |
| | State Status Changed: 10/07/2010 |
| Deemer Date: | Created By: Eveanne Wood |
| Submitted By: Katie Guan | Corresponding Filing Tracking Number: |

Filing Description:

New Submission. This new Passenger, Pilot or Crew Member Benefit Rider, Policy Form AH-40018, is to be used with previously approved accident-only policy forms AH-40001 et al., which were approved as SERFF Tracking Number PLIS-126027253 on February 12, 2009, by Rosalind Minor.

This rider is new and does not replace any of the Company's forms currently on file with your office. Marketing will be through licensed agents and brokers to the following group policyholders: employers, professional trade organizations, labor unions, or other bona fide associations existing for at least two years and formed for purposes other than insurance.

Variable Material. Variable material is shown in brackets and will be included or omitted based on the plan design chosen by the Policyholder.

If you need any additional information, or have any questions, please feel free to contact me at Eveanne.Wood@cvstarr.com.

Sincerely,

Eveanne Wood
Manager, Compliance
(646)227-6356

## Company and Contact

**Filing Contact Information**

| | |
|---|---|
| Eveanne Wood, Manager Compliance | eveanne.wood@cvstarrco.com |
| 90 Park Avenue | 646-227-6356 [Phone] |
| 6th Floor | |
| New York, NY 10016 | |

**Filing Company Information**

| | | |
|---|---|---|
| Starr Indemnity & Liability Company | CoCode: 38318 | State of Domicile: Texas |
| 90 Park Avenue | Group Code: | Company Type: Insurance |
| 7th Floor | Group Name: | State ID Number: |
| New York, NY 10016 | FEIN Number: 75-1670124 | |
| (646) 227-6356 ext. [Phone] | | |

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## Filing Fees

| | |
|---|---|
| Fee Required? | Yes |
| Fee Amount: | $50.00 |
| Retaliatory? | Yes |
| Fee Explanation: | $50.00 x 1 Form = $50.00 |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *SILC-126831442* | *State:* | *Arkansas* |
| *Filing Company:* | *Starr Indemnity & Liability Company* | *State Tracking Number:* | *46911* |
| *Company Tracking Number:* | | | |
| *TOI:* | *H02G Group Health - Accident Only* | *Sub-TOI:* | *H02G.000 Health - Accident Only* |
| *Product Name:* | *AR - AD&D AVIATION RIDER* | | |
| *Project Name/Number:* | */* | | |

| | | | |
|---|---|---|---|
| Starr Indemnity & Liability Company | $50.00 | 09/28/2010 | 39944152 |

# Correspondence Summary

## Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Approved-Closed | Rosalind Minor | 10/07/2010 | 10/07/2010 |

# Disposition

Disposition Date: 10/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *SILC-126831442* | *State:* | *Arkansas* |
| *Filing Company:* | *Starr Indemnity & Liability Company* | *State Tracking Number:* | *46911* |
| *Company Tracking Number:* | | | |
| *TOI:* | *H02G Group Health - Accident Only* | *Sub-TOI:* | *H02G.000 Health - Accident Only* |
| *Product Name:* | *AR - AD&D AVIATION RIDER* | | |
| *Project Name/Number:* | */* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Flesch Certification | Approved-Closed | Yes |
| **Supporting Document** | Application | Approved-Closed | Yes |
| **Supporting Document** | Cover Letter | Approved-Closed | Yes |
| **Form** | Aviation Rider | Approved-Closed | Yes |

# Form Schedule

**Lead Form Number:**

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| Approved-Closed 10/07/2010 | AH-40018 | Certificate Amendment, Insert Page, Endorsement or Rider | Aviation Rider | Initial | | | AH-40018 ADD Psgr Pilot Crew Member Rider FINAL 9.pdf |

**Starr Indemnity & Liability Company**

Dallas, Texas
Administrative Office: [399 Park Avenue, 8th Floor, New York, NY 10022]

# [PASSENGER,] PILOT OR CREW MEMBER BENEFIT RIDER

| | |
|---|---|
| **POLICYHOLDER:** | **[**Policyholder Name**]** |
| **GROUP POLICY NUMBER:** | **[**1234567890**]** |
| **GROUP POLICY EFFECTIVE DATE:** | **[**MM/DD/YY**]** |
| **GROUP POLICY ANNIVERSARY DATE:** | **[**MM/DD/YY**]** |
| **STATE OF ISSUE:** | **[**State**]** |
| **EFFECTIVE DATE OF THIS RIDER:** | **[**MM/DD/YY**]** |

This [Passenger,] Pilot or Crew Member Benefit Rider is a part of the Policy and Certificate to which it is attached. It is issued in consideration of the application and the continued payment of the required premium.

## RIDER SCHEDULE OF BENEFITS

| | |
|---|---|
| Policy Age Limit: | [Under age 65]<br>[Age 65-69 if the Class III medical exam has been passed] |
| Accidental Death & Dismemberment Principal Sum: | [$1,000 - $1,000,000] |

## [PASSENGER,] PILOT OR CREW MEMBER BENEFIT

If You suffer a Loss as a result of flying or riding as a [Passenger,] Pilot (with a valid license) or Crew Member on:

(a) **[**a Policyholder Owned Aircraft**]**;
(b) **[**an aircraft owned and piloted by You (which has a valid and current airworthiness certificate issued by the FAA)**]**; [or]
(c) **[**a regularly scheduled flight on an airline owned by the Policyholder**]**,

We will pay the Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

| For Loss of: | Benefit Amount: |
|---|---|
| [Life | Principal Sum] |
| [Both Hands or Both Feet or Sight of Both Eyes | Principal Sum] |
| [One Hand and One Foot | Principal Sum] |
| [Speech and Hearing in Both Ears | Principal Sum] |
| [Either Hand or Foot and Sight of One Eye | Principal Sum] |
| [Movement of Both Upper and Lower Limbs (Quadriplegia) | Principal Sum] |
| [Movement of Both Lower Limbs (Paraplegia) | Three-Quarters of Principal Sum] |
| [Movement of Three Limbs (Triplegia) | Three-Quarters of Principal Sum] |
| [Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia) | One-Half of Principal Sum] |

[Either Hand or Foot……..One-Half of Principal Sum]
[Sight of One Eye……One-Half of Principal Sum]
[Speech or Hearing in Both Ears……..One-Half of Principal Sum]
[Movement of One Limb (Uniplegia)…….One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand …….One-Quarter of Principal Sum]

**Loss** means with regard to:

1) [hands and feet, actual severance through or above wrists or ankle joints;]
2) [sight, speech, and hearing, entire and irrecoverable loss thereof; ]
3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
4) [movement, complete and irreversible paralysis of such limbs.]]

This Benefit will be paid according to the General Provisions of the Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance.

**[Special Aviation Activity Benefit**: If You suffer a Loss of life as a result of flying or riding as a Pilot (with a valid license) or Crew Member in an aircraft owned by You or the Policyholder which has a valid and current airworthiness certificate issued by the FAA, **while that aircraft is performing (including aerobatics) at an airshow,** We will pay the [deceased] person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

**[**This Benefit includes airplane or aircraft flown outside of the United States, its protectorates, territories, and Canada.**]**

[The Special Aviation Activity Benefit is subject to the following conditions. The aircraft must not be used for:

- [Crop dusting;]
- [Spraying or seeding;]
- [Commercial advertising;]
- [Banner towing or sky writing;]
- [Fire fighting;]
- [Pipeline or power line inspection;]
- [Aerial photography or exploration;]
- [Sky diving or hang gliding;]
- [Speed racing;]
- [Endurance tests or an attempt at record setting flights;]
- [Maneuvers which are willful and intentional violation of current FAA Regulations.]
- [Any operation which requires a special permit from the FAA, even if that permit is granted, except if the permit is required solely because of the territory flown over or landed on, or for an airshow.**]]**

**Definitions**
In addition to the Definitions contained in the Policy and Certificate, the following Definitions apply to this Rider**:**

"**Passenger**" means a person traveling on an aircraft who bears no responsibility for the tasks required for that aircraft to arrive at its destination.

"**Pilot**" means a person who is licensed by the FAA to operate an aircraft in flight.

"**Crew Member**" means a person operating or serving aboard an aircraft in flight.

"**Policyholder Owned Aircraft**" means an aircraft owned by the Policyholder operating with the standard Airworthiness Certificate issued by the United States Federal Aviation Administration (FAA).

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter or extend any provisions or limitations of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy and Certificate to which it is attached.

Signed for **Starr Indemnity & Liability Company**:

[Honora M. Keane], General Counsel

[Charles H. Dangelo], President

# Supporting Document Schedules

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Flesch Certification | Approved-Closed | 10/07/2010 |

**Comments:**

See attached

**Attachment:**

Signed Readability Certification 9.22.10.pdf

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Bypassed - Item:** | Application | Approved-Closed | 10/07/2010 |
| **Bypass Reason:** | Master Application AH-40003-AR, approved 2/12/09. | Please see cover letter for approval details. | |

**Comments:**

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Cover Letter | Approved-Closed | 10/07/2010 |

**Comments:**

See attached

**Attachment:**

Cover Letter AR 9.24.10.pdf

# CERTIFICATION OF COMPLIANCE
# FOR READABILITY

I hereby certify on behalf of Starr Indemnity and Liability Company that the Flesch Scale Analysis Readability Score for the form(s) listed below exceeds the minimum Readability score requirements, and is accurate, based on the computer program used to calculate the scores:

| **Form** | |
|---|---|
| AH-40018 | Passenger, Pilot or Crew Member Benefit Rider |

Eveanne Wood

Eveanne Wood

Manager, Compliance

Title

Dated: September 22, 2010

Starr Indemnity & Liability Company

September 24, 2010

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

RE: Starr Indemnity & Liability Company
NAIC#: 38318 FEIN#: 75-1670124
H02G.000 Group Health – Accident Only
H02G.000 Health – Accident Only
Policy Form AH-40018

Dear Commissioner:

**New Submission**. This new Passenger, Pilot or Crew Member Benefit Rider, Policy Form AH-40018, is to be used with previously approved accident-only policy forms AH-40001 et al., which were approved as SERFF Tracking Number PLIS-126027253 on February 12, 2009, by Rosalind Minor.

This rider is new and does not replace any of the Company's forms currently on file with your office. Marketing will be through licensed agents and brokers to the following group policyholders: employers, professional trade organizations, labor unions, or other bona fide associations existing for at least two years and formed for purposes other than insurance.

**Variable Material**. Variable material is shown in brackets and will be included or omitted based on the plan design chosen by the Policyholder.

If you need any additional information, or have any questions, please feel free to contact me at Eveanne.Wood@cvstarr.com.

Sincerely,

Eveanne Wood
Manager, Compliance
(646)227-6356