

SERFF Tracking Number: WESA-127017298 State: Arkansas  
Filing Company: United States Fire Insurance Company State Tracking Number: 47872  
Company Tracking Number: AHE-27700-NO  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: United States Fire Insurance Company  
Project Name/Number: United States Fire Insurance Company/AHE-27700-NO

## Filing at a Glance

Company: United States Fire Insurance Company

Product Name: United States Fire Insurance SERFF Tr Num: WESA-127017298 State: Arkansas

Company

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved

State Tr Num: 47872

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: AHE-27700-NO

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Darcy Lebau, Carolyn Smart

Disposition Date: 02/07/2011

Date Submitted: 02/03/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: United States Fire Insurance Company

Status of Filing in Domicile: Not Filed

Project Number: AHE-27700-NO

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

Group Market Type: Trust

Overall Rate Impact:

Filing Status Changed: 02/07/2011

State Status Changed: 02/07/2011

Deemer Date:

Created By: Darcy Lebau

Submitted By: Darcy Lebau

Corresponding Filing Tracking Number: AHE-27700-NO

Filing Description:

February 3, 2011 via SERFF

The Honorable Jay Bradford

Commissioner of Insurance

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201

Attention: Rosalind Minor, Life & Health Division

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Re: United States Fire Insurance Company

FEIN#: 13-5459190

NAIC#: 0158-21113

Non-Occupational Coverage Rider Form # AHE-27700-NO

Dear Ms. Minor:

As per our telephone conversation earlier today, I submit for your review and approval the enclosed Non-Occupational Coverage Rider, Form # AHE-27700-NO, on behalf of United States Fire Insurance Company. A letter of authorization is enclosed.

The enclosed Rider was inadvertently not included with the Occupational Accident product filing made on November 19, 2010 under SERFF Tracking No. WESA-126907653 and approved by your Department on November 29, 2010.

The enclosed Rider may be selected at the option of the Participating Organization.

In accordance with Arkansas' filing requirements, enclosed please find:

- Letter of Authorization
- Readability Certification
- Form
- Consumer Information Notice
- Life & Health Guaranty Association Act Notice to Policyholders

I thank you in advance for the time spent on this filing. Please do not hesitate to contact me directly at 856-216-0220, x 221 or at [Darcy@Westmontlaw.com](mailto:Darcy@Westmontlaw.com) if you have any questions or require additional information.

Respectfully,

Darcy Lebau

Darcy Lebau

## **Company and Contact**

### **Filing Contact Information**

Darcy LeBau,  
25 Chestnut Street, Suite 105  
Haddonfield, NJ 08033

[darcy@westmontlaw.com](mailto:darcy@westmontlaw.com)  
856-216-0220 [Phone]

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**Filing Company Information**

(This filing was made by a third party - westmontassociatesinc)

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 Madison Avenue	Group Code: 158	Company Type:
Morristown, NJ 07960-6117	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 13-5459190	

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**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Per General Instructions, fee is \$50 per form. 1 form. \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Fire Insurance Company	\$50.00	02/03/2011	44349606

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Rosalind Minor	02/07/2011	02/07/2011

*SERFF Tracking Number:* WESA-127017298      *State:* Arkansas  
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*Product Name:* United States Fire Insurance Company  
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## **Disposition**

Disposition Date: 02/07/2011

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Letter of Authorization	Approved-Closed	Yes
Supporting Document	Consumer Information Notice	Approved-Closed	Yes
Supporting Document	Guaranty Notice	Approved-Closed	Yes
Form	NON-OCCUPATIONAL COVERAGE RIDER	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: AHE-27700-NO**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/07/2011	AHE-27700-NO	Policy/Contract	NON-Fraternal OCCUPATIONAL COVERAGE RIDER	Initial			Non-Occ Coverage Rider (2).pdf
		Certificate: Amendment, Insert Page, Endorsement or Rider					

## UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • 3<sup>rd</sup> Floor • Eatontown, NJ 07724

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### NON-OCCUPATIONAL COVERAGE RIDER

This Rider is made a part of the Policy and any Certificate to which it is attached. This Rider applies only to Accidents that occur on or after the Policy Effective Date. The Policy Effective Date is shown in the Participant's Application. If the Effective Date of this Rider is a later date then it will be in effect on that Date. The Date is shown on page two. This Rider is subject to all of the terms, limitations and exclusions of the Policy except as they are changed by it.

In return for the payment of any additional required premium, We will provide the coverage described in this Rider.

#### **Non-Occupational Accident Benefits.**(Not Applicable to Class 4 - Scheduled Laborers)

We will pay benefits for a Covered Loss as set forth below for a Non-Occupational Accident.

1. Accident Medical/Dental Expense Benefits up to a maximum benefit of [\$2,500] [\$5,000].
2. Accidental Death & Dismemberment Benefits based on a Principal Sum of [\$10,000][\$15,000].

No Disability Income Benefits are payable for a Non-Occupational Accident.

In addition to the exclusions listed in GENERAL EXCLUSIONS, no benefits are payable under this rider for any loss caused by, or contributed to by, any of the following.

1. Aggression in a fight, or commission of a crime; or
2. Hernia of any type; or
3. Cumulative Trauma, whether or not covered for Occupational Accidents; or
4. Occupational Disease, whether or not covered for Occupational Accidents.

"Non-Occupational Accident" means a sudden, unforeseen event or series of events that are not work related and result in bodily injury within [72 hours] [ 30 days] of the date of the event. We will not pay benefits unless the following conditions are met.

1. You are covered under the Policy when the accident occurs.
2. You are Under Contract with the Participant when the accident occurs.
3. You are not eligible for benefits under the Policy for an Occupational Accident.

4. Your injury is the direct result, with no other cause, of an accident.
5. Benefits are not otherwise excluded under the Policy.

Effective Date:

This rider ends at the same time as the Policy and Certificate. Nothing contained in this Rider will change, waive or extend any provision of the Policy except as stated herein.

SIGNED FOR **THE UNITED STATES FIRE INSURANCE COMPANY** BY:

Signature



Douglas M. Libby  
Chairman and CEO

Signature



James Kraus  
Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Flesch Certification is attached. <b>Attachment:</b> Occupational Accident Readability Cert Template.docv2.pdf	Approved-Closed	02/07/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A as only Rider is being submitted. <b>Comments:</b>	Approved-Closed	02/07/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Letter of Authorization <b>Comments:</b> Letter of Authorization is attached. <b>Attachment:</b> Signed authorization.pdf	Approved-Closed	02/07/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Consumer Information Notice <b>Comments:</b> Consumer Information Notice is attached. <b>Attachment:</b> CONSUMER INFORMATION NOTICE AR.pdf	Approved-Closed	02/07/2011

	<b>Item Status:</b>	<b>Status Date:</b>

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**Satisfied - Item:** Guaranty Notice Approved-Closed 02/07/2011

**Comments:**

Guaranty Association Notice is attached.

**Attachment:**

Arkansas Guaranty Association Notice.pdf

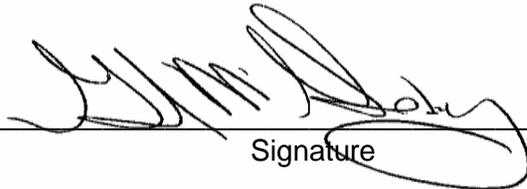
## READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a combined Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Combined Flesch Score
AH27700	Occupational Accident Policy	50.5
AHC27700	Certificate of Insurance	
AH27400-PA	Participation Agreement	
DA-27700	Application	
AH27440-ORQ	Owner/Operator Request for Insurance	
AHE-27700-DR	Dependent Coverage Rider	
AHE- 27700-CCR	Coma Benefit Rider	
AHE-27700- EER	Emergency Evacuation Benefit Rider	
AHE-27700-FBR	Felonious Assault Benefit Rider	
AHE-27700-HBR	Hemorrhoid Benefit Rider	
AHE-27700-Hernia	Hernia Benefit Rider	
AHE-27700- HJB Rider	Hijacking Benefit Rider	
AHE-27700-HAVM	Home Alteration and Vehicle Modification Benefit Rider	
AHE-27700-IHI	In-Hospital Indemnity Benefit Rider	
AHE-27700- NDB	Natural Disaster Benefit Rider	
AHE-27700-NO	Non-Occupational Coverage Rider	
AHE-27700-PE	Passenger Coverage Rider	
AHE-27700-RB	Rehabilitation Benefit Rider	
AHE-27700-SBAB	Seat Belt and Airbag Benefit Rider	
AHE-27700- TCB	Trauma Counseling Benefit Rider	

United States Fire Insurance Company

  
 \_\_\_\_\_  
 Signature

Gary M. McGeddy  
 \_\_\_\_\_  
 Printed Name

Executive Vice President  
 \_\_\_\_\_  
 Title

November 17, 2010  
 \_\_\_\_\_  
 Date



October 1, 2010

United States Fire Insurance Company  
FEIN#: 13-5459190  
NAIC#: 0158-21113

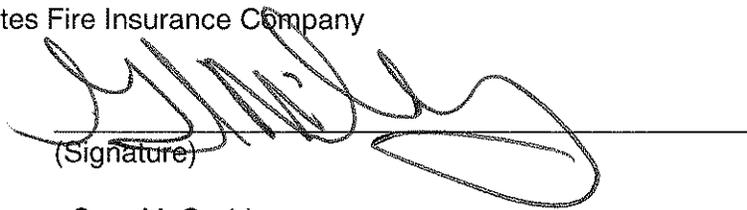
Letter of Authorization  
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Darcy Lebau and Westmont Associates are hereby authorized to file form, rate and rate filings and respond to Department of Insurance inquiries to such filings on behalf of United States Fire Insurance Company.

For: United States Fire Insurance Company

By:

A handwritten signature in black ink, appearing to read "Gary McGeddy", written over a horizontal line. Below the signature, the word "(Signature)" is printed in a smaller font.

Printed Name:

Gary McGeddy

Title:

Executive Vice President

## CONSUMER INFORMATION NOTICE

You may contact United States Fire Insurance Company at:

United States Fire Insurance Company  
5 Christopher Way  
3<sup>rd</sup> Floor  
Eatontown, NJ 07724  
1-800-232-7380

You may contact the Arkansas Insurance Department at:

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904  
1-800-852-5494 or 501-371-2640

(If applicable)

You may contact your Agent at:

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# NOTICE TO POLICYHOLDERS

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## ARKANSAS NOTICE TO POLICYHOLDERS APPENDIX "A"

### LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

#### DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
425 West Capitol Avenue, Suite 3700  
Little Rock, AR 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

# NOTICE TO POLICYHOLDERS

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## COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

# NOTICE TO POLICYHOLDERS

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## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1, 000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.