

SERFF Tracking Number: MRTN-127308024 State: Arkansas  
Filing Company: Hiscox Insurance Company Inc. State Tracking Number: 49224  
Company Tracking Number: HICI-EG-GT-10-0001  
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel  
Product Name: Entertainment - Guild Travel Accident  
Project Name/Number: Entertainment - Guild Travel Accident/HICI-EG-GT-10-0001

## Filing at a Glance

Company: Hiscox Insurance Company Inc.

Product Name: Entertainment - Guild Travel Accident SERFF Tr Num: MRTN-127308024 State: Arkansas

Accident

TOI: H19G Group Health - Travel

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49224

Sub-TOI: H19G.000 Health - Travel

Co Tr Num: HICI-EG-GT-10-0001 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Linda Rothwell, Martin &  
Company Disposition Date: 07/14/2011

Date Submitted: 07/05/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: 08/15/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: Entertainment - Guild Travel Accident

Status of Filing in Domicile: Pending

Project Number: HICI-EG-GT-10-0001

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

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 07/14/2011

State Status Changed: 07/14/2011

Deemer Date:

Created By: Linda Rothwell

Submitted By: Linda Rothwell

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review is a Filing Authorization Letter authorizing Martin & Company to submit this filing on behalf of Hiscox Insurance Company Inc. (hereinafter referred to as the company). Please direct all correspondence regarding this filing to Martin & Company.

In accordance with the regulatory provisions of your state, the company is introducing its Guild Travel Accident program. The Guild Travel Accident forms and rates provide travel accident coverage to individuals who are members of a Guild while participating in a covered production, and business travel for non-guild members.

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Included for your review and approval, in this filing or a companion filing, are rate and rule pages and policy forms and endorsements. Also included are form listings outlining the intent of each form being submitted.

The rates in this filing are not excessive, inadequate, or unfairly discriminatory.

Please be advised that some of the forms include variable information, which is contained within <brackets>. The <brackets> and xxxx are reflected as a placeholder for review purposes only. The variable information will change and does not have an impact on the coverage provided to the insured. In addition, the forms are system-generated with the company's logo and may be formatted differently due to system constraints. The content, however, will remain the same. Therefore, the forms will not be re-filed unless otherwise requested by your Department in response to this filing.

The company respectfully requests the filing be applicable to all policies effective on and after August 15, 2011, or sooner with your earlier approval.

Please do not hesitate to contact us if you have any questions or require additional information.

## Company and Contact

### Filing Contact Information

Linda Rothwell, State Filing Analyst L.Rothwell@FilingsDirect.com  
P.O. Box 70 856-848-9526 [Phone]  
Edgemont, PA 19028 856-848-9526 [FAX]

### Filing Company Information

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

Hiscox Insurance Company Inc. CoCode: 10200 State of Domicile: Illinois  
416 South 2nd Street Group Code: 4666 Company Type: P&C  
Geneva, IL 60134 Group Name: State ID Number:  
(646) 452-2360 ext. Jim[Phone] FEIN Number: 98-6000550

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## Filing Fees

SERFF Tracking Number: MRTN-127308024 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$500.00  
Retaliatory? Yes  
Fee Explanation: The company's state of domicile charges \$50.00 per form. They do not charge for a rate and/or rule submission.

10 forms x \$50.00 = \$500.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hiscox Insurance Company Inc.	\$500.00	07/05/2011	49420390

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2011	07/14/2011

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## Disposition

Disposition Date: 07/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Hiscox Insurance Company Inc.	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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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	Explanatory Memorandum/Cover Letter	Approved-Closed	Yes
Supporting Document	Hiscox - Guild Travel Accident - Forms List	Approved-Closed	Yes
Supporting Document	Hiscox - Third-Party Authorization Letter	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Calculation of Premium Endorsement	Approved-Closed	Yes
Form	Cancellation Endorsement	Approved-Closed	Yes
Form	Earlier Notice of Cancellation Provided by Us Endorsement	Approved-Closed	Yes
Form	Final Audit Endorsement	Approved-Closed	Yes
Form	Minimum Premium Endorsement	Approved-Closed	Yes
Form	Policy Changes Endorsement	Approved-Closed	Yes
Form	Resident Agency Countersignature Endorsement	Approved-Closed	Yes
Form	DECLARATIONS - Entertainment Guild Travel Policy	Approved-Closed	Yes
Form	Entertainment Guild Travel Accident Policy	Approved-Closed	Yes
Form	Guild Travel Accident Application	Approved-Closed	Yes
Rate	Commercial Entertainment Manual - Guild Travel Accident Policy - Multistate Rules & Rates	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: EGT P4702 CW (8-10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2011	ENT E4017	Policy/Cont	Calculation of ract/Fratern Premium Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43.200	ENT E4017 CW (08-10) Calculation of Premium Endorsement. pdf
Approved-Closed 07/14/2011	ENT E4018	Policy/Cont	Cancellation ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45.500	ENT E4018 CW 08-10 Cancellation Endorsement. pdf
Approved-Closed 07/14/2011	ENT E4019	Policy/Cont	Earlier Notice of ract/Fratern Cancellation al Provided by Us Certificate: Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.800	ENT E4019 CW 08-10 Earlier Notice of Cancellation Provided by Us.pdf
Approved-Closed 07/14/2011	ENT E4020	Policy/Cont	Final Audit ract/Fratern Endorsement al Certificate:	Initial		46.700	ENT E4020 CW 08-10 Final Audit Endorsement.

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	Amendmen t, Insert Page, Endorseme nt or Rider			pdf
Approved- Closed 07/14/2011	ENT E4021 Policy/Cont CW (08-10) ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44.500	ENT E4021 CW 08-10 Minimum Premium Endorsement. pdf
Approved- Closed 07/14/2011	ENT E4022 Policy/Cont CW (08-10) ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	69.100	ENT E4022 CW 08-10 Policy Change Endorsement. pdf
Approved- Closed 07/14/2011	ENT E4027 Policy/Cont CW (08-10) ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	41.400	ENT E4027 CW 08-10 Resident Agent Countersignat ure Endorsement. pdf
Approved- Closed 07/14/2011	EGT D4701 Data/Declar CW (8-10) ation Pages Travel Policy	Initial	61.100	EGT D4701 CW (8-10) DECLARATI ONS Entertainment Guild Travel

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Approved- EGT P4702	Policy/Cont Entertainment Guild Initial	52.900	Policy.pdf
Closed CW (8-10)	ract/Fratern Travel Accident		EGT P4702
07/14/2011	al Policy		CW (8-10)
	Certificate:		Entertainment
	Amendmen		Guild Travel
	t, Insert		Accident
	Page,		Policy.pdf
	Endorseme		
	nt or Rider		
Approved- EGT A4703	Application/Guild Travel AccidentInitial	59.100	EGT A4703
Closed CW (08-10)	Enrollment Application		CW_08-10_
07/14/2011	Form		Guild Travel
			Application.pdf



**Calculation of Premium Endorsement**

In consideration of the premium charged as stated below and on the understanding that this endorsement leaves all other terms, conditions and exclusions unchanged, it is agreed that the Premium stated in the Declarations is amended as follows:

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The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

The title of this endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.



**Cancellation Endorsement**

In consideration of the premium charged as stated below and on the understanding that this endorsement leaves all other terms, conditions and exclusions unchanged, it is agreed that the Premium stated in the Declarations is amended as follows:

---

It is agreed that coverage is cancelled for Coverages Sections stated above as follows:

Cancellation Effective Date:<XX / XX / XXXX.> Policy Period: <xx / xx / xxxx > to < xx / xx / xxxx>

- <add content>

The title of this endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.



**Earlier Notice of Cancellation Provided by Us Endorsement**

In consideration of the premium charged and on the understanding that all other terms, conditions and exclusions remain unchanged, it is agreed that this endorsement modifies only the terms and conditions of the Entertainment Policy Jacket:

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**SCHEDULE**

Number of Days' Notice \_\_\_\_\_

For any statutorily permitted reason other than non-payment of premium. The number of days required for Notice of Cancellation as provided in the Entertainment Policy Jacket or as amended by the applicable state cancellation endorsement, is increased to the number of days shown on the Schedule above.

The title of the endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.



**Final Audit Endorsement**

In consideration of the premium charged as stated below and on the understanding that this endorsement leaves all other terms, conditions and exclusions unchanged, it is agreed that the Premium stated in the Declarations is amended as follows:

---

As a result of an audit, the final premium for Coverages Sections stated above is calculated as follows:

Final Premium            <\$ xxx,xxx.>            Policy Period: <xx / xx / xxxx > to < xx / xx / xxxx>

- <add content>

The title of this endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.



**Minimum Premium Endorsement**

In consideration of the premium charged and on the understanding that all other terms, conditions and exclusions remain unchanged, it is agreed that this endorsement modifies only the terms and conditions of the Coverage Section(s) listed below:

---

It is agreed the changes stated below apply to the Coverage Sections listed above:

- <add content>

The title of this endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.



**Policy Change Endorsement**

In consideration of the additional premium charged as stated below and on the understanding that all other terms, conditions and exclusions remain unchanged, it is agreed that this endorsement modifies only the terms and conditions of the Coverage Section(s) listed below:

---

Additional Premium            <\$ XX,XXX,XXX.>

It is agreed the changes stated below amend the above-referenced Coverage Sections.

<This field needs to be able to handle data that will spread over multiple pages>

The title this endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.



**Resident Agency Countersignature Endorsement**

STATE	PREMIUM
< State >	\$ < XXX,XXX.>
< State >	\$ < XXX,XXX.>
< State >	\$ < XXX,XXX.>
< State >	\$ < XXX,XXX.>
< State >	\$ < XXX,XXX.>
< State >	\$ < XXX,XXX.>
< State >	\$ < XXX,XXX.>
< State >	\$ < XXX,XXX.>

The signature shown on this endorsement complies with the countersignature laws and regulations for the State shown.

Date of Countersignature \_\_\_\_\_  
(Month, Day and Year)

\_\_\_\_\_  
Licensed Resident Agent

The title of the endorsement is solely for ease of reference and forms no part of the terms and conditions of coverage.



**DECLARATIONS –  
Entertainment Guild Travel Policy**

**Hiscox Insurance Company Inc. (A Stock Company)**  
233 North Michigan Avenue, Suite 1840, Chicago, Illinois 60601

**Policy Number: US XXX XXxxxx.XX**

In return for the payment of the premium, and subject to all the terms of the Policy, we agree with you to provide the Insurance as stated in the Policy. The Policy consists of the Coverage Section for which a premium is indicated under III. Policy Premium Details. This premium may be subject to adjustment.

**I. GENERAL DETAILS**

<b>Insurance Company</b>	Hiscox Insurance Company Inc.
<b>Insured's Broker</b>	<i>Broker Name</i> <i>Broker Address</i> <i>Broker Address 2</i> <i>Broker City, State, Zip</i> <i>Broker Number</i>
<b>Payment Type</b>	Agency Bill
<b>Policy Premium</b>	\$ x,xxx,xxx.xx
<b>Taxes and Fees</b>	\$ x,xxx.xx

**II. INSURED DETAILS**

<b>Insured</b>	XX
<b>Insured's Contact Address</b>	XX XX State xxxxx-xxxx
<b>Policy Period</b>	xx/xx/xx to xx/xx/xx At 12:01 am (Standard Time)

**III. POLICY PREMIUM DETAILS**

	<u>Policy Premium</u>	<u>Commission %</u>
<b>Guild Travel Accident</b>		
<b>Premium</b>	\$ x,xxx,xxx.xx	xx%
<b>Minimum Premium</b>	\$ xxx,xxx.xx	
<b>Deposit Premium</b>	\$ xxx,xxx.xx	



**DECLARATIONS –  
Entertainment Guild Travel Policy**

**Hiscox Insurance Company Inc. (A Stock Company)**  
233 North Michigan Avenue, Suite 1840, Chicago, Illinois 60601

**Policy Number: US XXX XXxxxx.XX**

**IV. COVERAGE DETAILS**

**Policy Wording**

**Entertainment Guild Travel Accident Policy**

**ENDORSEMENTS – Applicable to Entertainment Guild Travel Accident Policy**

- 1. XXXXXXXXXXXXXXXXXXXX
  - 2. XXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXX

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.

President

Secretary

Authorized Representative

xx/xx/xx

Date



# Entertainment Guild Travel Accident Policy

Policy wording

## ABOUT THE POLICY

Please read this entire Policy carefully as it is important that **you** understand the full extent of **your**, and **our**, rights and duties under this Policy. All words and phrases that appear in bold type (except headings) have special meanings and are defined under VIII. DEFINITIONS of this Policy.

**We** will pay on **your** behalf the benefit amount due as a result of a **loss** that falls within I. WHAT IS COVERED of this Policy. The amount **we** will pay is set forth under II. HOW MUCH WE WILL PAY of this Policy, but **we** will not make any payment in connection with any **loss** unless **we** are notified in accordance with VI. YOUR OBLIGATIONS of this Policy, the premium has been paid to **us**, and **you**, and any **covered person**, are in compliance with all of the terms and conditions of this Policy. **We** will not make any payment that is excluded by IV . WHAT IS NOT COVERED of this Policy.

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## WHAT IS COVERED

Accidental Death and Dismemberment

**We** will pay the applicable benefit amount set forth under II. HOW MUCH WE WILL PAY, of this Policy if a **covered person** suffers a **loss** due to an **accident**, resulting from an insured **hazard**. The **loss** must occur within one (1) year after such **accident**.

Business Travel

**We** will pay the applicable benefit set forth under II. HOW MUCH WE WILL PAY of this Policy, if a **covered person** suffers a **loss** while engaged in **business travel**.

Temporary Total Disability for Class I Covered Persons

**We** will pay the **weekly benefit amount** set forth under II. HOW MUCH WE WILL PAY, of this Policy after the **elimination period** if a **class 1 covered person** suffers **temporary total disability** as the result of **accidental bodily injury**, resulting from an insured **hazard**. The **weekly benefit amount** will be paid in addition to any other applicable benefit amounts under this Policy. The **weekly benefit amount** will be paid until the earliest of the date on which:

- A. the **covered person** dies;
- B. **we** determine that the **covered person** has failed to provide **us** with satisfactory evidence of continuing **temporary total disability**;
- C. the **covered person** no longer has a **temporary total disability**; or
- D. the maximum benefit period set forth under II. HOW MUCH WE WILL PAY of this Policy has ended.

Periods of **temporary total disability** separated by less than fourteen (14) consecutive days during which the **covered person** is able to work will be considered one period of **temporary total disability**, unless such periods are due to different and unrelated causes, in which event no additional **elimination period** will be applied. However, the maximum benefit period, including but not limited to the **weekly benefit amount** for **temporary total disability**, set forth under II. HOW MUCH WE WILL PAY of this Policy, will be reduced by the number of weeks for which benefits have previously been paid.



# Entertainment Guild Travel Accident Policy

Policy wording

Disappearance

If a **covered person** disappears as a result of the stranding, sinking, wrecking or disappearance of any **conveyance** in which the **covered person** was an occupant at the time of an **accident**, and while engaged in an insured **hazard**, it will be presumed that such **covered person** has suffered **loss of life** insured under this Policy, if such **covered person** has not been found within one (1) year of such **accident**.

Exposure

If an **accident** resulting from an insured **hazard** causes a **covered person** to be unavoidably exposed to the elements and as a result of such exposure a **covered person** suffers a **loss**, then **we** will pay the applicable benefit set forth under II. HOW MUCH WE WILL PAY of this Policy.

## II. HOW MUCH WE WILL PAY

### A. Principal Sum:

The following are the applicable **principal sums** for each class of **covered persons**:

Class	Hazard	Principal Sum
<b>Class 1 covered persons</b>	<b>Guild Activity, Including Hazardous Guild Activity and Business Travel</b>	The specified <b>principal sum</b> which the <b>insured</b> is required to provide for the <b>hazard</b> insured against as specified in the <b>collective bargaining agreement</b> under which the <b>covered person</b> is covered at the time of the <b>accident</b> , subject to a maximum of \$1,000,000.
<b>Class 2 covered persons</b>	<b>Business Travel</b>	\$200,000

### B. Accidental Death and Dismemberment Benefits—All Covered Persons:

The following benefit amounts are payable to all **covered persons** for the **hazard** for which they are insured. The covered **losses** insured and the corresponding benefit amounts are expressed as a percentage of the **principal sum**:

LOSS	BENEFIT AMOUNT (as a percentage of principal sum)
<b>Loss of Life</b>	100%
<b>Loss of Speech and Loss of Hearing</b>	100%
<b>Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of</b>	100%



## Entertainment Guild Travel Accident Policy

Policy wording

<b>One Eye</b>	
<b>Loss of Hearing</b> and one of <b>Loss of Hand, Loss of Foot</b> or <b>Loss of Sight of One Eye</b>	100%
<b>Loss of Hands</b> (both), <b>Loss of Feet</b> (both), <b>Loss of Sight</b> or a combination of any two of <b>Loss of Hand, Loss of Foot</b> or <b>Loss of Sight of One Eye</b>	100%
<b>Loss of Hand, Loss of Foot</b> or <b>Loss of Sight of One Eye</b> (Any one of each)	50%
<b>Loss of Speech</b> or <b>Loss of Hearing</b>	50%
<b>Loss of thumb and Index Finger</b> of the same hand	25%

Maximum Payment for Multiple Losses and Multiple Benefits

Payment of any benefit amount will reduce the **principal sum**. If a **covered person** suffers multiple covered **losses** as the result of a single **accident**, then **we** will only pay the single largest benefit amount applicable to all such covered **losses**.

In the event, the combined total of the **principal sum** payable under this Policy, and the **principal sum** paid under any other group accidental death and dismemberment policy issued to a payroll service company, exceeds the **principal sum** specified in the **collective bargaining agreement** that is applicable to the **covered person**, then the **principal sum** payable under this policy will be prorated with the **principal sum** paid under such other policy such that the aggregate amount payable will not exceed the **principal sum** payable under such applicable **collective bargaining agreement**.

Temporary Total Disability for Class 1 Covered Persons

The **weekly benefit amount** for **Class 1 covered persons**, which the Insured is required to provide for the **hazard** insured against as specified in the applicable **collective bargaining agreement**, is as follows:

Maximum Benefit Period                      52 weeks

**Elimination period**                              30 days

This benefit amount is not subject to Maximum Payment for Multiple Losses and Multiple Benefits above.

Per Accident Aggregate

The most **we** will pay in connection with a single **accident** is \$10,000,000 regardless of the number of **covered persons** that suffer **losses** in the **accident**. In the event that the sum of all benefit amounts that would otherwise be payable is in excess of this amount, then **we** will pay to each **covered person** a prorated amount based on each applicable benefit amount.

Beneficiary Payment

The benefit amount for covered **loss of life** will be paid to the beneficiary designated by a **covered person**. If a **covered person** has not designated a beneficiary or lacks the legal capacity to designate a beneficiary, or if a designated beneficiary is not alive when the **covered person** dies, then **we** will pay the benefit amount for **loss of life** to the first surviving party in the following order:



## Entertainment Guild Travel Accident Policy

Policy wording

1. the **covered person's spouse**;
2. in equal shares to the **covered person's** surviving children;
3. in equal shares to the **covered person's** surviving parents;
4. in equal shares to the **covered person's** surviving brothers and sisters;
5. the **covered person's** estate.

All other benefit amounts are paid to the **covered person**, unless otherwise directed by a **covered person** or a **covered person's** designee.

If any beneficiary has not reached the legal age of majority, then **we** will pay such beneficiary's legal guardian.

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### III. WHAT IS NOT COVERED

**We** will not pay for any **loss** caused by or resulting from:

Aircraft Pilot or Crew

any **accident, accidental bodily injury or loss** directly or indirectly caused by or resulting from a **covered person** flying in, entering, or exiting any aircraft while acting or training as a pilot or crew member. However, this does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.

Disease or Illness

any **accident, accidental bodily injury or loss** directly or indirectly caused by or resulting from a **covered person's** emotional trauma, mental or physical illness or disease, including, without limitation, bacterial or viral infection, pregnancy, childbirth or miscarriage, bodily malfunctions or medical or surgical treatment thereof.

Incarceration

any **accident, accidental bodily injury or loss** occurring while a **covered person** is incarcerated in any jail or prison after arrest for or conviction of any crime.

Service in the Armed Forces

any **accident, accidental bodily injury or loss** occurring while a **covered person** is participating in military action while in active military service with the armed forces of any country or established international authority. However, this does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established international authority.

Suicide or Intentional Injury

any **accident, accidental bodily injury or loss** directly or indirectly caused by or resulting from a **covered person's** suicide, attempted suicide or intentionally self-inflicted injury.

War

any **accident, accidental bodily injury or loss** directly or indirectly caused by or resulting from a declared or undeclared **war**.

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### IV. SPECIAL CONDITIONS



## Entertainment Guild Travel Accident Policy

### Policy wording

Changes	This Policy can only be changed by a written endorsement signed by <b>us</b> or <b>our</b> authorized representatives that becomes a part of this Policy.
Coverage Territory	Anywhere in the world except where we are legally prohibited from providing Insurance.
When Coverage Applies	<p>The <b>covered person</b> is covered under this Policy from the latest of the:</p> <ul style="list-style-type: none"><li>A effective date of this Policy; .</li><li>B date upon which the premium for the <b>covered person</b> has been paid to <b>us</b>; or .</li><li>C date the <b>covered person</b> becomes eligible for coverage under the terms of this Policy.</li></ul> <p>The <b>covered person's</b> coverage under this insurance shall cease upon the earliest of the:</p> <ul style="list-style-type: none"><li>A date this Policy expires or is cancelled; .</li><li>B end of the period for which the premium has been paid; or .</li><li>C date the <b>covered person</b> ceases to participate in the <b>covered activity</b> for <b>you</b>. .</li></ul>
Claim Payment	<p>For <b>temporary total disability</b>, <b>we</b> will pay the <b>covered person</b> the applicable benefit amount no less frequently than monthly during the period of disability. All payments by <b>us</b> are subject to receipt of a completed <b>proof of loss</b>.</p> <p>For all benefits payable under this Policy, except those for <b>temporary total disability</b>, <b>we</b> will pay the <b>covered person</b> or beneficiary the applicable benefit amount within sixty (60) days after <b>we</b> receive a completed <b>proof of loss</b>, provided the <b>covered person</b>, the insured and the beneficiary, where applicable, have complied with all of Your Obligations Under this Policy.</p>
Beneficiary Designation	<p>A <b>covered person</b> has the sole right to designate a beneficiary for himself or herself and for any dependent child who is a minor. All beneficiary designations must be:</p> <ul style="list-style-type: none"><li>A in writing and signed by the applicable <b>covered person</b>; .</li><li>B kept on file by <b>you</b>; and .</li><li>C provided to <b>us</b> at the time of claim or at all such other times as <b>we</b> may require.</li></ul>



## Entertainment Guild Travel Accident Policy

Policy wording

	<p><b>We</b> do not assume any responsibility for the validity of any such beneficiary designation.</p>
Beneficiary Change	<p>Only the <b>covered person</b>, unless there is an irrevocable assignment, has the right to change the beneficiary except as set forth above. The <b>covered person</b> does not need the consent of anyone to do so. All beneficiary changes must be:</p> <ul style="list-style-type: none"><li>A in writing and signed by the applicable <b>covered person</b>;</li><li>.</li><li>B kept on file by <b>you</b>; and</li><li>.</li><li>C provided to <b>us</b> at the time of claim or at all such other times as <b>we</b> may</li><li>. require.</li></ul> <p><b>We</b> do not assume any responsibility for the validity of any such beneficiary change.</p>
Cancellation and Non Renewal	<p><b>You</b> may cancel this Policy, or any of its specific benefits, by sending <b>us</b> written notice stating when such cancellation is to take effect. The effective date of such cancellation may not be earlier than the date the notice is postmarked or transmitted.</p> <p><b>We</b> may cancel this Policy, or any of its specific benefits, if <b>you</b> do not pay the premium by the premium due date. <b>We</b> will send written notice to <b>you</b> stating the effective date of cancellation, which will be no earlier than 30 days after the premium due date.</p> <p><b>We</b> may also cancel this Policy, or any of its specific benefits, for reasons other than non-payment of premium, by sending written notice to <b>you</b>, stating when the cancellation will take effect.</p> <p><b>We</b> may non-renew this Policy by sending written notice at least 45 days before the expiration date of the Policy stated on the Declarations page.</p> <p><b>You</b> are required to immediately provide notice of cancellation or non-renewal to all <b>covered persons</b>.</p> <p>Provided no claims have been made against this Policy, if this Policy is cancelled <b>we</b> will send <b>you</b>, as soon as practicable, any unearned premium which will be calculated in accordance with the customary prorated table.</p>
Eligibility	<p>A person is covered under this Policy if such person is a <b>covered person</b> during the policy period and the required premium for such person has been paid.</p>

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## V. YOUR OBLIGATIONS

Claim Notice and Proof of Loss	<p>Written notification and written <b>proof of loss</b> must be given to <b>us</b>, or any of <b>our</b> appointed agents, as soon as reasonably practicable but in no event later than twenty (20) days after any <b>loss</b> covered by this Policy. and must</p>
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## Entertainment Guild Travel Accident Policy

Policy wording

set forth the identity of the **covered person** and the Insured and information detailing the cause of and nature of the **loss**.

For claims involving **temporary total disability**, **proof of loss** must be given to **us** immediately but, in any event, no later than thirty (30) days after commencement of the disability. Written proof of the continuance of such disability must be given to **us** often as **we** reasonably require.

Failure to give complete **proof of loss** within these time frames will not invalidate or reduce any otherwise valid claim if notification is given to **us** as soon as practicable, and in no event later than one (1) year after the deadline to submit complete **proof of loss**.

For all claims, except those involving disability, **proof of loss** must be given to **us** as soon as practicable but within ninety (90) days after the date of **loss**.

### Cooperation

**You** and all **covered persons** and beneficiaries, shall provide **us** with full, timely and accurate information and evidence about any claim that **you** contend falls within the coverage afforded by this Policy and cooperate fully in the investigation and adjustment of any claim including, but not limited to, timely submittal of all medical and other reports, and full cooperation with all physical examinations and autopsies that **we** may require.

If **we** are sued in connection with a claim under this Policy, **you**, a **covered person** or beneficiary, where applicable, must fully cooperate with **us** in the defense of such suit. **You** must not, except at **your** own cost, incur any expenses or voluntarily make any payment, except first aid costs. Nor shall **you**, without **our** prior written agreement, offer to settle or admit liability.

### Examination of your Books and Records and Examination Under Oath

As often as **we** reasonably require, **you** will permit **us** to examine **your** books, records and documents including those of **your** agents or brokers, in connection with any claim under this Policy at any time up to three years after the claim is made.

**You**, a **covered person** or beneficiary, as applicable, shall permit **us** to examine **you** under oath, outside the presence of any other insured, **covered person** or beneficiary, at such times and places as **we** reasonably require, about any matters relating to this insurance, the claim or the **loss**. In the event of an examination, the examinee's answers must be signed. To the extent it is within **your** power to do so, **you** shall also cause other persons who have information about the insurance, the claim or the **loss** to submit to examinations under oath.

**We** may also require **you**, a **covered person** or beneficiary, where applicable, to provide a signed statement regarding the circumstances surrounding the loss and their interest in the loss.

No such examination of books, records or documents or examination under oath, nor any other act by **us** or any of **our** employees or representatives in connection with the investigation of any **loss** or claim hereunder, shall be deemed a waiver of any defense which **we** might otherwise have with respect to any **loss** or claim, and all such examinations and acts shall be deemed to have been made or done without prejudice to **our** rights.

### Your Representations

**You** and all **covered persons** and beneficiaries, agree that all representations (whether oral or written) made by **you** or on **your** behalf in connection with the application for this Policy are true, accurate, and not misleading, were relied upon by **us** and were material to **our** decision to



## Entertainment Guild Travel Accident Policy

### Policy wording

issue this Policy. If **we** determine that such representations or submitted materials were untrue, inaccurate, or misleading, in any material respect, then **we** are entitled to rescind this Policy and treat it as if it had never existed.

## VI. Policy Conditions

### Arbitration

All disputes between **us**, **you**, a **covered person**, or in the event of **loss of life**, a **covered person's** beneficiary, arising out of or relating to this Policy, whether in contract, tort or otherwise, including, without limitation, its construction, application or validity, or any breach of this Policy by any party shall be resolved only through binding arbitration.

**We** and **you** agree that any dispute arising out of or relating to this Policy, including without limitation its construction, application or validity, or any breach of this Policy by any party, shall be resolved only through binding arbitration.

Within ten days after an arbitration demand is made, the parties shall agree on a single arbitrator who shall have entertainment industry experience. Should the parties be unable to agree on an arbitrator, any party may seek an order of either the Superior Court in Los Angeles County, California or the Supreme Court in New York County, New York, appointing an arbitrator.

The arbitration shall be conducted in accordance with the commercial arbitration rules of the American Arbitration Association ("AAA") in effect at the time of the dispute, as amended by this Policy.

The parties shall be entitled to conduct reasonable discovery, including one set of interrogatories, requests for admissions and requests for production of documents and up to six depositions per party, and they shall be entitled to subpoena documents and compel the attendance of witness at depositions.

### Benefit Assignment

A **covered person** may assign benefit amounts other than those for **loss of life**. The assignment must be in writing, signed by the **covered person**, on file with **you** and provided to **us** at the time of claim. **We** do not assume responsibility for the validity of any assignment.

### Legal Actions Against Us

No action on this Policy may be brought against **us** until sixty (60) days after written **proof of loss** has been submitted to **us**. Legal action by anyone, including, without limitation, **you**, a **covered person** or a beneficiary, may be brought against **us** only under the Arbitration provision above. No action may be brought against **us** unless the person(s) bringing the action has complied with all of the provisions of this Policy and the action is started within one (1) year after the **accident** causing the loss.

If the law where this Policy is issued makes this time limit void, then an action must be started within the shortest time permitted by law. In no event will **we** be liable for benefits that are not payable under the terms of this policy or that exceed the applicable benefit amounts or limits of insurance of this Policy.

### Liberalization Clause

If **we** adopt any changes during the policy period which broaden this insurance without an additional premium charge, the **covered person** will automatically receive the benefit of the broadened insurance.

### Non-conformity to Statutes

Any terms of this Policy which may conflict with applicable statutes (or statutes deemed applicable by a court of competent jurisdiction) are amended



## Entertainment Guild Travel Accident Policy

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to conform with the minimum requirements of such statutes.

This Policy does not apply to the extent that any trade or economic sanctions, or other laws or regulations, prohibit **us** from providing insurance, including, but not limited to, the payment of any claim.

Physical Examination and Autopsy

**We** have the right to have a **covered person** examined by a **physician** approved by **us**, as often as **we** reasonably require. **We** may also have an autopsy performed by a **physician**, unless prohibited by law. All such examinations or autopsies will be performed at **our** expense.

---

### VII. Definitions

All phrases and words that appear in bold type in this policy (excluding headings), either in singular or plural form, have the meaning that is given to them below:

#### **Accident or Accidental**

means a sudden, unforeseen, and unexpected event which:

A happens by chance;

.

B is not intentionally caused by a **covered person**;

.

C is not the result of illness, disease or other bodily malfunction or medical or surgical treatment

.

D occurs while the Policy is in force and while the **covered person** is insured under it; and

.

E is the direct cause of **loss**.

.

#### **Accidental Bodily Injury**

means physical bodily injury which is **accidental**. However, it does not mean a repetitive motion injury.

#### **Business Travel**

means travel at any time of day or night, by a **covered person**, who is:

A away from such **covered person's** residence and regular place of employment, at the authorization or direction of the insured; and

.

B while on the insured's business.

.

**Business Travel** includes **commuting** and **personal excursion**. Coverage begins at the actual start of **business travel** or **relocation travel** whether the point of origin is from the **covered person's** residence or regular place of employment, whichever occurs last, and ends immediately upon return to the **covered person's** residence or regular place of employment, whichever occurs first.

**Class 1 Covered Person** means **your** employees:



## Entertainment Guild Travel Accident Policy

### Policy wording

- A who have been assigned or loaned to **you** through a **guild**, trade association or labor union;
- B whose term of employment is covered and specified by a **collective bargaining agreement** with the representative **guild**, trade association, or labor union; and
- C for whom **you** have a contractual obligation to provide accident insurance under the terms of a **collective bargaining agreement**.

**Class 2 Covered Person** All of **your** employees that do not otherwise meet the qualifications of a **class 1 covered person**.

**Collective Bargaining Agreement** means an agreement governing a **guild** member's participation in **your** activities, under which **you** have a contractual obligation to provide insurance for a **covered person** in his or her capacity as a **guild** member.

**Commuting** means travel between a **covered person's** residence and regular place of employment.

**Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.

**Covered Person** means a **Class 1 covered person** or a **Class 2 covered person**, as applicable. If a **covered person** is eligible for coverage as both a **Class 1 covered person** and a **Class 2 covered person** then such **covered person** will only be covered under the class which provides the **covered person** the largest benefit amount for the **loss**.

Any new person who meets the criteria for the class(es) described above, will be covered automatically.

**Covered Activity** means **hazardous guild activity, guild activity, and business travel**.

**Elimination Period** means the consecutive amount of time, shown in I. WHAT IS COVERED of this Policy, that must elapse before a benefit amount becomes payable. The **elimination period** begins on the first day of a **covered person's loss**. Benefit amounts are not payable, nor do they accrue, during an **elimination period**.

**Guild** means a:

A society or fraternity of persons employed in the same trade or craft, formed for the mutual benefit and protection of its members, who pay a fee for its general expenses; or

B group sharing a common vocation who unite to regulate the affairs of their trade or craft in order to protect and promote their common vocation.

**Guild Activity** means any occupationally related service, covered by a **collective bargaining agreement**, rendered by a **covered person**, in his or her capacity as a **guild** member, at **your** direction.



## Entertainment Guild Travel Accident Policy

### Policy wording

#### Hazard

The following are the hazards for which coverage applies:

A **Class 1 covered** 1. **hazardous guild activity**  
· **persons**

2. **guild activity**

B **Class 2 covered** **Business travel**  
· **persons**

#### Hazardous Guild Activity

means any occupationally related activity, which is described as hazardous in a **collective bargaining agreement**, engaged in by a **covered person** while:

A the **covered person** is engaged in such activity at the direction and under  
· the control of **you**;

B the **covered person** is being compensated by or on behalf of **you**; and  
·

C the **covered person** is a **guild** member.  
·

This does not apply to **accidents** occurring while **commuting**.

#### Loss

means the:

A. **loss of foot**;

B. **loss of hand**;

C. **loss of hearing**;

D. **loss of life**;

E. **loss of sight**;

F. **loss of sight of one eye**;

G. **loss of speech**;

H. **loss of thumb and index finger**

occurring within one (1) year after the **accident**.

#### Loss of Foot

means the complete severance of a foot through or above the ankle joint. **We** will consider such severance a **loss of foot** even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then **we** will not pay an additional benefit amount for such amputation.

#### Loss of Hand

means complete severance, as determined by a **physician**, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. **We** will consider such severance a **loss of hand** even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary,



## Entertainment Guild Travel Accident Policy

### Policy wording

then **we** will not pay an additional benefit amount for such amputation.

<b>Loss of Hearing</b>	means permanent, irrecoverable and total deafness, as determined by a <b>physician</b> , with an auditory threshold of more than 90 decibels in each ear, if the deafness cannot be corrected by any aid or device, as determined by a <b>physician</b> .
<b>Loss of Life</b>	means death, including clinical death, as determined by the local governing medical authority where such death occurs within 1 year after an <b>accident</b> .
<b>Loss of Sight</b>	means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a <b>physician</b> .
<b>Loss of Sight of One Eye</b>	means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a <b>physician</b> .
<b>Loss of Speech</b>	means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a <b>physician</b> .
<b>Loss of Thumb and Index Finger</b>	means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a <b>physician</b> . <b>We</b> will consider such severance of <b>loss of thumb and index finger</b> even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then <b>we</b> will not pay an additional benefit amount for such amputation.
<b>Personal Excursion</b>	means travel or activities that are unrelated to <b>your</b> business and which take place away from a <b>covered person's</b> residence or regular place of employment. Such travel or activities must coincide with the <b>covered person's business travel</b> or <b>relocation travel</b> . <b>Personal excursion</b> is limited to any consecutive 3 day period immediately prior to, during or immediately following such <b>business travel</b> or <b>relocation travel</b> .
<b>Physician</b>	means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include:  A a <b>covered person</b> ; .  B an <b>immediate family member</b> . .
<b>Principal Sum</b>	means the benefit amount of insurance appearing in II. HOW MUCH WE WILL PAY of this Policy.
<b>Proof of Loss</b>	means written evidence acceptable to <b>us</b> that an <b>accident, accidental bodily injury</b> or <b>loss</b> has occurred.
<b>Relocation Travel</b>	means travel by a <b>covered person</b> , between such <b>covered person's</b> old and new regular places of employment or residence as part of a <b>relocation</b> .



## Entertainment Guild Travel Accident Policy

Policy wording

<b>Relocation</b>	means the transfer of a <b>covered person</b> , at <b>your</b> authorization, direction and expense, from the <b>covered person's</b> current regular place of employment with <b>you</b> to a new regular place of employment with <b>you</b> that is more than fifty (50) miles from such current place of employment.
<b>Spouse</b>	means a <b>covered person's</b> husband or wife or who is recognized as such by laws of the jurisdiction in which the <b>covered person</b> resides.
<b>Temporary Total Disability and Temporarily Totally Disabled</b>	means <b>accidental bodily injury</b> that solely and directly:  A prevents a <b>covered person</b> from performing all the substantial and material duties of such <b>covered person's</b> regular occupation, or with respect to a <b>covered person</b> who is unemployed, prevents such <b>covered person</b> from engaging in the normal and customary activities of a person of like age and sex in good health;  B causes a condition which is medically determined, by a <b>physician</b> , to be continuous; and  C requires the continuous care of a <b>physician</b> .
<b>War</b>	means:  A hostilities following a formal declaration of <b>war</b> by a governmental authority;  B in the absence of a formal declaration of <b>war</b> by a governmental authority armed, open and continuous hostilities between two countries; or  C armed, open and continuous hostilities between two factions, each in control of territory, or claiming jurisdiction over the geographic area of hostility.
<b>Weekly Benefit Amount</b>	means the applicable benefit for <b>temporary total disability</b> stated in II. HOW MUCH WE WILL PAY of this Policy.
<b>You, Your</b>	means the insured stated on the Declarations Page of this Policy. It also means, any and all other corporations, companies, firms, enterprises or entities which are subsidiaries or affiliated or associated with, or owned, controlled or actively managed by any of the insureds listed, their subsidiaries or affiliates, now existing or which are formed or acquired during the Policy Period.
<b>We, Us and Our</b>	means insurer listed in the Declarations.



# GUILD TRAVEL ACCIDENT APPLICATION

## General Information

Applicants Name /Production Entity \_\_\_\_\_

Applicants Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applicant is: Corporation:  Partnership:  Individual

Type of Business: \_\_\_\_\_

President: \_\_\_\_\_ Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Has Producer had any Guild Travel Insurance Declined in the Last 5 years: Yes:  No:  If Yes, please list Insurance Carrier and why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any Losses Producer has had over \$10,000 in the last 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Producers Prior Productions:	Titles:	Insurance Carrier:
	_____	_____
	_____	_____
	_____	_____

Policy holder Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Policy Term: \_\_\_\_\_ Form: \_\_\_\_\_ To: \_\_\_\_\_

## Production Information

The Production Is: Feature  MOW  Mini Series   
Series  Pilot / Special  Animation   
If Series # of Episodes: \_\_\_\_\_ Length of Episodes: \_\_\_\_\_  
Strip  # of Weeks: \_\_\_\_\_ Length of Episodes: \_\_\_\_\_  
Number of episodes per week: \_\_\_\_\_ Other:  \_\_\_\_\_

Title \_\_\_\_\_



**GUILD TRAVEL ACCIDENT APPLICATION**

Start Date of Principal Photography: \_\_\_\_\_

End Date of Principal Photography: \_\_\_\_\_

Filming Locations including length of time at each location: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please describe any special stunts or hazardous activities:


Please describe any aircraft/helicopter/watercraft work:


Please describe any underwater filming:


**Coverage Information**

Guilds – Please check each applicable Guild to which the Producer is signatory and advise the number of members for each Guild

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<b>Applicable</b>	<b>Number of Members</b>	<b>Guilds</b>
		Screen Actors Guild (SAG)
		Screen Extras Guild (SEG)
		Directors Guild of America (DGA)
		Writers Guild of America (WGA)
		Industrial Alliance of Theatrical and Stage Employees (IATSE)
		Producers Guild of America (PGA)
		National Association of Broadcast Employees and Technicians (NABET)
		American Federation of Television and Radio Artists (AFTRA)
		American Federation of Music (AFM)
		Other:
		Non Guild Employees



**GUILD TRAVEL ACCIDENT APPLICATION**

Are there any legally binding addendums, riders or side letters that may alter or amend the benefits required by the collective bargaining agreement:

Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please attach a copy of the agreement(s) to this application.

Maximum flight concentration any aircraft (Number of Persons): \_\_\_\_\_

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**PLEASE ATTACH COPY OF BUDGET, SCRIPT, DAY OUT OF DAY AND COMPLETE SHOOTING SCHEDULE**

**PRIOR TO COMMENCEMENT OF ANY PRODUCTIONS, APPLICANT MUST THOROUGHLY CHECK FILM AND TAPE STOCK AND TEST ALL CAMERAS, LENSES, MEDIA STORAGE DEVICES, RELATED EQUIPMENT LIGHTING AND SOUND EQUIPMENT AND HAVE PROOF THAT THEY ARE IN SOUND OPERATING CONDITION AND FIT FOR THE PURPOSE AND MANNER IN WHICH THEY ARE TO BE USED.**

**Signing this application does not bind the Applicant or the Company to purchase the insurance. However it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.**

**Any material change to our exposures must be reported prior to binding and may be subject to additional premium and/or increase in Deductibles.**

**I/We have read the above and agree that to the best of my/our knowledge and belief this fully represents in the true statement of facts.**

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** 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.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**GUILD TRAVEL ACCIDENT APPLICATION**

Page 4 of 5

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.



**GUILD TRAVEL ACCIDENT APPLICATION**

Page 5 of 5

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE INSURANCE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**Date** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**(Authorized Representative)**

**Agent/Broker:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

SERFF Tracking Number: MRTN-127308024 State: Arkansas  
 Filing Company: Hiscox Insurance Company Inc. State Tracking Number: 49224  
 Company Tracking Number: HICI-EG-GT-10-0001  
 TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel  
 Product Name: Entertainment - Guild Travel Accident  
 Project Name/Number: Entertainment - Guild Travel Accident/HICI-EG-GT-10-0001

**Rate Information**

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Hiscox Insurance Company Inc.	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: MRTN-127308024 State: Arkansas  
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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 07/14/2011	Commercial Entertainment Manual - Guild Travel Accident Policy - Multistate Rules & Rates	EGT P4702 CW	New		EGT L4700 MU (08-2010) Guild Travel Accident Policy Multistate Rules & Rates.pdf



**HISCOX INSURANCE COMPANY INC.**  
**COMMERCIAL ENTERTAINMENT MANUAL**  
**GUILD TRAVEL ACCIDENT POLICY**  
**MULTISTATE RULES & RATES**

**The following contains the rules and rates for the Guild Travel Accident Policy written through the Hiscox US Entertainment Program.**

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**Rule 1. APPLICATION OF THIS DIVISION**

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- A. This manual contains the rules for the Guild Travel Accident Policy written through the Hiscox US Entertainment Program to provide Guild Travel Accident coverage for Production and Theatrical insureds in the Entertainment Industry. Hiscox has written the following custom form:
- Guild Travel Accident Policy (form [EGT P4702 CW](#))

This is a custom policy written specifically for the Entertainment Industry. Production and theatrical companies have a contractual requirement, to provide coverage as afforded under this policy, when hiring a Guild Member to work on their project as specified in the Collective Bargaining Agreements of each of the Entertainment Industry Guilds.

The Guild Unions set up specifically for the Entertainment Industry include but are not limited to:

- Screen Actors Guild (SAG)
- Writers Guild of America (WGA)
- Directors Guild of America (DGA)
- American Federation of Television & Radio Artists (AFTRA)
- International Alliance of Theatrical Stage Employees (IATSE)
- Teamsters (Not set up for Entertainment Industry, but is a large part of crews on productions)

- B. Coverage is intended for companies involved in the following areas:

- Motion picture for theatrical release;
- Television, cable and radio programming;
- Documentaries, industrial films, commercials, infomercials, training and educational films, music videos, and webisodes;
- Animation; and
- Theatrical Productions

- C. Refer to the coverage form noted above for details of coverage.

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**Rule 2. POLICY TERM**

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Policies are written on an annual policy term.

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**Rule 3. RATES AND PREMIUM COMPUTATION**

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**A. Rates**

Policies are written on a flat annual basis.

**B. Premium Computation**

Premium are determined as follows:

1. \$1,500.00 Flat Annual Premium – For policies with 5 or less productions declared to the policy.
2. \$2,500.00 Flat Annual Premium – For policies with 6 to 10 productions declared to the policy.
3. \$5,000.00 Flat Annual Premium – For policies with 11 to 20 productions declared to the policy.
4. \$7,500.00 Flat Annual Premium – For policies with 21 productions or over declared to the policy.

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**Rule 4. LIMITS AND DEDUCTIBLES**

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Limits of Insurance are determined in the Collective Bargaining Agreements. The Annual Aggregate Limit of Insurance is industry standard at \$10,000,000.

There are no Deductibles applicable to this policy.

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**Rule 5. ADDITIONAL PREMIUM CHANGES**

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- A. Amounts of insurance may be increased or exposures added after the inception date of the policy. Calculation of the additional premium is pro rata upon the policy term (unless as otherwise specifically provided). The additional premium developed is in addition to any applicable policy writing minimum premium.
- B. Any additional premium of less than \$50 may be waived.

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**Rule 6. RETURN PREMIUM CHANGES**

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- A. Reductions in the amount of insurance or exposures may be made after the inception date of the policy. Calculation of the return premium is pro rata upon the policy term (unless as otherwise specifically provided).
- B. Any return premium of less than \$25 may be waived.  
Any return premium requested by an insured will be granted.

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**Rule 7. POLICY CANCELLATIONS**

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**Cancellation Calculations.**

All policies are written on a flat basis.

**A. Flat Cancellations**

- . If a policy is cancelled on the effective date, no exposure will have been at risk, the policy will be cancelled flat and premium will be returned in full.

**B. Pro Rata Calculations**

If a policy is cancelled after the effective date, but prior to the expiration date, compute return premium pro rata and round to the net higher whole dollar when a policy is cancelled.

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**Rule 8. BASIC FORMS APPLICABLE**

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- A. Attach Guild Travel Policy [EGT P4702](#).
- B. Attach Guild Travel Declarations Page [EGT D4701](#).

SERFF Tracking Number: MRTN-127308024 State: Arkansas  
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 Product Name: Entertainment - Guild Travel Accident  
 Project Name/Number: Entertainment - Guild Travel Accident/HICI-EG-GT-10-0001

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	07/14/2011
<b>Comments:</b>		
<b>Attachment:</b> HICI-AR-Guild-Certificates of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	07/14/2011
<b>Comments:</b> The Guild Travel Accident Application, EGT A4703 CW (08-10) is attached to the Form Schedule.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Explanatory Memorandum/Cover Letter	Approved-Closed	07/14/2011
<b>Comments:</b>		
<b>Attachment:</b> Hiscox - Explanatory Memorandum - Entertainment Guild Travel Accident Insurance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Hiscox - Guild Travel Accident - Forms List	Approved-Closed	07/14/2011
<b>Comments:</b> A list of forms for Guild Travel Accident insurance is attached.		
<b>Attachment:</b> Guild Travel Accident - ENTERTAINMENT FORMS - STATE FILING LIST.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
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SERFF Tracking Number: MRTN-127308024 State: Arkansas  
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Project Name/Number: Entertainment - Guild Travel Accident/HICI-EG-GT-10-0001  
**Satisfied - Item:** Hiscox - Third-Party Authorization Letter Approved-Closed 07/14/2011

**Comments:**

A Third Party Authorization Letter is attached.

**Attachment:**

Hiscox - Third-Party Authorization Letter.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	07/14/2011

**Comments:**

A Statement of Variability is attached.

**Attachment:**

Statement of Variability-Guild Travel Accident-AR.pdf

## **Multiple files are bound together in this PDF Package.**

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click a file in this PDF Package to view it.**



# Martin & Company

Publications & Insurance Services

Post Office Box 70  
Edgemont, PA 19028-0070  
office: 610-325-4455 fax: 610-325-4405  
email: [compliance@filingsdirect.com](mailto:compliance@filingsdirect.com)

**HISCOX INSURANCE COMPANY INC.  
NAIC #4666-10200 – FEIN #98-6000550  
ENTERTAINMENT – GUILD TRAVEL ACCIDENT  
EXPLANATORY MEMORANDUM**

Attached for your review is a Filing Authorization Letter authorizing Martin & Company to submit this filing on behalf of Hiscox Insurance Company Inc. (hereinafter referred to as the company). Please direct all correspondence regarding this filing to Martin & Company.

In accordance with the regulatory provisions of your state, the company is introducing its Guild Travel Accident program. The Travel Accident Policy is a custom policy written specifically for the Entertainment Industry and provides travel accident coverage to individuals who are members of a Guild while participating in a covered production and business travel for non-guild members. Production and theatrical companies have a contractual requirement to provide coverage, as afforded under the Guild Travel Accident Policy, when hiring a Guild Member to work on their project as specified in the collective bargaining agreements of each of the Entertainment Industry Guilds.

The Guild Unions set up specifically for the Entertainment Industry include, but are not limited to:

- Screen Actors Guild (SAG)
- Writers Guild of America (WGA)
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- Teamsters (Not set up for Entertainment Industry, but is a large part of crews on productions)

Coverage is intended for companies involved in the following areas:

- Motion picture for theatrical release;
- Television, cable and radio programming;
- Documentaries, industrial films, commercials, infomercials, training and educational films, music videos, and webisodes;
- Animation; and
- Theatrical Productions

Included for your review and approval, in this filing or a companion filing, are rate and rules pages and policy forms and endorsements. Also included is a forms listing outlining the intent of each form being submitted.

The rates in this filing are not excessive, inadequate, or unfairly discriminatory.

Please be advised the some of the forms include variable information, which is contained within <brackets>. The <brackets> and xxx are reflected as a placeholder for review purposes only. The variable information will change and does not have an impact on the coverage provided to the insured. In addition, the forms are system-generated with the company's logo and may be formatted differently due to system constraints. The content, however, will remain the same. Therefore, the forms will not be re-filed unless otherwise requested by your Department in response to this filing.

## ENTERTAINMENT GUILD TRAVEL ACCIDENT POLICY - FORMS LISTING

	Form Name/Description	Edition Date	New or Replacement?		Broadens, Restricts or Clarifies			Direct Rate/Premium Impact?		Optional or Mandatory?		Summary
			N	R	B	R	C	Yes	No	M	O	
	<b>Coverage Parts/General Terms/Declarations</b>											
EGT D4701 CW	GUILD TRAVEL ACCIDENT DECLARATIONS	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indicates the limits and deductible for the various coverage's purchased under this Policy.
EGT P4702 CW	GUILD TRAVEL ACCIDENT POLICY	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Guild Travel Accident Policy. Provides Travel Accident Coverage to individuals who are members of a Guild while participating in a covered production and Business Travel for non Guild members.
	<b>Guild Travel Accident Endorsements</b>											
	THERE ARE NO ENDORSEMENTS TO THIS COVERAGE SECTION.											
	<b>Common Forms</b>											
ENT E4017 CW	Calculation of Premium Endorsement	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Endorsement states how premiums are computed.
ENT E4018 CW	Cancellation Endorsement	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Endorsement issued when coverage has been cancelled.
ENT E4019 CW	Earlier Notice of Cancellation Provided by Us Endorsement	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Endorsement amends the number of days required for notice of cancellation to be increased for any statutorily permitted reason (other than nonpayment of premium).
ENT E4020	Final Audit Endorsement	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Endorsement issued reflecting final audit calculations

## ENTERTAINMENT GUILD TRAVEL ACCIDENT POLICY - FORMS LISTING

		Form Name/Description	Edition Date	New or Replacement?		Broadens, Restricts or Clarifies			Direct Rate/Premium Impact?		Optional or Mandatory?		Summary
				N	R	B	R	C	Yes	No	M	O	
CW													
ENT E4021 CW		Minimum Premium Endorsement	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Endorsement stipulates what the minimum premium is.
ENT E4022 CW		Policy Changes Endorsement	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Endorsement can be used to make changes to entire policy or to specific coverage sections based on the company specific Rules.
ENT E4027 CW		Resident Agency Countersignature Endorsement	(08-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Endorsement provides for resident agent countersignature



Letter of Authorization

---

January 3, 2011

Re: Hiscox Insurance Company Inc., NAIC Company Number: 10200

To Whom It May Concern:

Martin & Company is hereby authorized to submit rate, rule and form filings on behalf of Hiscox Insurance Company Inc. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries to this filing to Martin & Company at the following address:

Martin & Company  
P.O. Box 70  
Edgemont, PA 19028  
Phone: (610) 325-4455

Please contact me if you have any questions regarding this authorization.

Sincerely,

Michael L. Rybak  
Vice President  
Hiscox Insurance Company Inc.

Hiscox Insurance Company Inc.  
NAIC #4666-10200, FEIN # 98-6000550  
Entertainment Program – Guild Travel Accident Insurance

**STATEMENT OF VARIABILITY**

Hiscox Insurance Company Inc. is submitting its new Travel Accident program for use in Arkansas. Briefly, the Guild Travel Accident forms and rates provide travel accident coverage to individuals who are members of a Guild while participating in a covered production and business travel for non-guild members.

The forms listed below contain variable information. Each instance is identified and an explanation as to what information should be inserted in the <FIELD(S)> is given.

1. Form ENT E4018 CW (08-10), Cancellation Endorsement

Variable Fields:

- a. Cancellation Effective Date – this field is used to insert the date of cancellation.
- b. Policy Period – this field is used to insert the policy period.

2. Form ENT E4020 CW (08-10) – Final Audit Endorsement

Variable Fields:

- a. Final Premium – the final premium is inserted after an audit.
- b. Policy Period – this field is used to insert the inception date of the policy and the date the policy ends.

3. Form ENT E4021 CW (08-10), Minimum Premium Endorsement

Variable Fields:

4. Form ENT E4022 CW (08-10), Policy Change Endorsement

Variable Fields:

- a. Additional Premium – additional premium due to a change in the policy is inserted in this field.
- b. <This field needs to be able to handle data that will spread over multiple pages> - - this field could be used to make administrative changes to the policy, such as: insured's name, policy number, effective/expiration date, payment plan, additional interested parties, limits/exposures, covered property/location description, rates, insured's mailing address, company, insured's' legal status/business of insured, premium determination, coverage forms and endorsements, deductibles, classification/class codes, underlying insurance.

5. Form ENT E4027 CW (08-10), Resident Agency Countersignature Endorsement

Variable Fields:

- a. State – the field is used to insert the applicable state.
- b. Premium – the field is used in insert the premium charge.

6. Form EGT D4701 CW (8-10), DECLARATIONS – Entertainment Guild Travel Policy

Variable Information:

**I. GENERAL DETAILS**

- a. Policy Number – field is used to insert the policy number only.
- b. Insured's Broker – field is used to insert the name and address of the broker/agent.
- c. Premium – field is used to insert the policy premium.
- d. Taxes and Fees – this field is used to insert any applicable taxes and fees for a particular state. Taxes and fees vary by state.

**II. INSURED DETAILS**

- a. Insured – the insured's name will be insured in this field.
- b. Insured's Contact Address – the insured's street address, city, state, and zip code will be inserted in these fields.
- c. Policy Period – the beginning and end dates of the policy are inserted in these fields.

**III. POLICY PREMIUM DETAILS**

- a. Guild Travel Accident Premium – field used to insert the policy premium. Commission – field used to insert the broker/agent commission.
- b. Minimum Premium – field used in insert the minimum premium.
- c. Deposit Premium – field used to insert the amount the insured pays as a deposit.

**ENDORSEMENTS** – the fields are used to insert the forms and endorsements that are attached to the policy.

**Date**

The field is used to insert the date.