

**State:** Arkansas **Filing Company:** Zurich American Insurance Company  
**TOI/Sub-TOI:** H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment  
**Product Name:** Truckers Occupational Accident U-OA-409-A  
**Project Name/Number:** Truckers Occupational Accident U-OA-409-A/CW AH 35388

### Filing at a Glance

Company: Zurich American Insurance Company  
Product Name: Truckers Occupational Accident U-OA-409-A  
State: Arkansas  
TOI: H03G Group Health - Accidental Death & Dismemberment  
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment  
Filing Type: Form  
Date Submitted: 11/01/2012  
SERFF Tr Num: ZURC-128752280  
SERFF Status: Closed-Filed-Closed  
State Tr Num:  
State Status: Filed-Closed  
Co Tr Num: CW AH 35388  
Implementation: On Approval  
Date Requested:  
Author(s): Diana Crown  
Reviewer(s): Donna Lambert (primary), Rosalind Minor  
Disposition Date: 11/15/2012  
Disposition Status: Filed-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Zurich American Insurance Company  
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## General Information

Project Name: Truckers Occupational Accident U-OA-409-A Status of Filing in Domicile: Pending  
 Project Number: CW AH 35388 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: Small and Large  
 Group Market Type: Association, Employer, Other Explanation for Other Group Market Type: Motor Carriers or other Entities that hire transportation-related independent contractors

Overall Rate Impact: Filing Status Changed: 11/15/2012  
 State Status Changed: 11/15/2012  
 Deemer Date: Created By: Diana Crown  
 Submitted By: Diana Crown Corresponding Filing Tracking Number:

### Filing Description:

This is a new endorsement for use with our previously filed [Truckers] [Occupational] Accident Insurance Policy approved under SERFF Tracking #ZURC-126350669 and State # 43840 effective 11-04-2009.

This new, optional endorsement can be purchased by the Policyholder for an additional premium to provide coverage for casual laborers who provide loading or unloading services to other individuals insured under the policy.

This endorsement is new and is not intended to replace any other form currently in use.

This endorsement is being filed concurrently in our domiciliary state of New York.

Variable data is bracketed. Amounts may vary or provisions may be modified to fit a specific Policyholder's request. Variable data will never exclude or limit provisions required by the jurisdiction in which the Policy is issued.

The endorsement is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit this filing without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

This filing includes a certification of readability and statement of variables.

## Company and Contact

### Filing Contact Information

Diana Crown, Regulatory Services Analyst diana.crown@zurichna.com  
 1400 American Lane 847-706-2621 [Phone]  
 Schaumburg, IL 60196

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**Filing Company Information**

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR fee of \$50.00 per endorsement.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Zurich American Insurance Company	\$50.00	11/01/2012	64469384

SERFF Tracking #:

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	11/15/2012	11/15/2012
Approved	Donna Lambert	11/01/2012	11/01/2012

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## Disposition

Disposition Date: 11/15/2012

Implementation Date:

Status: Filed-Closed

Comment:

As requested, we have allowed this product to be issued to association groups.

We are closing the file on this date.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Statement of Variables	Filed-Closed	Yes
Form	Last Mile and Moving & Storage Endorsement	Filed-Closed	Yes

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## Disposition

Disposition Date: 11/01/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Statement of Variables	Filed-Closed	Yes
Form	Last Mile and Moving & Storage Endorsement	Filed-Closed	Yes

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## Post Submission Update Request Processed On 11/15/2012

Status: Allowed  
Created By: Diana Crown  
Processed By: Rosalind Minor  
Comments: Our Department will allow this product to be issued to association groups with the understanding that the associations must be submitted to our Department for approval prior issuing the product to a particular association.

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## Form Schedule

### Lead Form Number: U-OA-409-A

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed-Closed 11/15/2012	Last Mile and Moving & Storage Endorsement	U-OA-409-A CW (10/12)	POLA	Initial		53.000	U-OA-409-A CW - Last Mile and Moving & Storage COL 10-23-12 FINAL clean.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# Last Mile and Moving & Storage Endorsement



Zurich American Insurance Company  
1400 American Lane  
Schaumburg, Illinois 60196

**THIS ENDORSEMENT CHANGES THE POLICY/CERTIFICATE. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the [Truckers] [Occupational] Accident Insurance Policy/Certificate.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy/Certificate**:

A. **SECTION I – SCHEDULE – Eligible Persons** is amended to include the following:

Class III: All **Casual Laborers** of an **Actively at Work Owner/Operator** or **Contract Driver**. A **Casual Laborer** may or may not be enrolled for coverage under this **Policy**.

B. **SECTION II – GENERAL DEFINITIONS** is amended as follows:

The following definition is added:

**Casual Laborer** means an individual who is:

1. paid by an **Owner/Operator** or **Contract Driver** for providing loading or unloading services;
2. in the service of an **Owner/Operator** or **Contract Driver** who is under **Dispatch**; and
3. classified as an independent contractor by the **Policyholder** and the **Owner/Operator** or **Contract Driver** who has engaged his or her services and is not an employee for purposes of workers' compensation insurance, federal income taxes, state income taxes, social security, unemployment insurance, or for any other purpose.

If all criteria above are met, the **Casual Laborer** shall be considered an **Insured Person** for the purposes of this **Policy**.

The definition of **Eligible Person(s)** is amended and replaced with the following:

**Eligible Person(s)** means a Class I, Class II, or Class III individual described in the **Schedule**.

C. **SECTION III – EFFECTIVE DATES AND TERMINATION DATES** is amended to include the following:

**Casual Laborer's Effective and Termination Dates**

1. **Casual Laborer's Effective Date**. A **Casual Laborer's** coverage under this **Policy** begins on the latest of:
  - a. the Policy Effective Date shown in the **Schedule**;
  - b. the date the **Casual Laborer** becomes an **Insured Person**; or
  - c. if an individual application is required, the date the written application is received by the **Policyholder** or an authorized person designated by the **Policyholder**.

Coverage is not effective until the first premium payment is paid when due. If premium is paid when due, coverage is effective on the later of a, b or c above. If premium is not paid when due, coverage will not be in effect.

2. **Casual Laborer's Termination Date**. A **Casual Laborer's** coverage under this **Policy** ends on the earliest of:
  - a. the date this **Policy** is terminated;
  - b. the Policy Premium Due Date shown in the **Schedule**, subject to the Policy Grace Period set forth in Section IV of this **Policy**;

- c. the date the **Casual Laborer** requests, in writing, that his or her coverage be terminated;
- d. the date the **Casual Laborer** ceases to be an **Insured Person**; or
- e. the date the **Owner/Operator** or **Contract Driver**, with whom the **Casual Laborer** is under contract, ceases to be an **Insured Person** and/or whose contract with the **Policyholder** terminated.

D. **SECTION V – BENEFITS** is amended as follows:

**TEMPORARY TOTAL DISABILITY BENEFIT** is amended by adding the following to the definition of **Average Weekly Earnings**:

3. for **Casual Laborers**:

The gross income the **Insured Person** received in the prior year as shown in his or her federal income tax return with schedules or 1099s, divided by fifty-two (52), regardless of his or her prior occupation. If the **Insured Person** and/or **Policyholder** is unwilling or unable to produce any evidence of the gross income the **Insured Person** received in the year prior to the **Injury**, then we will use the gross income the **Insured Person** received in the twelve (12) weeks prior to the **Injury**, divided by twelve (12). If the **Insured Person** worked less than twelve (12) weeks prior to the **Injury**, then the gross income received will be divided by the number of weeks worked. The **Insured Person** will have to produce proof of the number of weeks worked if he or she worked less than twelve (12) weeks.

**CONTINUOUS TOTAL DISABILITY BENEFIT** is amended by adding the following to the definition of **Average Weekly Earnings**:

3. for **Casual Laborers**:

The gross income the **Insured Person** received in the prior year as shown in his or her federal income tax return with schedules or 1099s, divided by fifty-two (52), regardless of his or her prior occupation. If the **Insured Person** and/or **Policyholder** is unwilling or unable to produce any evidence of the gross income the **Insured Person** received in the year prior to the **Injury**, then we will use the gross income the **Insured Person** received in the twelve (12) weeks prior to the **Injury**, divided by twelve (12). If the **Insured Person** worked less than twelve (12) weeks prior to the **Injury**, then the gross income received will be divided by the number of weeks worked. The **Insured Person** will have to produce proof of the number of weeks worked if he or she worked less than twelve (12) weeks.

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy/Certificate** to which it is attached.

Effective Date: \_\_\_\_\_ Attached to and forming a part of Policy/Certificate No. \_\_\_\_\_

Signed for Zurich American Insurance Company by:  \_\_\_\_\_ Date: \_\_\_\_\_  
 [Vice President]

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Filed-Closed	11/15/2012
Comments:			
Attachment(s):			
ZAIC Certificate of Readability (CW).pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Filed-Closed	11/15/2012
Bypass Reason:	Not applicable		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variables	Filed-Closed	11/15/2012
Comments:			
Attachment(s):			
U-OA-4001-A CW - Statement of Variables.pdf			

# Certificate of Readability



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-OA-409-A CW (10/12)	Last Mile and Moving & Storage Endorsement	53

A handwritten signature in black ink, appearing to read 'Steven LeHew', is written above a horizontal line.

Signature: \_\_\_\_\_

Name: Steven LeHew

Title: Product Development Analyst

Date: 10/30/12

# Statement of Variables



**[TRUCKERS][OCCUPATIONAL] ACCIDENT INSURANCE POLICY**  
**U-OA-400-A, et al.**

Each bracketed benefit or provision will be in or out (in if needed, otherwise omitted.) Each bracketed phrase will be in or out.

**LAST MILE AND MOVING & STORAGE ENDORSEMENT – U-OA-409-A CW (10/12)**

[Truckers][Occupational] Accident Insurance Policy	[Truckers] will be in or out. [Occupational] will be in or out.
 [Vice President]	The appropriate company officer signature and title will be inserted here.