

SERFF Tracking Number: WSFG-125282252 State: Arkansas  
Filing Company: Westfield Insurance Company State Tracking Number: AR-PC-07-026054  
Company Tracking Number: 080101ARWCWFFO  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: workers comp  
Project Name/Number: forms for inactive state & prem discount/

## Filing at a Glance

Company: Westfield Insurance Company

Product Name: workers comp

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: WSFG-125282252 State: Arkansas

SERFF Status: Closed

Co Tr Num: 080101ARWCWFFO

Co Status:

Author: Rhonda Roberts

Date Submitted: 09/11/2007

State Tr Num: AR-PC-07-026054

State Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 09/11/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

## General Information

Project Name: forms for inactive state & prem discount

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 09/11/2007

State Status Changed: 09/11/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

On behalf of the WESTFIELD INSURANCE COMPANY, we wish to file prior approval the enclosed forms for our workers compensation program to be effective January 1, 2008.

New Forms:

WC 00 01 06 A (04-92) – Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement

The policy number, effective date, insurer, carrier code, named insured, and agency number fields were added so the information could be automatically entered on the form by our system. We also removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

WC 00 04 01 A (05-86) – Aircraft Premium Endorsement

*SERFF Tracking Number:*      *WSFG-125282252*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westfield Insurance Company*                      *State Tracking Number:*      *AR-PC-07-026054*  
*Company Tracking Number:*      *080101ARWCWFFO*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *workers comp*  
*Project Name/Number:*              *forms for inactive state & prem discount/*

The policy number, effective date, insurer, carrier code, named insured, and agency number fields were added so the information could be automatically entered on the form by our system. We also removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

#### WC 00 04 06 (08-84) – Premium Discount Endorsement

The policy number, effective date, insurer, carrier code, named insured, and agency number fields were added so the information could be automatically entered on the form by our system. We added the percentages for the schedule, and multiple state fields for the capability of using the same form for multiple locations. We also removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

#### WC 00 04 14 (07-90) – Notification of Change in Ownership Endorsement

We removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

#### WC 00 04 19 (01-01) – Premium Due Date Endorsement

We removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

#### WC 00 04 21A (01-06) – Premium Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement

The word “premium” was added under the schedule section. Also, the statement “if no entry appears, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement” was added for clarification purposes. No impact to coverage.

We are not actively writing business in the state of Arkansas, and do not have established agencies in your state. Therefore, the impact is 0% (zero).

We do not consider this filing to be excessive, inadequate or unfairly discriminatory. Please indicate your department’s approval of this filing.

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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: workers comp  
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## Company and Contact

### Filing Contact Information

Rhonda Roberts, Production Specialist rhondaroberts@westfieldgrp.com  
 PO Box 5001 (330) 887-6105 [Phone]  
 Westfield Center, OH 44251 (330) 887-7587[FAX]

### Filing Company Information

Westfield Insurance Company CoCode: 24112 State of Domicile: Ohio  
 One Park Circle Group Code: 228 Company Type: P & C  
 P.O. Box 5001  
 Westfield Center, OH 44251-5001 Group Name: State ID Number:  
 (800) 243-0210 ext. [Phone] FEIN Number: 34-6516838  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westfield Insurance Company	\$50.00	09/11/2007	15544168

SERFF Tracking Number: WSFG-125282252 State: Arkansas  
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Company Tracking Number: 080101ARWCWFFO  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: workers comp  
Project Name/Number: forms for inactive state & prem discount/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/11/2007	09/11/2007

*SERFF Tracking Number:*      *WSFG-125282252*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westfield Insurance Company*                      *State Tracking Number:*      *AR-PC-07-026054*  
*Company Tracking Number:*      *080101ARWCWFFO*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *workers comp*  
*Project Name/Number:*              *forms for inactive state & prem discount/*

## **Disposition**

Disposition Date: 09/11/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WSGF-125282252 State: Arkansas  
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: workers comp  
 Project Name/Number: forms for inactive state & prem discount/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Form	Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement		Yes
Form	Aircraft Premium Endorsement		Yes
Form	Premium Discount Endorsement		Yes
Form	Notification of Change in Ownership Endorsement		Yes
Form	Premium Due Date Endorsement		Yes
Form	Premium Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement		Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement	WC 00 01 06 A	04-92	Endorsement/Amendment/Conditions		0.00	WC_000106 A_0492.pdf
	Aircraft Premium Endorsement	WC 00 04 01 A	05-86	Endorsement/Amendment/Conditions		0.00	WC_000401 A_0586.pdf
	Premium Discount Endorsement	WC 00 04 06	08-84	Endorsement/Amendment/Conditions		0.00	WC_000406 _0884.pdf
	Notification of Change in Ownership Endorsement	WC 00 04 14	07-90	Endorsement/Amendment/Conditions		0.00	WC_000414 _0790.pdf
	Premium Due Date Endorsement	WC 00 04 19	01-01	Endorsement/Amendment/Conditions		0.00	WC_000419 _0101.pdf
	Premium Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21A	01-06	Endorsement/Amendment/Conditions		0.00	WC 00 04 21A (01-06).pdf

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# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

## LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

POLICY NUMBER:  
EFFECTIVE DATE:  
INSURER:  
CARRIER CODE:  
NAMED INSURED:  
AGENCY NUMBER:

This endorsement applies only to work subject to the Longshoremen's and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

### C. **Workers' Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

### Schedule

#### States

#### Longshoremen's and Harbor Workers' Compensation Act Coverage Percentage

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshoremen's and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshoremen's and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshoremen's and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

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# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

## AIRCRAFT PREMIUM ENDORSEMENT

This endorsement modifies insurance provided under the following:

POLICY NUMBER:  
EFFECTIVE DATE:  
INSURER:  
CARRIER CODE:  
NAMED INSURED:  
AGENCY NUMBER:

Additional premium is charged for each aircraft shown in the Schedule. The additional premium is not subject to adjustment unless this policy is canceled. You may substitute one aircraft for another without additional charge if the substitute aircraft has no more seats than the aircraft shown in the Schedule.

### Schedule

<u>State</u>	<u>Aircraft</u>	<u>Passenger Seat Charge</u>	<u>Maximum Charge</u>	<u>Estimated Premium</u>
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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**PREMIUM DISCOUNT ENDORSEMENT**

This endorsement modifies insurance provided under the following:

POLICY NUMBER:  
EFFECTIVE DATE:  
INSURER:  
CARRIER CODE:  
NAMED INSURED:  
AGENCY NUMBER:

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

**Schedule**

<b>1. State</b>	<b><u>Estimated Eligible Premium</u></b>			
—	First	Next	Next	
—	\$ 5,000	\$ 95,000	\$ 400,000	Balance
—	_____	9.5%	11.9%	12.4%
—				

<b><u>State</u></b>	<b><u>Estimated Eligible Premium</u></b>			
—	First	Next	Next	
—	\$ 5,000	\$ 95,000	\$ 400,000	Balance
—	_____	10.9%	12.6%	14.4%
—				
—				
—				
—				
—				
—				

2. Average percentage discount:            %
3. Other policies:
4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

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**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

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# WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

## PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

### PART FIVE PREMIUM

**D. Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

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**DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC  
INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes and/or a catastrophic industrial accident.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and certain acts of domestic terrorism. It does not provide funding for acts of terrorism certified as such by the Terrorism Risk Insurance Act of 2002 and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005 (the Act), or acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

**Domestic terrorism:** All acts of terrorism outside the scope of the Act or the Foreign Terrorism Premium Endorsement (WC 00 04 02), with aggregate workers compensation losses in excess of \$50 million.

**Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.

**Catastrophic Industrial Accident:** Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

	<b>Schedule</b>	
Payroll	Rate	Premium

(If no entry appears, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement  
Insured

Effective Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

*SERFF Tracking Number:*      *WSFG-125282252*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westfield Insurance Company*                      *State Tracking Number:*      *AR-PC-07-026054*  
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*Product Name:*                      *workers comp*  
*Project Name/Number:*              *forms for inactive state & prem discount/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: WSFG-125282252 State: Arkansas  
Filing Company: Westfield Insurance Company State Tracking Number: AR-PC-07-026054  
Company Tracking Number: 080101ARWCWFFO  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: workers comp  
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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

09/05/2007

### Comments:

### Attachment:

trans doc.pdf

**Property & Casualty Transmittal Document (Revised 1/1/05)**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
g. SERFF Filing #:	

<b>3. Group Name</b>	Westfield Group			<b>Group NAIC #</b>	228
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>		
Westfield Insurance Company	Ohio	228-24112	34-6516838		

<b>5. Company Tracking Number</b>	080101ARWCWFFO
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Rhonda Roberts 1 Park Circle Drive Westfield Center, OH 44251	Production Specialist	1.800.243.0210 ext 6105	330.887.7587	rhondaroberts@westfieldgrp.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Rhonda L. Roberts		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.004 Standard WC
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 1/1/08 Renewal: 1/1/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	9/11/07
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	080101ARWCWFFO
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<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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On behalf of the WESTFIELD INSURANCE COMPANY, we wish to file prior approval the enclosed forms for our workers compensation program to be effective January 1, 2008.

**New Forms:**

WC 00 01 06 A (04-92) – Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement

The policy number, effective date, insurer, carrier code, named insured, and agency number fields were added so the information could be automatically entered on the form by our system. We also removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

WC 00 04 01 A (05-86) – Aircraft Premium Endorsement

The policy number, effective date, insurer, carrier code, named insured, and agency number fields were added so the information could be automatically entered on the form by our system. We also removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

WC 00 04 06 (08-84) – Premium Discount Endorsement

The policy number, effective date, insurer, carrier code, named insured, and agency number fields were added so the information could be automatically entered on the form by our system. We added the percentages for the schedule, and multiple state fields for the capability of using the same form for multiple locations. We also removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

WC 00 04 14 (07-90) – Notification of Change in Ownership Endorsement

We removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

WC 00 04 19 (01-01) – Premium Due Date Endorsement

We removed the section that was used if the endorsement was issued subsequent to the policy. These changes do not impact coverage in any way.

WC 00 04 21A (01-06) – Premium Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement

The word “premium” was added under the schedule section. Also, the statement “if no entry appears, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement” was added for clarification purposes. No impact to coverage.

We are not actively writing business in the state of Arkansas, and do not have established agencies in your state. Therefore, the impact is 0% (zero).

We do not consider this filing to be excessive, inadequate or unfairly discriminatory. Please indicate your department’s approval of this filing.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)
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[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #: n/a**

**Amount:**

**Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	080101ARWCWFFO			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	n/a			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
03	Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement	WC 00 01 06 A (04-92)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Aircraft Premium Endorsement	WC 00 04 01 A (05-86)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Premium Discount Endorsement	WC 00 04 06 (08-84)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Notification of Change in Ownership Endorsement	WC 00 04 14 (07-90)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Premium Due Date Endorsement	WC 00 04 19 (01-01)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Premium Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21A (01-06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1