

SERFF Tracking Number: AOIC-125426992 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: WCP-AR-99-01/22/2008-59345  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Worker's Compensation  
Project Name/Number: WCP - WORKERS COMPENSATION/59345WCP

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Worker's Compensation SERFF Tr Num: AOIC-125426992 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: WCP-AR-99-01/22/2008-59345 State Status: Fees verified and received  
Filing Type: Form Co Status: Approved Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Authors: Claudia Stewart, Sarah Franklin Disposition Date: 01/24/2008  
Date Submitted: 01/22/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

The form filed is a rejection of terrorism for other lines.

## General Information

Project Name: WCP - WORKERS COMPENSATION

Project Number: 59345WCP

Reference Organization:

Reference Title:

Filing Status Changed: 01/24/2008

State Status Changed: 01/23/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM FILING: See Attached List

Submitted for your approval is the attached list of forms.

Line of Business: Worker's Compensation

DISCLOSURE NOTICE FILED FOR INFORMATIONAL PURPOSES.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>AOIC-125426992</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WCP-AR-99-01/22/2008-59345</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Worker's Compensation</i>		
<i>Project Name/Number:</i>	<i>WCP - WORKERS COMPENSATION/59345WCP</i>		

**59345 (01-08) Important Information Regarding Terrorism Risk Insurance Coverage and Rejection of Terrorism Risk Insurance Coverage Risk Insurance Coverage**

Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

CHRIS PERRY, CPCU, CLU, CHFC, FLMI, MANAGER

POLICY FORMS AND RESEARCH

PERRY.CHRIS@AOINS.COM (emails without attachments)

commlinesund@aoins.net (emails with attachments)

800-346-0346 Ext. 1426

## Company and Contact

### Filing Contact Information

Chris Perry, Manager

PO Box 30660

Lansing, MI 48909-8160

perry.chris@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

### Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

(800) 346-0346 ext. [Phone]

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins  
Group

FEIN Number: 38-0315280

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State of Domicile: Michigan

Company Type: PC

State ID Number:

Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

(800) 346-0346 ext. [Phone]

CoCode: 32700

Group Code: 280

Group Name: Auto-Owners Ins  
Group

FEIN Number: 34-1172650

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State of Domicile: Ohio

Company Type: PC

State ID Number:

## Filing Fees

*SERFF Tracking Number:* AOIC-125426992      *State:* Arkansas  
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Fee Required?      Yes  
 Fee Amount:      \$0.00  
 Retaliatory?      No  
 Fee Explanation:      \$50 for each filing;  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	01/22/2008	17603612
Owners Insurance Company	\$0.00	01/22/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/24/2008	01/24/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	01/23/2008	01/23/2008	Claudia Stewart	01/24/2008	01/24/2008
Industry Response						

SERFF Tracking Number: AOIC-125426992 State: Arkansas  
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## Disposition

Disposition Date: 01/24/2008  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0



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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/23/2008

Submitted Date 01/23/2008

Respond By Date

Dear Chris Perry,

This will acknowledge receipt of the captioned filing.

Form 59345 (1-08) indicates that the insured can choose to reject coverage of terrorism. This is not allowed for workers' compensation. The insured cannot reject coverage.

Please withdraw this form filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/24/2008

Submitted Date 01/24/2008

Dear Carol Stiffler,

### Comments:

#### Response 1

Comments: Attached Response Letter to objection.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter

Comment: Attached Response Letter to objection.

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Claudia Stewart, Sarah Franklin

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Important Information Regarding Terrorism Risk Insurance Coverage and Rejection of Terrorism Risk Insurance Coverage	59345	01-08	Disclosure/ Replaced Notice	Replaced Form #:0.00 59345 (01-06) Previous Filing #:		59345 (1-08).pdf

**IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE**  
and  
**REJECTION OF TERRORISM RISK INSURANCE COVERAGE**

The Terrorism Risk Insurance Act of 2002 was signed into law November 26, 2002. The Act (including ensuing Congressional actions pursuant to the Act) defines an act of terrorism, to mean any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States to be (i) an act of terrorism; (ii) to be a violent act or an act that is dangerous to human life, property or infrastructure; (iii) to have resulted in damage within the United States or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and (iv) to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Subject to policy terms and conditions, the policy for which you have applied with an Auto-Owners Insurance Group Company\* provides insurance coverage for acts of terrorism as defined in the Act.

Any coverage for certain commercial lines of property and casualty insurance provided by such policy for losses caused by certified acts of terrorism are partially paid by the federal government under a formula established by federal law. Under this formula, the government will reimburse us for 85% of such covered losses that exceed the statutory deductible paid by us. **You should also know that in the event aggregate insured losses exceed \$100 billion during any year the Act is in effect, then the federal government and participating United States insurers that have met their insurer deductible shall not be liable for payment of any portion of the loss that exceeds \$100 billion. In the event that aggregate insured losses exceed \$100 billion annually, no additional claims will be paid by the federal government or insurers.** This formula is currently effective through December 31, 2014.

In the event that your policy, the policy for which you have applied or our proposal includes a premium charge for this coverage, your agency will advise you as to amount of this premium or it will be shown on the proposal. This premium charge will also be shown separately on the Declarations page for current policies or on the Declarations page that you will receive after the policy is issued.

**For lines of insurance, other than Workers Compensation, to which the Terrorism Risk Insurance Act of 2002 applies,** you may also reject coverage for certified acts of terrorism by completing the following and attaching it to your Auto-Owners Insurance Group Company\* application or for in-force business, by submitting it to the Company.

**REJECTION OF TERRORISM RISK INSURANCE COVERAGE**

I hereby reject coverage for acts of terrorism as defined in the Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act). Except as noted below, I understand that I will have no coverage for losses arising from acts of terrorism as defined in the Act. In the event of an act of terrorism as defined in the Act, future policies may also include a government assessed terrorism loss risk-spreading premium in accordance with the provisions of the Act. If coverage is provided for building(s) and contents located in Arizona, Georgia, Illinois, Iowa, North Carolina and North Dakota, I will have fire coverage for such property following a certified act of terrorism. If coverage is provided for building(s), contents or property covered by an inland marine policy located in Missouri and Wisconsin, I will have fire coverage for such property following a certified act of terrorism.
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Applicant or Policyholder Name

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Signature - First Named Insured or Authorized Officer

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Date

---

Policy Number (if applicable)

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Print Name

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Agency Name and Agency Code

\* Auto-Owners Insurance Group includes: Auto-Owners Insurance Company, Home-Owners Insurance Company, Owners Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company.

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/24/2008

**Comments:**

**Attachment:**

AR WCP Transmittal.pdf

**Satisfied -Name:** EXPEDITED TERRORISM FORM **Review Status:** Approved 01/24/2008

**Comments:**

**Attachment:**

Exp Transmittal WCP.pdf

**Satisfied -Name:** Response Letter **Review Status:** Approved 01/24/2008

**Comments:**

Attached Response Letter to objection.

**Attachment:**

AR Response Letter.pdf

## Property & Casualty Transmittal Document

<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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

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

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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

Check #:  
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.)

PC TD-1 pg 2 of 2

## 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>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<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>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s)** \_\_\_\_\_

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail

**Filing information**

<b>Line of Insurance</b> (see attachment)	
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type</b> ** see note below	
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	
<b>Filing date</b>	
<b>Company Tracking Number</b>	
<b>Date filing approved in domiciliary state, if applicable</b>	

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01			<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title:

**Stewart, Claudia**

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**From:** Perry, Chris  
**Sent:** Thursday, January 24, 2008 10:50 AM  
**To:** Stewart, Claudia  
**Subject:** RE: Objection letter WCP-AR-99-01/22/2008-59345 see attachment

Claudia, please send the following response.

After information is provided regarding the Act, a little over half way down the page, there is a statement, in bold face print, stating that coverage may not be declined under a Workers Compensation policy. 59345 was submitted for informational purposes. For Workers Compensation, 59345 is only given to applicants at the time of application to provide them with information regarding the Act; this requirement was included in the original Act in 2002 and has not changed. . 59345 is never attached to or included with any policy issued or renewed. If you would like to discuss further, my direct number is 517-323-1426. Thank you for your help with this matter.

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**From:** Stewart, Claudia  
**Sent:** Wednesday, January 23, 2008 4:35 PM  
**To:** Perry, Chris  
**Subject:** Objection letter WCP-AR-99-01/22/2008-59345 see attachment

Pending Industry Response                      Stiffler, Carol                      01/23/2008                      01/23/2008 02:59 PM

*Claudia Stewart* 😊

Home Office Underwriting Services - Personal Lines  
1033