

SERFF Tracking Number: LBRM-125425326 State: Arkansas
Filing Company: Bridgefield Casualty Insurance Company State Tracking Number: EFT \$25
Company Tracking Number: 08-WC-AR-0408
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: BCIC TRIPRA Rule B-1405
Project Name/Number: BCIC TRIPRA Rule B-1405/08-WC-AR-0408

Filing at a Glance

Company: Bridgefield Casualty Insurance Company

Product Name: BCIC TRIPRA Rule B-1405 SERFF Tr Num: LBRM-125425326 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-WC-AR-0408 State Status: Fees verified and received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Ethel Lee, Liz McCarty Disposition Date: 01/11/2008
Date Submitted: 01/10/2008 Disposition Status: Approved

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

State Filing Description:

General Information

Project Name: BCIC TRIPRA Rule B-1405 Status of Filing in Domicile: Not Filed
Project Number: 08-WC-AR-0408 Domicile Status Comments: n/a
Reference Organization: NCCI Reference Number:
Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: Item B-1405 of 2007

Filing Status Changed: 01/11/2008

State Status Changed: 01/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to advise that BCIC is adopting the revision to NCCI Basic Manual rule as filed in the NCCI Countrywide Item B-1405 - Terrorism Risk Insurance Program Reauthorization Act of 2007.

Company and Contact

Filing Contact Information

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Ethel Lee, Regulatory Filing Senior Analyst ethel.lee@summitholdings.com
2310 Commerce Point Drive (800) 282-7648 [Phone]
Lakeland, FL 33801 (863) 667-7232[FAX]

Filing Company Information

Bridgefield Casualty Insurance Company CoCode: 10335 State of Domicile: Florida
2310 Commerce Point Drive Group Code: 111 Company Type: Property &
Lakeland, FL 33801 Group Name: Liberty Mutual Agcy State ID Number:
Mkts
(800) 282-7648 ext. [Phone] FEIN Number: 59-3269531

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bridgefield Casualty Insurance Company	\$25.00	01/10/2008	17429732

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/11/2008	01/11/2008

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Disposition

Disposition Date: 01/11/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Expedited Terrorism Transmittal Document	Approved	Yes

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Rate Information

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	01/11/2008
Bypass Reason:	n/a		
Comments:			
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	01/11/2008
Bypass Reason:	n/a		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	01/11/2008
Bypass Reason:	n/a		
Comments:			
Satisfied -Name:	Expedited Terrorism Transmittal Document	Review Status: Approved	01/11/2008
Comments:			
Attachment:			
08-WC-AR-0408 .pdf			

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

This page applies to the following state(s) **Arkansas**

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 #
Bridgefield Casualty Insurance Company	FL	0111-10335	59-3269531

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Ms. Ethel Lee Sr. Analyst, Regulatory Filing Summit Consulting, Inc., MGA	1-800-282-7648	863-667-7218	ethel.lee@ summitholdings.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation
Filing Type ** see note below	Form (Endorsements)
This application is used with:	
Effective Date Requested	01/01/2008
Filing date	01/10/2008
Company Tracking Number	08-WC-AR-0408
Date filing approved in domiciliary state, if applicable	NCCI Countrywide—Item B-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007 rule item filing was not filed in FL.

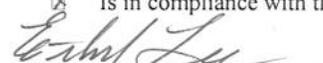
	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Adopt revision to Rule 3 A. 24. a. as filed by NCCI, Item B-1405		<input 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

Ethel Lee
Print Name:

Sr. Analyst, Regulatory Filing
Title: