

SERFF Tracking Number: SMCG-125435255 State: Arkansas
Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 07-WC-AR-0404
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: LRMIC AR Initial Form Filing
Project Name/Number: LRMIC AR Initial Form Filing/07-WC-AR-0404

Filing at a Glance

Company: Louisiana Retailers Mutual Insurance Company

Product Name: LRMIC AR Initial Form Filing SERFF Tr Num: SMCG-125435255 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #? \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: 07-WC-AR-0404 State Status: Fees verified
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Authors: Liz McCarty, Ethel Lee Disposition Date: 01/17/2008
Date Submitted: 01/16/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 01/17/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

Check #106010 for \$150 was submitted with the corresponding rate filing. That is the correct amount for both filings.

General Information

Project Name: LRMIC AR Initial Form Filing Status of Filing in Domicile: Not Filed
Project Number: 07-WC-AR-0404 Domicile Status Comments: n/a
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/17/2008
State Status Changed: 01/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The purpose of this filing is to create the initial workers' compensation policy, endorsements and forms for Louisiana Retailers Mutual Insurance Company (LRMIC)

Company and Contact

Filing Contact Information

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

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Ethel Lee, Regulatory Analyst ethel.lee@summitholdings.com
P.O. Box 988 (863) 665-6060 [Phone]
Lakeland, FL 33802-0988 (863) 667-7218[FAX]

Filing Company Information

Louisiana Retailers Mutual Insurance Company CoCode: 10718 State of Domicile: Louisiana
9489 Interline Avenue Group Code: Company Type: Property &
Casualty
Baton Rouge, LA 70809 Group Name: State ID Number:
(225) 926-3264 ext. [Phone] FEIN Number: 59-2009824

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 filing fee
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
106010	\$150.00	12/21/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/17/2008	01/17/2008

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Disposition

Disposition Date: 01/17/2008

Effective Date (New): 01/17/2008

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	Cover Letter	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Form Filing Schedule - F778	Approved	Yes
Form	Workers Compensation and Employers Liability Insurance Policy	Approved	Yes
Form	Workers Compensation and Employers Liability Insurance Policy Information Page	Approved	Yes
Form	Policy Information Page Endorsement	Approved	Yes
Form	Terrorism Risk Insurance Extension Act Endorsement	Approved	Yes
Form	Alternate Employer Endorsement	Approved	Yes
Form	Designated Workplace Exclusion Endorsement	Approved	Yes
Form	Employers Liability Coverage Endorsement	Approved	Yes
Form	Joint Venture as Insured Endorsement	Approved	Yes
Form	Partners, Officers and Others Exclusion Endorsement	Approved	Yes
Form	Sole Proprietors, Partners, Officers and Others Coverage	Approved	Yes
Form	Voluntary Compensation and Employers Liability Coverage Endorsement	Approved	Yes
Form	Waiver of Our Right to Recover From Others Endorsement	Approved	Yes
Form	Domestic and Agricultural Workers Exclusion Endorsement	Approved	Yes
Form	Labor Contractor Endorsement	Approved	Yes
Form	Aircraft Premium Endorsement	Approved	Yes
Form	Anniversary Rating Date Endorsement	Approved	Yes
Form	Experience Rating Modification Factor Endorsement	Approved	Yes
Form	Pending Rate Change Endorsement	Approved	Yes

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Form	Policy Period Endorsement	Approved	Yes
Form	Premium Discount Endorsement	Approved	Yes
Form	Rate Change Endorsement	Approved	Yes
Form	Contingent Experience Rating	Approved	Yes
	Modification Factor Endorsement		
Form	Notification of Change in Ownership	Approved	Yes
	Endorsement		
Form	Domestic Terrorism, Earthquakes, and	Approved	Yes
	Catastrophic Industrial Accidents		
	Premium Endorsement		
Form	Foreign Terrorism Premium Endorsement	Approved	Yes
Form	Limited Other States Insurance	Approved	Yes
	Endorsement		
Form	Premium Due Date Endorsement	Approved	Yes
Form	Estimated Premium Summary Statement, Approved		Yes
	Extension of Information Page WC 00 00		
	01 A, Item 4		
Form	Estimated Premium Summary Statement, Approved		Yes
	Extension of Endorsement WC 89 04 15,		
	Item 4		
Form	Audited Premium Summary Statement, Approved		Yes
	Extension of Endorsement WC 89 04 15,		
	Item 4		
Form	Arkansas Managed Care Endorsement	Approved	Yes
Form	Arkansas Amendatory Endorsement	Approved	Yes
Form	Arkansas Benefits Deductible	Approved	Yes
	Endorsement		
Form	Arkansas Contract Hauling Warranty	Approved	Yes
	Endorsement		
Form	Notice of Termination of Workers'	Approved	Yes
	Compensation Insurance		
Form	Reinstatement or Withdrawal of Policy	Approved	Yes
	Termination		

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Workers Compensation and Employers Liability Insurance Policy	WC 00 00 00 A LRM 0501/STA TE	REV 12/04 (06-434)	Policy/CoveNew rage Form		0.00	06-434 LRMIC Policy - to titles.pdf
Approved	Workers Compensation and Employers Liability Insurance Policy Information Page	WC 00 00 01 A (5/88) LRM0506	4/98 (98-139) (DOC 00-404)	Policy/CoveNew rage Form		0.00	LRMIC PIP Page.pdf
Approved	Policy Information Page Endorsement	WC 89 06 00 B	(7/01)	Endorseme New nt/Amendm ent/Condi tions		0.00	WC 89 06 00 B (7-01) Policy Info Page Endt.pdf
Approved	Terrorism Risk Insurance Extension Act Endorsement	WC 00 01 13	(01/06)	Endorseme New nt/Amendm ent/Condi tions		0.00	WC 00 01 13 (1-06) TRIEA.pdf
Approved	Alternate Employer Endorsement	WC 00 03 01 A	(5/97)	Endorseme New nt/Amendm ent/Condi tions		0.00	WC 00 03 01 A _5-97_ Alternate Employer.pdf
Approved	Designated Workplace Exclusion Endorsement	WC 00 03 02	(11/98)	Endorseme New nt/Amendm ent/Condi tions		0.00	WC 00 03 02 (11-98) Designated Workplace Excl.pdf
Approved	Employers Liability Coverage Endorsement	WC 00 03 03 C	(10/04)	Endorseme New nt/Amendm ent/Condi tions		0.00	WC 00 03 03 C (10-04) Employers

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Approval	Description	Code	Endorsement	Value	File Name
Approved	Joint Venture as Insured Endorsement	WC 00 03 (11/98) 05	Endorsement/Amendment/Conditions	0.00	WC 00 03 05 (11-98) Joint Venture.pdf
Approved	Partners, Officers and Others Exclusion Endorsement	WC 00 03 (5/97) 08	Endorsement/Amendment/Conditions	0.00	WC 00 03 08 (5-97) Exclusions.pdf
Approved	Sole Proprietors, Partners, Officers and Others Coverage	WC 00 03 (5/97) 10	Endorsement/Amendment/Conditions	0.00	WC 00 03 10 (5-97) Inclusions.pdf
Approved	Voluntary Compensation and Employers Liability Coverage Endorsement	WC 00 03 (11/98) 11 A	Endorsement/Amendment/Conditions	0.00	WC 00 03 11 A (11-98) Voluntary Comp & EL.pdf
Approved	Waiver of Our Right to Recover From Others Endorsement	WC 00 03 (5/97) 13	Endorsement/Amendment/Conditions	0.00	WC 00 03 13 (5-97) Wavier of Subro.pdf
Approved	Domestic and Agricultural Workers Exclusion Endorsement	WC 00 03 (11/98) 15	Endorsement/Amendment/Conditions	0.00	WC 00 03 15 (11-98) Domestic & Ag Exclusion.pdf
Approved	Labor Contractor Endorsement	WC 00 03 (4/01) 20 A	Endorsement/Amendment/Conditions	0.00	WC 00 03 20 A (4-01) Labor Contractor.pdf
Approved	Aircraft Premium Endorsement	WC 00 04 (5/97) 01	Endorsement/Amendment/Conditions	0.00	WC 00 04 01 A (5-97) Aircraft Premium.pdf
Approved	Anniversary	WC 00 04 (5/97)	Endorsement New	0.00	WC 00 04 02

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	Rating Date		nt/Amendm ent/Condi ons		(5-97) Anniv Rating Date.pdf
Approved	Experience Rating Modification Factor Endorsement	WC 00 04 (1/98) 03	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 00 04 03 (1-98) Exp Rating Mod Factor.pdf
Approved	Pending Rate Change Endorsement	WC 00 04 (11/98) 04	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 00 04 04 (11-98) Pending Rate Change.pdf
Approved	Policy Period Endorsement	WC 00 04 (11/98) 05	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 00 04 05 (11-98) Policy Period.pdf
Approved	Premium Discount Endorsement	WC 00 04 (5/97) 06	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 00 04 06 (5-97) Premium Discount.pdf
Approved	Rate Change Endorsement	WC 00 04 (11/98) 07	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 00 04 07 (11-98) Rate Change.pdf
Approved	Contingent Experience Rating Modification Factor Endorsement	WC 00 04 (9/00) 12	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 00 04 12 (9-00) Contingent Exp Rating.pdf
Approved	Notification of Change in Ownership Endorsement	WC 00 04 (5/97) 14	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 00 04 14 (5-97) Change in Ownership.p df
Approved	Domestic Terrorism,	WC 00 04 (1/06) 21 A	Endorseme New nt/Amendm	0.00	WC 00 04 21 A (1-06)

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	Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement		ent/Condi tions		DTEC.pdf
Approved	Foreign Terrorism Premium Endorsement	WC 00 04 (1/06) 22	Endorseme New nt/Amendm ent/Condi tions	0.00	WC 00 04 22 (1-06) Foreign Terrorism.pd f
Approved	Limited Other States Insurance Endorsement	WC 99 03 (7/04) 12	Endorseme New nt/Amendm ent/Condi tions	0.00	WC 99 03 12 _7-04_ Limited Other States.pdf
Approved	Premium Due Date Endorsement	WC 99 04 (12/01) 02	Endorseme New nt/Amendm ent/Condi tions	0.00	WC 99 04 02 (12-01) Premium Due Date.pdf
Approved	Estimated Premium Summary Statement, Extension of Information Page WC 00 00 01 A, Item 4	WC 99 04 (12/07) 49 AR, LR	Policy/CoveNew rage Form	0.00	AR EPSS 000001A 12- 07 WC990449.p df
Approved	Estimated Premium Summary Statement, Extension of Endorsement WC 89 04 15, Item 4	WC 99 04 (12/07) 50 AR,LR	Endorseme New nt/Amendm ent/Condi tions	0.00	AR EPSS 890415 12- 07 WC990450.p df
Approved	Audited Premium Summary	WC 99 04 (12/07) 51 AR, LR	Endorseme New nt/Amendm	0.00	AR APSS 890415 12-

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	Statement, Extension of Endorsement WC 89 04 15, Item 4		ent/Condi ons		07 WC990451.p df
Approved	Arkansas Managed Care Endorsement	WC 03 04 (3/02) 04	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 03 04 04 (3-02).pdf
Approved	Arkansas Amendatory Endorsement	WC 03 06 (3/02) 01 A	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 03 06 01 A (3-02).pdf
Approved	Arkansas Benefits Deductible Endorsement	WC 03 06 (3/02) 02 A	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 03 06 02 A (3-02).pdf
Approved	Arkansas Contract Hauling Warranty Endorsement	WC 03 06 (3/02) 03	Endorseme New nt/Amendm ent/Condi ons	0.00	WC 03 06 03 (3-02).pdf
Approved	Notice of Termination of Workers' Compensation Insurance	BCI/0803/ 7/01 (01- STATE 391)	Canc/NonR New en Notice	0.00	NOTICE OF TERMINATI ON BCI 0803 St 7-01 (01-391).pdf
Approved	Reinstatement or Withdrawal of Policy Termination	WC 97 (3/05) 055	Other New	0.00	REINSTATE MENT WC 97 055 (3- 05).pdf

**WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY**

PLEASE READ THE POLICY CAREFULLY



LOUISIANA RETAILERS
MUTUAL INSURANCE COMPANY

P.O. Box 80439 • Baton Rouge, LA 70898-0439

FOR INQUIRIES CALL: SUMMIT CUSTOMER SERVICE
1-800-282-7648 or (863) 665-6060
SUMMIT CLAIMS CENTER
(225) 928-0820 or 1-888-468-2539
TO REPORT NOTICE OF INJURY
1-800-762-7811

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
QUICK REFERENCE**

Beginning on page

Beginning on page

INFORMATION PAGE Insert

GENERAL SECTION 3

- A. The Policy 3
- B. Who Is Insured 3
- C. Workers Compensation Law..... 3
- D. State 3
- E. Locations 3

PART ONE: WORKERS COMPENSATION INSURANCE 3

- A. How This Insurance Applies 3
- B. We Will Pay 3
- C. We Will Defend 3
- D. We Will Also Pay 3
- E. Other Insurance 3
- F. Payments You Must Make 4
- G. Recovery from Others 4
- H. Statutory Provisions..... 4

PART TWO: EMPLOYERS LIABILITY INSURANCE 4

- A. How This Insurance Applies 4
- B. We Will Pay 4
- C. Exclusions 5
- D. We Will Defend 5
- E. We Will Also Pay 5
- F. Other Insurance 6

- G. Limits of Liability 6
- H. Recovery from Others 6
- I. Actions Against Us 6

PART THREE: OTHER STATES INSURANCE 6

- A. How This Insurance Applies 6
- B. Notice 6

PART FOUR: YOUR DUTIES IF INJURY OCCURS 6

PART FIVE: PREMIUM 7

- A. Our Manuals 7
- B. Classifications..... 7
- C. Remuneration 7
- D. Premium Payments 7
- E. Final Premium 7
- F. Records 7
- G. Audit 7

PART SIX: CONDITIONS 7

- A. Inspection 7
- B. Long-Term Policy 8
- C. Transfer of Your Rights and Duties..... 8
- D. Cancellation..... 8
- E. Sole Representative 8

IMPORTANT: This Quick Reference is **not** part of the Workers Compensation and Employers Liability Insurance Policy and does **not** provide coverage. Refer to the Workers Compensation and Employers Liability Insurance Policy itself for actual contractual provisions.

PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY CAREFULLY.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

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. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide non-occupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE: WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance

or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery from Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.

5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance; or
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO: EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. for which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. for care and loss of services; and
3. for consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee;

provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

4. because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. bodily injury intentionally caused or aggravated by you;
6. bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation

Act (33 USC Sections 901–950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171–8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331–1356), the Defense Base Act (42 USC Sections 1651–1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901–942), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51–60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. bodily injury to a master or member of the crew of any vessel;
11. fines or penalties imposed for violation of federal or state law; and
12. damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801–1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and

5. expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for “bodily injury by accident—each accident” is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for “bodily injury by disease—policy limit” is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for “bodily injury by disease—each employee” is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery from Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE: OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR: YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE: PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

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.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX: CONDITIONS

A. Inspection

We have the right, but are not obliged, to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may

give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long-Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.

3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

“Executed on behalf of Louisiana Retailers Mutual Insurance Company by its president and its secretary.”



LOUISIANA RETAILERS

MUTUAL INSURANCE COMPANY

P.O. Box 80439
Baton Rouge, LA 70898-0439

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

Carrier code _____

Policy number _____

Item 1. Insured

Prior policy number _____

Name
and
Address

RISK I.D. _____

____ Individual ____ Corporation
____ Partnership ____ Subchapter "S"
____ Other

Other workplaces not shown above:

FEIN _____

Item 2. Policy period

From _____ To _____ 12:01 a.m. standard time at the address of the insured as stated herein.

Item 3. Coverage

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	each employee
Bodily Injury by Disease	\$	policy limit
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
- D. This policy includes these endorsements and schedules:

Item 4. Premium

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis: Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$ _____

Minimum Premium \$ _____

Expense Constant \$ _____

This policy, including all endorsements issued therewith, is hereby

Countersigned by _____ Date _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date prepared

Form no. WC 89 06 00 B
(7/01)

Carrier

Effective date of endorsement

Policy number

FEIN

Policy Effective Date

NCCI Carrier Code

Insured

Physical address

INTENT: POLICY INFORMATION PAGE ENDORSEMENT

The following item(s)

- | | |
|---|--|
| <input type="checkbox"/> Insured's Name (WC 89 06 01) | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12) |
| <input type="checkbox"/> Policy Number (WC 89 06 02) | <input type="checkbox"/> Item 3.C. States (WC 89 06 13) |
| <input type="checkbox"/> Effective Date (WC 89 06 03) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04) | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05) | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16) |
| <input type="checkbox"/> Experience Modification (WC 89 04 06) | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17) |
| <input type="checkbox"/> Producer's Name (WC 89 06 07) | <input type="checkbox"/> Interstate/Intrastate Risk ID No. (WC 89 06 18) |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19) |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10) | <input type="checkbox"/> Issuing Agency/Producer Office |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11) | Address (WC 89 06 25) |

is changed to read:

All other terms and conditions of this policy remain unchanged.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 01 13
(01/06)

Carrier:

Effective date of endorsement:

Policy number: FEIN:

Insured:

Physical address:

INTENT: TERRORISM RISK INSURANCE EXTENSION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Extension Act of 2005.

Definitions

The definitions provided in this endorsement are based on the definitions in the Act and are intended to have the same meaning. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Extension Act of 2005.

"Act of terrorism" means 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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, 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.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 00 01 13
(1/06)

Date prepared

"Insured terrorism or war loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at United States missions or to certain air carriers or vessels.

"Insurer deductible" means:

- a. For the period beginning on November 26, 2002 and ending on December 31, 2002, an amount equal to 1% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding November 26, 2002.
- b. For the period beginning on January 1, 2003 and ending on December 31, 2003, an amount equal to 7% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2003.
- c. For the period beginning on January 1, 2004 and ending on December 31, 2004, an amount equal to 10% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2004.
- d. For the period beginning on January 1, 2005 and ending on December 31, 2005, an amount equal to 15% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2005.
- e. For the period beginning on January 1, 2006 and ending on December 31, 2006, an amount equal to 17.5% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2006.
- f. For the period beginning on January 1, 2007 and ending on December 31, 2007, an amount equal to 20% of our direct earned premiums, as provided in the Act, over the calendar year immediately preceding January 1, 2007.

Limitation of Liability

The Act may limit our liability to you under this policy. If annual aggregate insured terrorism or war losses of all insurers exceed \$100,000,000,000 during the applicable period provided in the Act, and if we have met our insurer deductible, the amount we will pay for insured terrorism or war losses under this policy will be limited by the Act, as determined by the Secretary of the Treasury.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 00 01 13
(1/06)

Date prepared

Policyholder Disclosure Notice

1. Insured terrorism or war losses would be partially reimbursed by the United States Government under a formula established by the Act. Under this formula, the United States Government would pay 90% for Program Year 4 and 85% for Program Year 5 of our insured terrorism or war losses exceeding our insurer deductible.
2. The premium charged for the coverage this policy provides for insured terrorism or war losses is included in the amount shown in Item 4 of the Information Page or in the Schedule in the Foreign Terrorism Premium Endorsement. (WC 00 04 22), attached to this policy.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 03 01 A
(5/97)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 00 03 01 A
(5/97)

Date prepared

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

1. Alternate Employer Address

2. State of Special or Temporary Employment

3. Contract or Project

Expiration Date:

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 03 02
(11/98)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: DESIGNATED WORKPLACES EXCLUSION ENDORSEMENT

The policy does not cover work conducted at or from _____

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 03 03 C
(10/04)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement applies only to work in the states shown in the Schedule.

- A. Part One (Workers Compensation Insurance) does not apply to work in a state shown in the Schedule.
- B. Part Two (Employers Liability Insurance) applies to work in states shown in the Schedule as though they were shown in Item 3.A. of the Information Page.
- C. Part Two (Employers Liability Insurance), C. Exclusions is changed by adding these exclusions.

This insurance does not cover:

- 13. bodily injury to an employee when you are deprived of common law defenses or are subject to penalty because of your failure to secure your obligations under the workers compensation law of any state shown in the Schedule or otherwise fail to comply with that law.

Schedule

States

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 03 05
(11/98)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: JOINT VENTURE AS INSURED ENDORSEMENT

If the employer named in Item 1 of the Information Page is a joint venture, and if you are one of its members, you are insured, but only in your capacity as an employer of the joint venture's employees.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 03 08
(5/97)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: PARTNERS, OFFICERS AND OTHERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

	Schedule
Person	Title

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 03 10
(5/97)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHERS COVERAGE ENDORSEMENT

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

<u>Person</u>	<u>Title</u>	<u>State</u>
---------------	--------------	--------------

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 03 11 A
(11/98)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
2. The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
3. The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 00 03 11 A
(11/98)

Date prepared

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.
2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

Schedule

Employees	State of Employment	Designated Workers Compensation Law
-----------	---------------------	--

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 03 13
(5/97)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 03 15
(11/98)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: DOMESTIC AND AGRICULTURAL WORKERS EXCLUSION ENDORSEMENT

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we are required to make because of bodily injury to such persons.

Schedule

Farm or Agricultural Workers:

Domestic or Household Workers:

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 03 20 A
(4/01)

Carrier:

Effective date of endorsement:

Policy number: FEIN:

Insured:

Physical address:

INTENT: LABOR CONTRACTOR ENDORSEMENT

This endorsement applies only with respect to bodily injury to your leased employees in the state named in Item 2 of the Schedule when provided by a labor contractor named in Item 1 of the Schedule. This endorsement does not apply with respect to bodily injury to workers provided to you on a temporary basis.

Certain words and phrases in this endorsement are defined as follows:

Labor contractor means the entity furnishing some or all of the workers to another entity.

Client means the entity using the services of a labor contractor to obtain some or all of its workers.

Temporary worker means a worker who is furnished to an entity to substitute for a permanent employee on leave or to meet seasonal or short-term workload conditions.

Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the labor contractor is an insured. If an entry is shown in Item 3 of the Schedule, the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One we will reimburse the labor contractor named in the Schedule for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the labor contractor's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the labor contractor with any government agency.

We will not ask any other insurer of the labor contractor to share with us a loss covered by this endorsement.

Premium will be charged for your leased employees while provided by the labor contractor. You must obtain from the labor contractor and furnish to us a complete payroll record of your leased employees provided by the labor contractor to satisfy your obligations under Part Five (Premium), C.2.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 00 03 20 A
(4/01)

Date prepared

The policy may be canceled according to its terms or for violation of rules applicable to employee leasing operations provided that the labor contractor has been provided a reasonable opportunity to cure the violation. If the policy is canceled, we will send notice of such cancelation to the labor contractor.

Part Four (Your Duties If Injury Occurs) applies to you and the labor contractor. The labor contractor will recognize our right to defend under Parts One and Two and our right to inspect under Part Six (Conditions).

Schedule

1. Labor Contractor Address

2. State Where Work Performed

3. Contract or Project

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 04 01 A
(5/97)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: AIRCRAFT PREMIUM ENDORSEMENT

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>

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

Countersigned by _____ Date _____

cc:

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 02
(5/97)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: ANNIVERSARY RATING DATE ENDORSEMENT

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

Schedule

Anniversary Rating Date _____ (Month) _____ (Day)

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 03
(1/98)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 04
(11/98)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 05
(11/98)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: POLICY PERIOD ENDORSEMENT

The policy period shown in Item 2 of the Information Page consists of the consecutive periods shown in the Schedule. Our Manuals and all provisions of the policy apply separately to each period.

Schedule

From	_____	to	_____	12:01 A.M.
From	_____	to	_____	12:01 A.M.
From	_____	to	_____	12:01 A.M.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 06
(5/97)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: PREMIUM DISCOUNT ENDORSEMENT

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

1. <u>State</u>	<u>Estimated Eligible Premium</u>			
	First	Next	Next	Balance
	\$5,000	\$95,000	\$400,000	
	0%	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:

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 07
(11/98)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: RATE CHANGE ENDORSEMENT

Rate changes that apply to the policy have been approved by the proper regulatory authority. The changes are shown in the Schedule.

Schedule			
<u>State</u>	<u>Date of Change</u>	<u>State Coverage % Change</u>	<u>Longshoremen's and Harbor Workers' Act Coverage %</u>

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 12
(9/00)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

The premium for this policy will be adjusted by an experience rating modification factor. The factor shown in the schedule is a Contingent Experience Rating Modification factor based on the appropriate experience data available and replaces any prior experience modification factor. We will issue an endorsement to show a revised factor if appropriate additional experience data becomes available. The Contingent factor will apply unless a revised factor is subsequently issued.

Schedule

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 00 04 14
(5/97)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: 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.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 21 A
(1/06)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: 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 22), 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.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 00 04 21 A
(1/06)

Date prepared

	Schedule	
Payroll	Rate	Premium
See Premium		See Premium
Summary Statement		Summary Statement

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 00 04 22
(1/06)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: FOREIGN TERRORISM PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium for losses that may occur in the event of an act of foreign terrorism.

Your policy provides coverage for workers compensation losses caused by acts of foreign terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

For purposes of this endorsement, an "act of foreign terrorism" is defined as:

- a. Any act that is violent or dangerous to human life, property or infrastructure; and
- b. The act has been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, 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.

The premium charge for the coverage your policy provides for workers compensation losses caused by an act of foreign terrorism is shown in Item 4 of the Information Page or in the Schedule below.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 00 04 22
(1/06)

Date prepared

Schedule

State

Rate per \$100 of payroll

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 99 03 12
(7/04)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: LIMITED OTHER STATES INSURANCE ENDORSEMENT

"Part Three—Other States Insurance" of the Policy is replaced by the following:

PART THREE: OTHER STATES INSURANCE

A. How This Insurance Applies

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
 - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page;
 - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state's law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
 - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers' compensation law.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 99 03 12
(7/04)

Date prepared

IMPORTANT NOTICE!

If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers' compensation law.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 99 04 02
(12/01)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. Part Five of the policy by adding the following wording.

PART FIVE
PREMIUM

D. Premium is amended to read:

You will pay all premium, including audit and retrospective premiums,
when due as set forth by the billing.

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

Countersigned by _____ Date _____

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ESTIMATED PREMIUM SUMMARY STATEMENT

CARRIER:

AGENCY:

PHONE NUMBER:

EXTENSION OF INFORMATION PAGE WC 00 00 01 A, ITEM 4

CLIENT:

Account Number:

Policy Period:

Plan:

WORK CODE	CLASSIFICATION	PAYROLL	PRO RATA	RATE	PREMIUM
----------------------	-----------------------	----------------	---------------------	-------------	----------------

Total Manual Premium
Specific Subrogation Waiver
Blanket Subrogation Waiver
Increased Limits Amount
Balance to IEL Minimum

Drug Free Workplace Credit

Short Rate Amount
Experience Mod
Total Modified Premium
Schedule Rating
Deduct comp only
Deduct medical only
Deduct comp/medical
Aircraft Seat Surcharge
Balance to Minimum Premium
Standard Premium
Discount
Expense Constant
Foreign Terrorism
Catastrophe Charge
Policy Grand Total

Minimum Premium:

Date Prepared:

Time Prepared:

WC 99 04 49 (12/07) AR, LR

ESTIMATED PREMIUM SUMMARY STATEMENT

CARRIER:

AGENCY:

PHONE NUMBER:

EXTENSION OF ENDORSEMENT WC 89 04 15, ITEM 4

CLIENT:

Account Number:

Policy Period:

Plan:

WORK CODE	CLASSIFICATION	PAYROLL	PRO RATA	RATE	PREMIUM
----------------------	-----------------------	----------------	---------------------	-------------	----------------

Total Manual Premium
Specific Subrogation Waiver
Blanket Subrogation Waiver
Increased Limits Amount
Balance to IEL Minimum

Drug Free Workplace Credit

Short Rate Amount
Experience Mod
Total Modified Premium
Schedule Rating
Deduct comp only
Deduct medical only
Deduct comp/medical
Aircraft Seat Surcharge
Balance to Minimum Premium
Standard Premium
Discount
Expense Constant
Foreign Terrorism
Catastrophe Charge
Policy Grand Total

Minimum Premium:

Date Prepared:

Time Prepared:

WC 99 04 50 (12/07) AR, LR

AUDITED PREMIUM SUMMARY STATEMENT

CARRIER:

AGENCY:

PHONE NUMBER:

EXTENSION OF ENDORSEMENT WC 89 04 15, ITEM 4

CLIENT:

Account Number:

Policy Period:

Plan:

WORK CODE	CLASSIFICATION	PAYROLL	PRO RATA	RATE	PREMIUM
----------------------	-----------------------	----------------	---------------------	-------------	----------------

Total Manual Premium
Specific Subrogation Waiver
Blanket Subrogation Waiver
Increased Limits Amount
Balance to IEL Minimum

Drug Free Workplace Credit

Short Rate Amount
Experience Mod
Total Modified Premium
Schedule Rating
Deduct comp only
Deduct medical only
Deduct comp/medical
Aircraft Seat Surcharge
Balance to Minimum Premium
Standard Premium
Discount
Expense Constant
Foreign Terrorism
Catastrophe Charge
Policy Grand Total

Minimum Premium:

Date Prepared:

Time Prepared:

WC 99 04 51 (12/07) AR, LR

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared: Form no. WC 03 04 04
(3/02)
Carrier:
Effective date of endorsement:
Policy number: FEIN:
Insured:

Physical address:

INTENT: ARKANSAS MANAGED CARE ENDORSEMENT

This endorsement applies to the insurance provided by the policy because Arkansas is shown in Item 3.A. of the Information Page.

You will receive a premium credit, as shown in the schedule below, if you subscribe to the services of an approved Managed Care Program. The premium credit will be applicable as long as you retain the services of and comply with the procedures of the Managed Care Program.

The credit will be applied in a multiplicative manner, after increased limits factors, if applicable, but before the application of the experience modification and deductible credits, and before application of any other premium surcharges and expense accounts.

The credit may be given at inception, renewal, at audit or midterm on a pro rata basis.

Schedule

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 03 06 01 A
(3/02)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: ARKANSAS AMENDATORY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Arkansas is shown in Item 3.A. of the Information Page.

Part Two—Employers Liability Insurance

C. Exclusions

2. Is replaced by:

punitive or exemplary damages because of bodily injury to an employee employed in violation of law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

Part Six-Conditions

D. Cancellation is replaced by:

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. If we cancel because you fail to pay all premium when due, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 10 days advance written notice stating when the cancellation is to take effect. If we cancel for any other reason, we will mail or deliver to you and to the Arkansas Workers Compensation Commission not less than 30 days advance written notice stating when the cancellation is to take effect. Mailing notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient notice.
3. The policy period will end on the day and hour stated in the cancellation notice.

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 03 06 02 A
(3/02)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: ARKANSAS BENEFITS DEDUCTIBLE ENDORSEMENT

This endorsement applies only to the insurance provided by Part One (Workers Compensation Insurance) because Arkansas is shown in Item 3.A. of the Information Page.

1. Part One (Workers Compensation Insurance) applies only to benefits in excess of the deductible amount shown in the Schedule.
2. This deductible applies separately to each claim for bodily injury by accident or disease.
3. We will pay the deductible amount for you, but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the policy as provided in Part Six (Conditions), Section D. Cancellation, of the policy. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 03 06 02 A

(3/02)

Date prepared

Schedule

Indemnity and Medical
Deductible Amount

Medical Deductible
Amount

Indemnity Deductible
Amount

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

Countersigned by _____ Date _____

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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Date Prepared:

Form no. WC 03 06 03
(3/02)

Carrier:

Effective date of endorsement:

Policy number:

FEIN:

Insured:

Physical address:

INTENT: ARKANSAS CONTRACT HAULING WARRANTY ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Arkansas is shown in Item 3.A. of the Information Page.

Some of your employees haul under contract. The payroll of your employees engaged in hauling under a contract shown in the Schedule will be classified and rated as though those employees were engaged directly by the contracting party.

We have specifically determined and you warrant that each of the contracts shown in the Schedule meets all of the following conditions:

1. The contract term is one year or more.
2. Specific trucks and employees are assigned to perform the hauling under the contract and are used exclusively for that purpose.
3. A separate record of payroll is kept of employees engaged in hauling under the contract.

Payroll of employees engaged in hauling under any contract where all of these conditions do not exist will be classified and rated as Code 7228-Trucking. The use of any classification other than Code 7228-Trucking to cover contract hauling is not available except upon our specific determination that all of these conditions exist.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Policy number

Form no. WC 03 06 03
(3/02)

Date prepared

Schedule

Contracting Party

Governing Classification

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

Countersigned by _____ Date _____

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**NOTICE OF TERMINATION OF WORKERS'
COMPENSATION INSURANCE**

To Insured

		Fed. Employer ID Number
		Date

Notice is hereby given that coverage under our policy number _____, effective 12:01 A.M. on _____, will be terminated as of 12:01 A.M. on _____.

This coverage was originally reported under our policy number _____.

(Carrier name and address)

Reason:

REINSTATEMENT

OR

WITHDRAWAL OF POLICY TERMINATION

Our Notice of Termination, effective, _____ and/or dated _____,

is hereby voided and coverage remains in effect for the employer identified below.

Name and address as shown on policy

Federal Employer Identification Number _____

Current Policy Number _____

Carrier Name _____

SERFF Tracking Number: SMCG-125435255 State: Arkansas
Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 07-WC-AR-0404
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: LRMIC AR Initial Form Filing
Project Name/Number: LRMIC AR Initial Form Filing/07-WC-AR-0404

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SMCG-125435255 State: Arkansas
Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 07-WC-AR-0404
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: LRMIC AR Initial Form Filing
Project Name/Number: LRMIC AR Initial Form Filing/07-WC-AR-0404

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/17/2008

Comments:

Attachment:

07-WC-AR-0404 PC TD-1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 01/17/2008

Comments:

Attachment:

07-WC-AR-0404 ltr.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 01/17/2008

Comments:

Attachment:

AR Filing Memorandum 07-WC-AR-0404.pdf

Satisfied -Name: Form Filing Schedule - F778 **Review Status:** Approved 01/17/2008

Comments:

Attachment:

07-WC-AR-0404 PC FFS-1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="text-align: center;">New Business</td> <td style="width: 100px;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td style="width: 100px;"></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
a. Date the filing is received:																					
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New Business																					
Renewal Business																					
f. State Filing #:																					
g. SERFF Filing #:																					
h. Subject Codes																					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Louisiana Retailers Mutual Insurance Company	LA	10718	59-2009824	

5. Company Tracking Number	07-WC-AR-0404
-----------------------------------	----------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Mr. Robert A. Laramore Summit Consulting, Inc. of Louisiana, MGA	Director of Regulations & Reinsurance	1-800-282-7648	863-667-7218	bob.laramore@ summitholdings.com
7. Signature of authorized filer			<i>Robert A. Laramore</i>		
8. Please print name of authorized filer			Robert A. Laramore		

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

9. Type of Insurance (TOI)	16.0000 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
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 checked="" 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: Upon Approval Renewal: Upon Approval
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 checked="" 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 # 07-WC-AR-0406

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

See Filing Memorandum

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 #: 106010
Amount: 150.00
Rate filing fee - \$100
Form filing fee - \$50

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



P.O. Box 80439 • Baton Rouge, LA 70898-0439 • (225) 926-3264 • 1-800-421-2944 • Fax (225) 926-4102

January 15, 2008

Ms. Julie Benafield Bowman, Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little rock, AR 72201-1904

Re: Louisiana Retailers Mutual Insurance Company
Workers Compensation Insurance
Initial Filing of Workers Compensation Policy, Endorsements and Forms
NAIC Number 10718
LRMIC Filing Number 07-WC-AR-0404

Dear Ms. Benafield:

Louisiana Retailers Mutual Insurance Company is licensed to write workers compensation insurance in the state of Mississippi. At this time we are submitting our initial workers compensation and employers liability insurance policy, endorsements and forms. We are requesting the filing be effective upon approval.

Included in this filing are:

1. Cover Letter
2. Filing Memorandum
3. Property & Casualty Transmittal Document (PC TD-1)
4. Form Filing Schedule (PC-FFS-1)
5. Documents listed in Filing Memorandum
6. The required filing fee

Please send all questions and correspondence to: Louisiana Retailers Mutual Insurance Company
ATTN: Robert Laramore
P.O. Box 988
Lakeland, FL 33802-0988
Email: bob.laramore@summitholdings.com
Phone 1-800-282-7648, ext. 3652

To the best of my knowledge, this filing is in compliance with the statutes, rules regulations of the State of Mississippi.

Sincerely,

Robert A. Laramore
Director of Regulation & Reinsurance
Summit Consulting, Inc. of Louisiana,
Managing General Agent

RAL/lm

Enclosures

**Filing Memorandum
Louisiana Retailers Mutual Insurance Company
07-WC-AR-0404**

Purpose

The purpose of this filing is to create initial workers compensation policy, endorsements and forms for Louisiana Retailers Mutual Insurance Company (LRMIC). LRMIC recently obtained a Certificate of Authority from Arkansas Department of Insurance.

Proposal

With this filing, we are proposing to use the following:

Form Title	Form Number	Description of Form
Workers Compensation and Employers Liability Insurance Policy	WC 00 00 00 A LRM 0501/STATE REV 12/04 (06-434)	NCCI Form
Workers Compensation and Employers Liability Insurance Policy Information Page	WC 00 00 01 A (5/88) LRM 0506 4/98 (98-139) (DOC 00-404)	NCCI Form
Policy Information Page Endorsement	WC 89 06 00 B (7/01)	NCCI Form
Terrorism Risk Insurance Extension Act Endorsement	WC 00 01 13 (01/06)	NCCI Form
Alternate Employer Endorsement	WC 00 03 01 A (5/97)	NCCI Form
Designated Workplace Exclusion Endorsement	WC 00 03 02 (11/98)	NCCI Form
Employers Liability Coverage Endorsement	WC 00 03 03 C (10/04)	NCCI Form
Joint Venture as Insured Endorsement	WC 00 03 05 (11/98)	NCCI Form
Partners, Officers and Others Exclusion Endorsement (modified to facilitate printing)	WC 00 03 08 (5/97)	NCCI Form
Sole Proprietors, Partners, Officers and Others Coverage Endorsement (modified to facilitate printing)	WC 00 03 10 (5/97)	NCCI Form
Voluntary Compensation and Employers Liability Coverage Endorsement	WC 00 03 11 A (11/98)	NCCI Form
Waiver of Our Right to Recover From Others Endorsement	WC 00 03 13 (5/97)	NCCI Form

Form Title	Form Number	Description of Form
Domestic and Agricultural Workers Exclusion Endorsement	WC 00 03 15 (11/98)	NCCI Form
Labor Contractor Endorsement	WC 00 03 20 A (4/01)	NCCI Form
Aircraft Premium Endorsement	WC 00 04 01 (5/97)	NCCI Form
Anniversary Rating Date Endorsement	WC 00 04 02 (5/97)	NCCI Form
Experience Rating Modification Factor Endorsement	WC 00 04 03 (1/98)	NCCI Form
Pending Rate Change Endorsement	WC 00 04 04 (11/98)	NCCI Form
Policy Period Endorsement	WC 00 04 05 (11/98)	NCCI Form
Premium Discount Endorsement	WC 00 04 06 (5/97)	NCCI Form
Rate Change Endorsement	WC 00 04 07 (11/98)	NCCI Form
Contingent Experience Rating Modification Factor Endorsement	WC 00 04 12 (9/00)	NCCI Form
Notification of Change in Ownership Endorsement	WC 00 04 14 (5/97)	NCCI Form
Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 A (1/06)	NCCI Form

Form Title	Form Number	Description of Form
Foreign Terrorism Premium Endorsement	WC 00 04 22 (1/06)	NCCI Form
Limited Other States Insurance Endorsement	WC 99 03 12 (7/04)	Company Form
Premium Due Date Endorsement	WC 99 04 02 (12/01)	Company Form
Estimated Premium Summary Statement, Extension of Information Page WC 00 00 01 A, Item 4	WC 99 04 49 (12/07) AR, LR	Company Form
Estimated Premium Summary Statement, Extension of Endorsement WC 89 04 15, Item 4	WC 99 04 50 (12/07) AR, LR	Company Form
Audited Premium Summary Statement, Extension of Endorsement WC 89 04 15, Item 4	WC 99 04 51 (12/07) AR, LR	Company Form
Arkansas Managed Care Endorsement	WC 03 04 04 (3/02)	Company Form
Arkansas Amendatory Endorsement	WC 03 06 01 A (3/02)	Company Form
Arkansas Benefits Deductible Endorsement	WC 03 06 02 A (3/02)	Company Form
Arkansas Contract Hauling Warranty Endorsement	WC 03 06 03 (3/02)	Company Form

Form Title	Form Number	Description of Form
Notice of Termination of Workers' Compensation Insurance	BCI/0803/STATE 7/01 (01-391)	Company Form
Reinstatement or Withdrawal of Policy Termination	WC 97 055 (3/05)	Company Form

Modifications have been made to the following:

WC 00 03 08 (5/97) *NCCI Form modified to facilitate printing. Partners, Officers and Others changed to Person and Title. Individual Names and Titles are listed on endorsement.*

WC 00 03 10 (5/97) *NCCI Form modified to facilitate printing. Sole Proprietor, Partners, Officers and Others were deleted and Title was added. Individual Names and Titles are listed on endorsement.*

Impact

This is the initial filing for a newly licensed company.

Proposed Effective Date

Louisiana Retailers Mutual Insurance Company proposes to implement this program for all policies effective on or after the approved effective date.

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.)

1.	This filing transmittal is part of Company Tracking #	07-WC-AR-0404 – Page 1 of 4			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	07-WC-AR-0406			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Workers Compensation and Employers Liability Insurance Policy	WC 00 00 00 A LRM 0501/STATE REV 12/04 (06-434)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Workers Compensation and Employers Liability Insurance Policy Information Page	WC 00 00 01 A (5/88) LRM 0506 4/98 (98-139) (DOC 00-404)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Policy Information Page Endorsement	WC 89 06 00 B (7/01)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Terrorism Risk Insurance Extension Act Endorsement	WC 00 01 13 (01/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Alternate Employer Endorsement	WC 00 03 01 A (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Designated Workplace Exclusion Endorsement	WC 00 03 02 (11/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Employers Liability Coverage Endorsement	WC 00 03 03 C (10/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Joint Venture as Insured Endorsement	WC 00 03 05 (11/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Partners, Officers and Others Exclusion Endorsement (modified to facilitate printing)	WC 00 03 08 (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Sole Proprietors, Partners, Officers and Others Coverage Endorsement (modified to facilitate printing)	WC 00 03 10 (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FORM FILING SCHEDULE

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1.	This filing transmittal is part of Company Tracking #		07-WC-AR-0404 Page 2 of 4		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		07-WC-AR-0406		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Voluntary Compensation and Employers Liability Coverage Endorsement	WC 00 03 11 A (11/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Waiver of Our Right to Recover From Others Endorsement	WC 00 03 13 (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Domestic and Agricultural Workers Exclusion Endorsement	WC 00 03 15 (11/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Labor Contractor Endorsement	WC 00 03 20 A (4/01)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Aircraft Premium Endorsement	WC 00 04 01 (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Anniversary Rating Date Endorsement	WC 00 04 02 (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Experience Rating Modification Factor Endorsement	WC 00 04 03 (1/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Pending Rate Change Endorsement	WC 00 04 04 (11/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Policy Period Endorsement	WC 00 04 05 (11/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Premium Discount Endorsement	WC 00 04 06 (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FORM FILING SCHEDULE

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1.	This filing transmittal is part of Company Tracking #		07-WC-AR-0404 Page 3 of 4		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		07-WC-AR-0406		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Rate Change Endorsement	WC 00 04 07 (11/98)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Contingent Experience Rating Modification Factor Endorsement	WC 00 04 12 (9/00)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Notification of Change in Ownership Endorsement	WC 00 04 14 (5/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 A (1/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Foreign Terrorism Premium Endorsement	WC 00 04 22 (1/06)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Limited Other States Insurance Endorsement	WC 99 03 12 (7/04)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Premium Due Date Endorsement	WC 99 04 02 (12/01)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Estimated Premium Summary Statement, Extension of Information Page WC 00 00 01 A, Item 4	WC 99 04 49 (12/07) AR, LR	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Estimated Premium Summary Statement, Extension of Endorsement WC 89 04 15, Item 4	WC 99 04 50 (12/07) AR, LR	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Audited Premium Summary Statement, Extension of Endorsement WC 89 04 15, Item 4	WC 99 04 51 (12/07) AR, LR	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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.)

1.	This filing transmittal is part of Company Tracking #	07-WC-AR-0404 Page 4 of 4			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	07-WC-AR-0406			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Arkansas Managed Care Endorsement	WC 03 04 04 (3/02)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Arkansas Amendatory Endorsement	WC 03 06 01 A (3/02)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Arkansas Benefits Deductible Endorsement	WC 03 06 02 A (3/02)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Arkansas Contract Hauling Warranty Endorsement	WC 03 06 03 (3/02)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Notice of Termination of Workers' Compensation Insurance	BCI/0803/STATE 7/01 (01-391)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Reinstatement or Withdrawal of Policy Termination	WC 97 055 (3/05)	<input checked="" 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		