

SERFF Tracking Number: EVST-125843776 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CW-WC-20025711
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: INFORMATION PAGE
Project Name/Number: /

Filing at a Glance

Company: Everest National Insurance Company

Product Name: INFORMATION PAGE

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

Effective Date Requested (New): 02/01/2009

Effective Date Requested (Renewal): 02/01/2009

State Filing Description:

SERFF Tr Num: EVST-125843776 State: Arkansas

SERFF Status: Closed

Co Tr Num: CW-WC-20025711

Co Status:

Author: Shiranie Fernandez

Date Submitted: 10/20/2008

State Tr Num: EFT \$50

State Status: Fees verified and

received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 10/21/2008

Disposition Status: Approved

Effective Date (New): 02/01/2009

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/21/2008

State Status Changed: 10/21/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

We have revised the Information Page and related forms with minor changes highlighted in red effective February 1, 2009. These were previously filed and approved effective 10/1/2005. These revised forms will accommodate all states' data requirements, thereby reducing the volume of paper that is produced for each policy. We have attempted to produce a standardized template on which our computer system can populate state-specific information. As members of the National Council on Compensation Insurance, Inc. (NCCI), we will be following the NCCI's filed rating algorithm to populate the "Premium Elements" section of the Information Page.

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Company and Contact

Filing Contact Information

Shiranie Fernandez, Associate Manager shiranie.fernandez@everestre.com
 477 Martinsville Road (908) 604-7232 [Phone]
 Liberty Corner, NJ 07938-0830 (908) 604-3526[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
 477 Martinsville Road Group Code: 1120 Company Type:
 P.O. Box 830
 Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
 Ltd.
 (908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|---------|----------------|---------------|
| Everest National Insurance Company | \$50.00 | 10/20/2008 | 23339916 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 10/21/2008 | 10/21/2008 |

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Disposition

Disposition Date: 10/21/2008

Effective Date (New): 02/01/2009

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 |
| Form | INFORMATION PAGE | Approved | Yes |
| Form | EXTENSION OF INFORMATION PAGE - CLASSIFICATION | Approved | Yes |
| Form | SCHEDULE/PREMIUM ELEMENTS EXTENSION OF INFORMATION PAGE - NAMED INSURED, IDENTIFICATION NUMBERS AND OTHER WORKPLACES SCHEDULE | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|---------------|--------------|---------------------------------|--|-------------|-------------------------|
| Approved | INFORMATION PAGE | WC 00 00 01 A | 02 09 | Declaration Replaced s/Schedule | Replaced Form #:0.00 WC 00 00 01 A 12 07 Previous Filing #: | | WC 00 00 01 A 02 09.pdf |
| Approved | EXTENSION OF INFORMATION PAGE - CLASSIFICATION SCHEDULE/PREMIUM ELEMENTS | WC 00 00 02 A | 02 09 | Declaration Replaced s/Schedule | Replaced Form #:0.00 WC 00 00 02 A 12 07 Previous Filing #: | | WC 00 00 02 A 02 09.pdf |
| Approved | EXTENSION OF INFORMATION PAGE - NAMED INSURED, IDENTIFICATION NUMBERS AND OTHER WORKPLACES SCHEDULE | WC 00 00 03 A | 02 09 | Declaration Replaced s/Schedule | Replaced Form #:0.00 WC 00 00 03 A 12 07 Previous Filing #: | | WC 00 00 03 A 02 09.pdf |

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE

EVEREST _____ INSURANCE COMPANY (A stock company)
 Renewal Reissue Rewrite

New Policy No.
Prior Policy No:
Account No:

NCCI Carrier Code:
477 Martinsville Road
Liberty Corner, NJ 07938-0830
Telephone Number: 800-438-4375
N.J. Taxpayer Identification No:

Branch Code:

1. The Insured:

Producer:

Mailing address:

Address:

Sub-producer:

Address:

Individual Partnership Corporation Joint Venture Other _____

FEIN: SEE EXTENSION OF INFORMATION PAGE – NAMED INSURED, IDENTIFICATION NUMBERS AND OTHER WORKPLACES SCHEDULE.

Other Workplaces not shown above: SEE EXTENSION OF INFORMATION PAGE – NAMED INSURED, IDENTIFICATION NUMBERS AND OTHER WORKPLACES SCHEDULE.

2. The policy period is from _____ to _____ effective 12:01 a.m. Standard Time at the insured's mailing address. This is a three-year fixed policy

Anniversary Rate Date:

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states or territories listed here:

B. Employers Liability Insurance: Part Two of the policy applies to work in each state or territory listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ _____ each accident
Bodily Injury by Disease \$ _____ policy limit
Bodily Injury by Disease \$ _____ each employee

C. Other States Insurance: Part Three of the policy applies to the states or territories, if any, listed here: All states EXCEPT those listed in item 3.A. of the Information Page and the following states or territories:

D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE – SCHEDULE OF FORMS AND ENDORSEMENTS.

4. 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.

SEE EXTENSION OF INFORMATION PAGE – CLASSIFICATION SCHEDULE/PREMIUM ELEMENTS.

Minimum Premium \$ _____ Total Estimated Annual Premium \$ _____
Expense Constant \$ _____

Total Estimated Charge \$ _____

If Indicated below, interim adjustments of premium shall be made:

Semi-annually Quarterly Monthly

Deposit Premium \$ _____

Countersigned by _____

Date _____

EVEREST _____ INSURANCE COMPANY (A stock company) Policy Number:
 NCCI CARRIER CODE:

EXTENSION OF INFORMATION PAGE
CLASSIFICATION SCHEDULE/PREMIUM ELEMENTS
(ITEM 4)

State:
 Risk ID:
 Named Insured:

Effective Date:
 12:01A.M. Standard Time

| Loc. No. | Classification of Operation | Code No. | Premium Basis Total Estimated Annual Remuneration | Rate Per \$100 of Remuneration | Estimated Annual Premium |
|--------------------------------|-----------------------------|-------------|--|--------------------------------------|--------------------------------|
| | | | | | |
| PREMIUM ELEMENTS: | | | | | |
| TOTAL ESTIMATED PREMIUM: | | | | | \$ |
| TOTAL ESTIMATED CHARGE: | | | | | \$ |
| TOTAL ESTIMATED COST (NJ ONLY) | | | | | \$ |

EVEREST INSURANCE COMPANY(A stock company) Policy Number:

NCCI CARRIER CODE:

EXTENSION OF INFORMATION PAGE

NAMED INSURED, IDENTIFICATION NUMBERS AND OTHER WORKPLACES SCHEDULE

(ITEM 1)

Named Insured:

Effective Date:

12:01 A.M. Standard Time

Loc. No.: Named Insured
DBA
Address 1
Address 2
Address 3
City, State, Zip Code
FEIN:
SIC/**NAICS** Code:
UI No.:
of Employees:
Telephone #:

Loc. No.: Named Insured
DBA
Address 1
Address 2
Address 3
City, State, Zip Code
FEIN:
SIC/**NAICS** Code:
UI No.:
of Employees:
Telephone #:

Loc. No.: Named Insured
DBA
Address 1
Address 2
Address 3
City, State, Zip Code
FEIN:
SIC/**NAICS** Code:
UI No.:
of Employees:
Telephone #:

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

10/21/2008

Comments:

Attachment:

AR TRANSMITTAL FORM.pdf

Property & Casualty Transmittal Document

| | | | | | |
|---|---|--------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes | New Business | | Renewal Business | |
| New Business | | | | | |
| Renewal Business | | | | | |

| | |
|---------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| EVEREST REINSURANCE GROUP | 1120-26921 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|------------------------------------|----------|------------|------------|---------|
| EVEREST NATIONAL INSURANCE COMPANY | DE | 1120-10120 | 22-2660372 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|----------------|
| 5. Company Tracking Number | CW-WC-20025711 |
|-----------------------------------|----------------|

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

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|--|----------------------|--------------|--------------|--|
| | SHIRANIE FERNANDEZ 477 MARTINSVILLE ROAD LIBERTY CORNER, NJ 07938 | ASSOCIATE MANAGER | 908-604-7232 | 908-604-3526 | SHIRANIE.FERNA NDEZ@EVEREST RE.COM |
| | | | | | |

| | |
|--|---------------------------|
| 7. Signature of authorized filer | <i>Shiranie Fernandez</i> |
| 8. Please print name of authorized filer | SHIRANIE FERNANDEZ |

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

| | |
|---|--|
| 9. Type of Insurance (TOI) | WC |
| 10. Sub-Type of Insurance (Sub-TOI) | |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: 02/01/2009 Renewal: 02/01/2009 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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