

SERFF Tracking Number: LBRM-125897658 State: Arkansas  
Filing Company: Bridgefield Casualty Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 08-WC-AR-0500  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: BCIC - AR LDD Forms  
Project Name/Number: BCIC - AR LDD Forms/08-WC-AR-0500

## Filing at a Glance

Company: Bridgefield Casualty Insurance Company

Product Name: BCIC - AR LDD Forms SERFF Tr Num: LBRM-125897658 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-WC-AR-0500 State Status: Fees received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Authors: Liz McCarty, Brad Ritter, Disposition Date: 11/13/2008  
Bob Laramore  
Date Submitted: 11/11/2008 Disposition Status: Approved  
Effective Date Requested (New): On Approval Effective Date (New): 11/13/2008  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: BCIC - AR LDD Forms Status of Filing in Domicile: Authorized  
Project Number: 08-WC-AR-0500 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 11/13/2008  
State Status Changed: 11/12/2008 Deemer Date:  
Corresponding Filing Tracking Number: 08-WC-AR-0499  
Filing Description:

The purpose of this filing is to submit for approval the Workers Compensation Large Deductible Endorsement.

## Company and Contact

### Filing Contact Information

Brad Ritter, VP, Senior Actuary brad.ritter@summitholdings.com  
2310 Commerce Point Drive (800) 282-7648 [Phone]

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Lakeland, FL 33801 (863) 667-2738[FAX]

**Filing Company Information**

Bridgefield Casualty Insurance Company CoCode: 10335 State of Domicile: Florida  
2310 Commerce Point Drive Group Code: 111 Company Type: Property &  
Casualty

Lakeland, FL 33801 Group Name: Liberty Mutual Agcy State ID Number:  
Mkts  
(800) 282-7648 ext. [Phone] FEIN Number: 59-3269531  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bridgefield Casualty Insurance Company	\$50.00	11/11/2008	23848533

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/13/2008	11/13/2008

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## Disposition

Disposition Date: 11/13/2008

Effective Date (New): 11/13/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125897658 State: Arkansas  
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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
Form	Workers Compensation Large Deductible Endorsement - Loss Only	Approved	Yes
Form	Workers Compensation Large Deductible Endorsement	Approved	Yes

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 Company Tracking Number: 08-WC-AR-0500  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: BCIC - AR LDD Forms  
 Project Name/Number: BCIC - AR LDD Forms/08-WC-AR-0500

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Workers Compensation Large Deductible Endorsement - Loss Only	WC 99 04 55	(02/08)	Endorsement/Amendment/Conditions	New		BEIC LDD Form Loss Only.pdf
Approved	Workers Compensation Large Deductible Endorsement	WC 99 04 01 A	(02/08)	Endorsement/Amendment/Conditions	New		BEIC LDD Form Loss&ALAE.pdf

# Workers Compensation Large Deductible Endorsement – Loss Only

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## Schedule

<u>Coverage</u>	<u>Deductible Amount</u>	<u>Basis</u>
Bodily Injury By Accident	\$ _____	Each Accident
Bodily Injury By Disease	\$ _____	Each Employee
All Covered Bodily Injury	\$ _____	Aggregate Limit

- 1) This endorsement applies to the insurance provided by:
  - a) Part One (Workers' Compensation Insurance)
  - b) Part Two (Employers Liability Insurance) and
  - c) All Endorsements to this Policyin the states shown in Item 3A of the Information Page.
- 2) This endorsement is between you and us. It does not change the rights of others under the policy. Neither does it change our obligations under Part One or Part Two of the policy.
- 3) We will advance all of the deductible amounts to settle any claim, proceeding or suit. In consideration of the Large Deductible Credit shown on the policy, you will promptly reimburse us up to the Deductible Amounts shown in the above schedule, for all advances or payments required by law which we make on your behalf.
- 4) The deductible amount shown for "Bodily Injury By Accident" is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to one or more employees as the result of any one accident.  
  
The deductible amount shown for "Bodily Injury By Disease" is the most you must reimburse us for indemnity and medical benefits and damages combined for bodily injury to any one employee as the result of bodily injury by disease.
- 5) The amount shown in the above schedule as "All Covered Bodily Injury" is the most you must reimburse us for the sum of all indemnity and medical benefits and damages because of bodily injury by accident and bodily injury by disease for each policy period.

This "Aggregate Limit" will not be reduced if:

- a) This endorsement is issued for a term of less than (1) year, or
- b) The policy is canceled for any reason by you or by us before the end of the policy period.

In no event will the sum of the final "Aggregate Limit" and the deductible premium be less than the final standard premium.

## Workers Compensation Large Deductible Endorsement – Loss Only

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- 6) We have your rights and the rights of persons entitled to benefits of this insurance to recover all advances and payments, including those within the deductible amount from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

If we recover any advance or payment made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments made by us in excess of the deductible amount; only then will the remainder of that recovery, if any, be applied to reduce the deductible amount paid or reimbursed or reimbursable by you.

- 7) If you fail to reimburse us as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of the cancellation.
- 8) The first Named Insured shown in the Information Page agrees, and is authorized on behalf of all Named Insureds, to reimburse us for all deductible amounts that we advance. Each Named Insured is jointly and severally responsible for all deductible amounts under this policy. The combination of legal entities used to determine eligibility for use of this endorsement is outlined in the NCCI Experience Rating Plan.
- 9) Payments we make on your behalf as a result of certified acts of terrorism are not subject to the Deductible Amounts shown in the Schedule.
- 10) All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
- a) Our right and duty to defend any claim, proceeding or suit against you, and
  - b) Your duties if injury occurs.

# Workers Compensation Large Deductible Endorsement

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## Schedule

<u>Coverage</u>	<u>Deductible Amount</u>	<u>Basis</u>
Bodily Injury By Accident	\$ _____	Each Accident
Bodily Injury By Disease	\$ _____	Each Employee
All Covered Bodily Injury	\$ _____	Aggregate Limit

- 1) This endorsement applies to the insurance provided by:
  - a) Part One (Workers' Compensation Insurance)
  - b) Part Two (Employers Liability Insurance) and
  - c) All Endorsements to this Policyin the states shown in Item 3A of the Information Page.
- 2) This endorsement is between you and us. It does not change the rights of others under the policy. Neither does it change our obligations under Part One or Part Two of the policy.
- 3) We will advance all of the deductible amounts to settle any claim, proceeding or suit. In consideration of the Large Deductible Credit shown on the policy, you will promptly reimburse us up to the Deductible Amounts shown in the above schedule, for all advances or payments required by law which we make on your behalf.
- 4) The deductible amount shown for "Bodily Injury By Accident" is the most you must reimburse us for indemnity and medical benefits, damages and "allocated loss adjustment expense" combined for bodily injury to one or more employees as the result of any one accident.

The deductible amount shown for "Bodily Injury By Disease" is the most you must reimburse us for indemnity and medical benefits, damages and "allocated loss adjustment expense" combined for bodily injury to any one employee as the result of bodily injury by disease.
- 5) The amount shown in the above schedule as "All Covered Bodily Injury" is the most you must reimburse us for the sum of all indemnity and medical benefits, damages, and "allocated loss adjustment expense" because of bodily injury by accident and bodily injury by disease for each policy period.

This "Aggregate Limit" will not be reduced if:

- a) This endorsement is issued for a term of less than (1) year, or
- b) The policy is canceled for any reason by you or by us before the end of the policy period.

In no event will the sum of the final "Aggregate Limit" and the deductible premium be less than the final standard premium.

- 6) "Allocated loss adjustment expense" shall mean such claim adjustment expense directly allocated by us to a particular claim. Such expense shall include, but not be limited to:
  - a) Fees of attorneys or other authorized representatives where permitted for legal services, whether by outside vendors or staff representatives.

## Workers Compensation Large Deductible Endorsement

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- b) Court, Alternative Dispute Resolution or other specific items of expense such as: medical examinations of a claimant to determine the extent of our liability, degree of permanency or length of disability; expert medical or other testimony; autopsy; witnesses and summonses; copies of documents such as birth and death certificates and medical treatment records; arbitration fees; surveillance; appeal bond costs and appeal filing fees.
- c) Medical cost containment expenses incurred with respect to a particular claim whether by an outside vendor or done internally by a staff representative for the purpose of controlling losses, to ensure that only reasonable and necessary costs of service are paid. The expenses include: bill auditing expenses for any medical or vocational services rendered, including hospital bills (inpatient and outpatient), nursing home bills, physician bills, chiropractic bills, medical equipment charges, pharmacy charges, physical therapy bills and medical or vocational rehabilitation vendor bills; hospital and other treatment utilization reviews, including precertification/preadmission, concurrent or retrospective reviews; preferred provider/organization expenses; and medical fee review panel expenses.
- d) Expenses that are not defined as losses and are directly related to and directly allocated to the handling of a particular claim.

“Allocated loss adjustment expense” shall not include the salaries and traveling expenses of our employees, other than those salaried employees who perform services which directly relate to and can be directly allocated to the handling of a particular claim.

- 7) We have your rights and the rights of persons entitled to benefits of this insurance to recover all advances and payments, including those within the deductible amount from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.  
  
If we recover any advance or payment made under this policy from anyone liable for the injury, the amount we recover will first be applied to any payments made by us in excess of the deductible amount; only then will the remainder of that recovery, if any, be applied to reduce the deductible amount paid or reimbursed or reimbursable by you.
- 8) If you fail to reimburse us as required by this endorsement or if you fail to provide security in a form and amount acceptable to us we will cancel this policy in accordance with the cancellation conditions. We will remain fully responsible for the full payment of all claims for bodily injury by accident or bodily injury by disease that occurred prior to the effective date of the cancellation.
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- 10) Payments we make on your behalf as a result of certified acts of terrorism are not subject to the Deductible Amounts shown in the Schedule.

## Workers Compensation Large Deductible Endorsement

---

- 11) All other terms of the policy, including those which govern the following items, apply irrespective of this deductible endorsement:
- a) Our right and duty to defend any claim, proceeding or suit against you, and
  - b) Your duties if injury occurs.

<i>SERFF Tracking Number:</i>	<i>LBRM-125897658</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bridgefield Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-WC-AR-0500</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>BCIC - AR LDD Forms</i>		
<i>Project Name/Number:</i>	<i>BCIC - AR LDD Forms/08-WC-AR-0500</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 11/13/2008

**Comments:**

**Attachment:**

08-WC-AR-0500 PC TD.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 11/13/2008

**Comments:**

**Attachment:**

08-WC-AR-0500 ltr.pdf

**Satisfied -Name:** Filing Memorandum **Review Status:** Approved 11/13/2008

**Comments:**

**Attachment:**

Filing Memorandum-forms.pdf

**Property & Casualty Transmittal Document**

Reset Form

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	Bridgefield Casualty Insurance Company	FL	10335	59-3269531	

<b>5. Company Tracking Number</b>	08-WC-AR-0500
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Brad M. Ritter P.O. Box 988	Vice President & Chief Actuary	(800) 282-7648	(863) 667-7218	brad.ritter@summitholdings.com
	Lakeland, FL 33802-0988				
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Brad M. Ritter		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11.</b>	<b>State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12.</b>	<b>Company Program Title</b> (Marketing title)	Workers' Compensation
<b>13.</b>	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New:   Upon Approval      Renewal:   Upon Approval
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-WC-AR-0500
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to submit for approval the forms for a large deductible.

[View Complete Filing Description](#)

22.	<b>Filing Fees</b> (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]
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Check #:

Amount:

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

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

## FORM FILING SCHEDULE

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-WC-AR-0500
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	08-WC-AR-0499

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 Large Deductible Endorsement - Loss Only	WC 99 04 55 (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Workers Compensation Large Deductible Endorsement	WC 99 04 01 A (02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



November 11, 2008

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

RE: Bridgefield Casualty Insurance Company  
Workers' Compensation  
Filing for Large Deductible Plan – Forms  
NAIC #: 10335  
Company Filing Number: 08-WC-AR-0500

Dear Ms. Bowman:

This letter with enclosures is a filing for new Workers Compensation Large Deductible Endorsements for a large deductible plan to be effective upon approval. Under separate cover we are submitting a rate and rule filing that will go along with this form filing.

Thank you in advance for your consideration of this filing. If you should have any questions, do not hesitate to contact me at 1-800-282-7648.

Sincerely,

Brad M. Ritter  
Vice President and Chief Actuary

BMR:lm

Enclosures

**Southwest Region**

*Alabama, Arkansas, Louisiana & Mississippi*  
P.O. Box 80439 ■ Baton Rouge, LA 70898-0439  
(225) 926-3264 ■ 1-800-421-2944  
Fax (225) 926-4102

**Corporate Office**

*Florida*  
P.O. Box 988 ■ Lakeland, FL 33802-0988  
(863) 665-6060 ■ 1-800-282-7648  
Fax (863) 666-1958

**Southeast Region**

*Georgia, Kentucky, North Carolina, South Carolina & Tennessee*  
P.O. Box 600 ■ Gainesville, GA 30503-0600  
(678) 450-5825 ■ 1-800-971-2667  
Fax (770) 531-1349

**Filing Memorandum**  
**Bridgefield Casualty Insurance Company**  
**Arkansas**  
**#08-WC-AR-0500**

**Purpose**

The purpose of this filing is to submit for approval the Workers Compensation Large Deductible Endorsement.

**Proposal**

With this large deductible filing we are proposing to use the following:

**WC 99 04 01 A (02/08)**      *Workers Compensation Large Deductible  
Endorsement*

**WC 99 04 55 (02/08)**      *Workers Compensation Large Deductible  
Endorsement – Loss Only*

**Impact**

This filing does not affect current premium levels.

**Proposed Effective Date**

We request that this filing be reviewed and effective upon approval.