

SERFF Tracking Number: CMPX-125952579 State: Arkansas
Filing Company: Companion Property & Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: P#08254
TOI: 16.0 Workers Compensation Sub-TOI: 16.0002 Employers Liability WC
Product Name: Workers Compensation
Project Name/Number: AR WC Large Deductible Filing 2/1/09/P#08254

Filing at a Glance

Company: Companion Property & Casualty Insurance Company

Product Name: Workers Compensation SERFF Tr Num: CMPX-125952579 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0002 Employers Liability WC Co Tr Num: P#08254 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: SPI CompanionPCGroup Disposition Date: 12/18/2008
Date Submitted: 12/17/2008 Disposition Status: Approved
Effective Date Requested (New): 02/01/2009 Effective Date (New): 02/01/2009
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR WC Large Deductible Filing 2/1/09
Project Number: P#08254
Reference Organization:
Reference Title:
Filing Status Changed: 12/18/2008
State Status Changed: 12/18/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

Companion Property and Casualty Insurance Company wishes to file independent form WC 99 03 01 - Arkansas Large Deductible Endorsement form for approval. The form has been attached for your review. We are requesting a February 1, 2008 effective date.

The rate and rules have been filed under Company Project# 08254 R/R.

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Company and Contact

Filing Contact Information

LaTonya Ivey, Regulatory Compliance Analyst latonya.ivey@companiongroup.com

II

P.O. Box 100165 (803) 795-7770 [Phone]

Columbia, SC 29202 (803) 870-8983[FAX]

Filing Company Information

Companion Property & Casualty Insurance CoCode: 12157 State of Domicile: South Carolina

Company

P.O. Box 100165 Group Code: 661 Company Type:

Columbia, SC 29202 Group Name: State ID Number:

(800) 845-2724 ext. [Phone] FEIN Number: 57-0768836

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Property & Casualty Insurance Company	\$50.00	12/17/2008	24588709

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/18/2008	12/18/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Arkansas Large Deductible Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkanas Large Deductible Endorsement	WC 99 03 01	2/09	Endorsement/New Amendment/Conditions		0.00	WC 99 03 01.PDF

Arkansas Large Deductible Endorsement Form

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This deductible endorsement applies between you and us. It does not affect or alter the rights of others under the policy. You will reimburse us for any deductible amounts that we advance or are required by law to pay.

<u>Coverage</u>	<u>Deductible Amount; Basis</u>	
Bodily Injury by Accident	\$	each occurrence
Bodily Injury by Disease	\$	each claim
All Covered Bodily Injury	greater of: \$ %	Aggregate of audited standard premium

A. How This Deductible Applies

1. Each Occurrence; Each Claim

You agree to pay, up to the deductible amount shown above, the total of:

- all benefits required of you by the workers compensation law (including benefits payable under PART ONE WORKERS – COMPENSATION INSURANCE, PART TWO – EMPLOYERS LIABILITY, or PART THREE – OTHER STATES INSURANCE or under any endorsement); plus
- all sums you legally must pay as damages; plus
- all “allocated loss adjustment expense” as part of any claim or suit we defend;

because of (1) bodily injury by accident to your employees arising out of any one “occurrence;” (2) bodily injury by disease to your employee arising out of any one “claim.”

We are responsible for those amounts of benefits, damages and “allocated loss adjustment expense” that exceed the applicable deductible amount shown above.

We will advance part or all of the deductible amount to settle any claim, proceeding or suit. You will reimburse us promptly for any amount(s) we have so advanced. Reimbursement of the deductible does not affect our obligation to pay losses. We will require you to provide collateral to secure reimbursement in a form acceptable to us and/or reinsurers assuming our obligations.

2. Policy Period Aggregate

The amount shown above as “aggregate,” is the most you must pay for the sum of all benefits, damages and “allocated loss adjustment expense” because of bodily injury by accident and bodily injury by disease for each policy period. The final “aggregate” deductible amount will be calculated subsequent to payroll audit.

The “aggregate” will not be reduced if:

- this endorsement is issued for a term of less than one (1) year, or
- the policy and this endorsement is cancelled for any reason by you or by us before the end of the policy period.

Arkansas Large Deductible Endorsement Form

The aggregate limit shown above may not be less than 100% of audited standard premium. The "aggregate" will be prorated if an insured retires from business within the terms of the National Council on Compensation Insurance Rule 3 A 3.

B. Effect of Deductible on Limits of Liability

1. With respect to the Employers Liability Insurance provided by this policy, the applicable "each employee," "each accident," "policy" or other similar limits of liability are reduced by the sum of all damages within the applicable deductible amount shown above. Those limits are not in addition to the deductible amount. This provision applies whether the Employers Liability Insurance is provided in PART TWO or by an endorsement to this policy.
2. For purposes of this paragraph B., all damages because of bodily injury by accident or bodily injury by disease are deemed to have been paid or to be payable before "allocated loss adjustment expense" has been paid or is payable.

C. Definitions

1. "Allocated loss adjustment expense" means claim adjustment expense directly allocated by us to a particular claim. Such expense shall include, but shall not be limited to, attorneys' fees for claims in suit, court and other specific items of expense such as medical examination, expert medical or other testimony, laboratory and x-ray, autopsy, stenographic, witnesses and summonses, and copies of documents.
2. "Claim" means a written demand you received for:
 - a. benefits required of you by the workers' compensation law; or
 - b. damages covered by this policy;

including a filing by your employee for such benefits with an agency authorized by law, and a suit or other proceeding brought by your employee for such benefits or damages. "By your employee" includes such action taken by others legally entitled to do so on his or her behalf.

All claims for benefits or damages because of bodily injury by the same or related diseases to any one person will be considered as one claim when determining how the deductible amounts apply.

3. "Occurrence" means a single accident, which results in bodily injury to one or more of your employees.

D. Conditions

1. Recovery from Others

We have your rights and the rights of persons entitled to the 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 reimbursements received from you; only then will the remainder of the recovery, if any, be applied to reduce the deductible amount reimbursed or reimbursable by you.

2. Cancellation

Arkansas Large Deductible Endorsement Form

You must promptly reimburse us for all amounts that we pay or advance and for which you are responsible under this endorsement upon receipt of a billing from us.

If you fail to do so, we may cancel this endorsement, but only together with this policy, by mailing or delivering to you written notice that states the day and hour the cancellation is to take effect. We will provide no less than thirty (30) days notice. Mailing that notice to you at your mailing address shown in item 1 of the Information Page will be sufficient to prove notice.

3. Commutation

We are responsible for the full adjudication of claims occurring during the Policy Period, provided however, that You and We can mutually agree that if any claims remain outstanding seven years after the expiration of the last Policy Period of this or successor policies, that those outstanding claims be commuted for a mutually agreed value.

4. Your Duties

- a. The Named Insured shown in the Information Page agrees and is authorized to reimburse us for all deductible amounts we advance on behalf of all Named Insureds. In order for multiple insureds to be listed on the policy, they must meet the combinability rules of the National Council on Compensation Insurance's Experience Rating Plan.
- b. Each Named Insured is jointly and severally liable for all deductible amounts under this policy.
- c. You agree to indemnify us as per the agreement in the Collateral Guarantee attached to the contract.

5. Other Rights and Duties (Ours and Yours)

All other terms of this policy, including those which govern (a) our right and duty to defend any claim, proceeding or suit against you, and (b) your duties if injury occurs, apply irrespective of application of this deductible endorsement.

I have read, understand and by signing below, I accept this endorsement and the contract to which it is attached.

Signature

Title Date

Policy Number: _____

This endorsement is executed by Companion Property & Casualty Insurance Company

Effective Date: _____

Expiration Date: _____

Date Issued: _____

For attachment to Policy No.: _____

Countersigned by: _____

(For completion when this endorsement is to be issued subsequent to the policy to which it will be attached.)

SERFF Tracking Number: CMPX-125952579 State: Arkansas
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Company Tracking Number: P#08254
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Product Name: Workers Compensation
Project Name/Number: AR WC Large Deductible Filing 2/1/09/P#08254

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 12/18/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 12/18/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 12/18/2008

Comments:

Attachment:

AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 12/18/2008

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Satisfied -Name: Cover Letter **Review Status:** Approved 12/18/2008

Comments:

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: 50%; 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 #
	661

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Companion Property & Casualty Insurance Company	SC	12157	57-0768836	

5. Company Tracking Number	P#08254
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	LaTonya Ivey P.O. Box 100165 Columbia SC 29202	Regulatory Compliance Analyst II	800-845-2724	803-870-8983	latonya.ivey@companion group.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		LaTonya Ivey		

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

9.	Type of Insurance (TOI)	16.0 Workers Compensation		
10.	Sub-Type of Insurance (Sub-TOI)	16.0002 Employers Liability 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 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: _____	Renewal: _____	
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	P#08254
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Companion Property and Casualty Insurance Company wishes to file independent form WC 99 03 01 - Arkansas Large Deductible Endorsement form for approval. The form has been attached for your review. We are requesting a February 1, 2008 effective date.

The rate and rules have been filed under Company Project# 08254 R/R.

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]
	<p>Check #: Amount:</p> <p>Filing Fee</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

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

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 12/16/08

2. Company Name(s) Companion Property & Casualty Insurance Company

Group Name _____ NAIC No. 12157 Group No. 661

3. (a) Annual Statement Line of Business Number (Page 14) 16.10

(b) Class of Business Workers Compensation

© Coverages Affected N/A

4. (a) Name of Advisory Organization, if any N/A

(b) Affiliations with Advisory Organization: Member () Subscriber ()

5. Is this a reference filing? Yes () No () If yes, please provide the following:

(a) Name of Advisory Organization (or Affiliated Company) _____

(b) Date of Filing _____

© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?

Yes. A form with similar characteristics, designed for the state.

8. Is the form filed in response to or due to legislation? If so, specify legislation.

No

9. Is the form in response to or due to recent court decisions? If so, give citation.

No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

LaTonya Ivey

Signature

LaTonya Ivey

Title

803-795-7770

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
		WC 99 03 01 2/09	Arkansas Large Deductible Endorsement

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 #	P#08254
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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 Large Deductible Endorsement	WC 99 03 01 2/09	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Steven Bloss, Vice President of Underwriting and Marketing of Companion Property & Casualty Insurance Company
(Name) *(Title of Authorized Officer)*
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • P#08254	
Signature of Authorized Officer •	
Name of Authorized Officer •	Steven Bloss
Title of Authorized Officer •	Vice President of Underwriting and Marketing
Email address of Authorized Officer •	Steven.bloss@companiongroup.com
Telephone # of Authorized Officer •	(803) 264-5304
Date •	12/16/08

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us



Companion Property & Casualty Group

Real Solutions. Real People. Real Smart.™

P.O. Box 100165 | Columbia, South Carolina 29202-3165
(803) 735-0672 | (800) 845-2724
www.CompanionGroup.com

Companion Property & Casualty
Insurance Company

Companion Commercial
Insurance Company

Companion Third Party Administrators

Companion Specialty
Insurance Company

December 16, 2008

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

Attn: Property & Casualty Division

RE: Companion Property & Casualty Insurance Company NAIC#: 661-12157 FEIN#: 57-0768836
Workers Compensation - AR WC Large Deductible Filing 2/1/09
Company Filing: P#08254 - Forms
Proposed Effective Date for new business on and after February 1, 2009

Dear Commissioner Benafield Bowman:

Companion Property and Casualty Insurance Company wishes to file independent form WC 99 03 01 - Arkansas Large Deductible Endorsement form for approval. The form has been attached for your review. We are requesting a February 1, 2008 effective date.

The rate and rules have been filed under Company Project# 08254 R/R.

Please let me know if you need additional information.

Sincerely,

LaTonya Ivey
Regulatory Compliance Analyst II

Phone: 803-795-7770
Fax: 803-870-8983
Email: latonya.ivey@companiongroup.com

Competence. Caring. Character.

Companion Property & Casualty sets the national standard for value-added insurance products and solutions by providing superior service and security for our customers, employees and owners.

SM Service Mark of Companion Property & Casualty Group