

SERFF Tracking Number: AMST-125501238 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0  
Company Tracking Number: 08-0009  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: TRIPA filings  
Project Name/Number: /

## Filing at a Glance

Company: American Interstate Insurance Company

Product Name: TRIPA filings

SERFF Tr Num: AMST-125501238 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$0

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-0009

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Cheryl Morott

Disposition Date: 02/22/2008

Date Submitted: 02/21/2008

Disposition Status: Approved

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

Effective Date (New): 01/01/2008

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

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: Item Filing P-1405

Reference Title: CIF-2007-10

Advisory Org. Circular:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Interstate Insurance Company wishes to file our Expedited Form Filing for Workers' Compensation policies.

The forms are entitled, "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium

Endorsement" and "Foreign Terrorism Premium Endorsement". The form numbers are WC 00 01 13 A and WC 00 04 21

B with an effective date of January 1, 2008.

Attached are copies of form WC 00 01 13 A and WC 00 04 21 B.

SERFF Tracking Number: AMST-125501238 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0  
Company Tracking Number: 08-0009  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: TRIPA filings  
Project Name/Number: /

## Company and Contact

### Filing Contact Information

Kathy Wells, State Filing Coordinator kwells@amerisafe.com  
2301 Highway 190 West (800) 256-9052 [Phone]  
DeRidder, LA 70634 (337) 460-3550[FAX]

### Filing Company Information

American Interstate Insurance Company CoCode: 31895 State of Domicile: Louisiana  
2301 Highway 190 West Group Code: 680 Company Type:  
DeRidder, LA 70634 Group Name: Amerisafe, Inc. State ID Number:  
(800) 256-9052 ext. 3323[Phone] FEIN Number: 58-1181498  
-----

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

SERFF Tracking Number: AMST-125501238 State: Arkansas  
 Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0  
 Company Tracking Number: 08-0009  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: TRIPA filings  
 Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/22/2008	02/22/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	02/22/2008	02/22/2008			
Industry Response						

SERFF Tracking Number: AMST-125501238 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0  
Company Tracking Number: 08-0009  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: TRIPA filings  
Project Name/Number: /

## Disposition

Disposition Date: 02/22/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125501238 State: Arkansas  
 Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0  
 Company Tracking Number: 08-0009  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: TRIPA filings  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form WC 00 01 13 A	Approved	Yes
Supporting Document	Form WC 00 04 21 B	Approved	Yes

SERFF Tracking Number: AMST-125501238 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #? \$0  
Company Tracking Number: 08-0009  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: TRIPA filings  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/22/2008

Submitted Date 02/22/2008

Respond By Date

Dear Kathy Wells,

This will acknowledge receipt of the captioned filing.

This filing indicates that there is no filing fee required. The filing fee for a form filing is \$50. Has a check been sent? If so, please provide the check #.

When filing forms, you should always attach them to the Form Schedule tab and not to the Supporting Documentation tab. The Supporting Documentation tab is for things like the actuarial memorandum, info (other than forms) required by the state, etc.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

*SERFF Tracking Number:*    *AMST-125501238*                      *State:*                      *Arkansas*  
*Filing Company:*            *American Interstate Insurance Company*            *State Tracking Number:*    *#? \$0*  
*Company Tracking Number:*    *08-0009*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                *TRIPA filings*  
*Project Name/Number:*        */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125501238

State: Arkansas

Filing Company: American Interstate Insurance Company

State Tracking Number: #? \$0

Company Tracking Number: 08-0009

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: TRIPA filings

Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

02/22/2008

**Comments:**

**Attachment:**

Property & Casualty Transmittal.pdf

**Satisfied -Name:** Form WC 00 01 13 A

**Review Status:**

Approved

02/22/2008

**Comments:**

**Attachment:**

Form WC 00 01 13 A.pdf

**Satisfied -Name:** Form WC 00 04 21 B

**Review Status:**

Approved

02/22/2008

**Comments:**

**Attachment:**

Form WC 00 04 21 B.pdf

### Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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
---	---

<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>			
	Amerisafe, Inc.	680			
<b>4.</b>	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	American Interstate Insurance Company	Louisiana	31895	58-1181498	

<b>5.</b>	<b>Company Tracking Number</b>	
-----------	--------------------------------	--

<b>Contact Info of Filer(s) or Corporate Officer(s)</b>					<b>Include toll-free number</b>
<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Cheryl Morott; 2301 Highway 190 West; DeRidder, LA 70634	Rate Filing Specialist	1-800-256-9052 extension 2112	337-460-3550	cmorott@amerisafe.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Cheryl Morott		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	16-Workers' Compensation
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	N/A
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	N/A
<b>12.</b>	<b>Company Program Title (Marketing title)</b>	
<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: January 1, 2008      Renewal:
<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	NCCI
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	CIF-2007-10; Item filing P-1405
<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.	<b>This filing transmittal is part of Company Tracking #</b>	08-0009
-----	--	---------

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

American Interstate Insurance Company wishes to file our Expedited Form Filing for Workers' Compensation policies. The forms are entitled, " Terrorism Risk Insurance Program Reauthorization Act Endorsement" and "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement". The form numbers are WC 00 01 13 A and WC 00 04 21 B with an effective date of January 1, 2008.

Attached are copies of Form WC 00 01 13 A and Form WC 00 04 21 B .

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]
-----	---

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.)**

PC TD-1 pg 2 of 2

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. 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 thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"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 the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals 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.

"Insured 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 the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and 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.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

**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.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident 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.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for 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, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are 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.

**Schedule**

Payroll

Rate

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

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_