

SERFF Tracking Number: FICI-125433595 State: Arkansas  
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: WC-AR-08-04  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: WC Form Filing  
Project Name/Number: WC-AR-08-04/WC-AR-08-04

## Filing at a Glance

Company: FirstComp Insurance Company

Product Name: WC Form Filing

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Filing Type: Form

Effective Date Requested (New): 04/01/2008

Effective Date Requested (Renewal): 04/01/2008

State Filing Description:

SERFF Tr Num: FICI-125433595

SERFF Status: Closed

Co Tr Num: WC-AR-08-04

Co Status:

Author: Julynda Bohlman

Date Submitted: 02/29/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 03/07/2008

Disposition Status: Approved

Effective Date (New): 04/01/2008

Effective Date (Renewal):

## General Information

Project Name: WC-AR-08-04

Project Number: WC-AR-08-04

Reference Organization: National Council on Compensation Insurance, Inc.

Reference Title: N/A

Filing Status Changed: 03/07/2008

State Status Changed: 03/07/2008

Corresponding Filing Tracking Number:

Filing Description:

FirstComp Insurance Company is filing a revised Declarations Page and Renewal Certificate to replace the versions currently filed. (Two additional schedules have been added.) A sample of the forms, as well as the previous versions are attached for your reference.

We would like to have this form available for use with all new and renewal policies effective April 1, 2008.

Thank You.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

*SERFF Tracking Number:* FICI-125433595      *State:* Arkansas  
*Filing Company:* FirstComp Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* WC-AR-08-04  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0000 WC Sub-TOI Combinations  
*Product Name:* WC Form Filing  
*Project Name/Number:* WC-AR-08-04/WC-AR-08-04

Sincerely,  
 Julynda Bohlman

## Company and Contact

### Filing Contact Information

Julynda Bohlman, Regulatory Compliance      jbohlman@firstcomp.com  
 Analyst  
 222 South 15th Street      (402) 943-1086 [Phone]  
 Omaha, NE 68102-1680

### Filing Company Information

FirstComp Insurance Company      CoCode: 27626      State of Domicile: Nebraska  
 222 South 15th Street      Group Code:      Company Type:  
 Suite 1200  
 Omaha, NE 68102-1680      Group Name:      State ID Number:  
 (888) 500-3344 ext. [Phone]      FEIN Number: 43-1429637  
 -----

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      No  
 Fee Explanation:      1 Form filing x \$50.00 = \$50.00  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
FirstComp Insurance Company	\$50.00	02/29/2008	18254000

SERFF Tracking Number: FICI-125433595 State: Arkansas  
 Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: WC-AR-08-04  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
 Product Name: WC Form Filing  
 Project Name/Number: WC-AR-08-04/WC-AR-08-04

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/07/2008	03/07/2008

### 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	03/04/2008	03/04/2008	Julynda Bohlman	03/06/2008	03/06/2008
Industry Response						

*SERFF Tracking Number:* FICI-125433595      *State:* Arkansas  
*Filing Company:* FirstComp Insurance Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* WC-AR-08-04  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0000 WC Sub-TOI Combinations  
*Product Name:* WC Form Filing  
*Project Name/Number:* WC-AR-08-04/WC-AR-08-04

## **Disposition**

Disposition Date: 03/07/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FICI-125433595 State: Arkansas  
 Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: WC-AR-08-04  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
 Product Name: WC Form Filing  
 Project Name/Number: WC-AR-08-04/WC-AR-08-04

Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Information Page	Approved	Yes
<b>Form (revised)</b>	Information Page	Approved	Yes
<b>Form</b>	Information Page	Approved	Yes
<b>Form</b>	Renewal Certificate	Approved	Yes
<b>Form</b>	Renewal Certificate	Approved	Yes
<b>Form</b>	Payment Schedule	Approved	Yes

SERFF Tracking Number: FICI-125433595 State: Arkansas  
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: WC-AR-08-04  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: WC Form Filing  
Project Name/Number: WC-AR-08-04/WC-AR-08-04

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/04/2008

Submitted Date 03/04/2008

Respond By Date

Dear Julynda Bohlman,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Information Page (Form)
- Renewal Certificate (Form)

Comment: In form WC 00 00 01 A under 3.D it shows "California Endorsements and Schedules" and "Other State Endorsement and Schedules". Did you intend to show California there or is 3.D. supposed to show 3.A. States' endorsements and schedules? Is "Other State Endorsements and Schedules" supposed to refer to states listed in 3.C? If so, it doesn't appear to make any sense for an Arkansas policy--especially when 3.C. shows No coverage for other states.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/06/2008

Submitted Date 03/06/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Carol,

I apologize for the inclusion of the, "No coverage for other states" line. That was an error on my part. This information page is one that FirstComp has filed in many states. The California Endorsements and Schedules section under 3.D. is

SERFF Tracking Number: FICI-125433595 State: Arkansas  
 Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: WC-AR-08-04  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
 Product Name: WC Form Filing  
 Project Name/Number: WC-AR-08-04/WC-AR-08-04

to accommodate California specific information page requirements. The Endorsements and Schedules section under 3.D. is to list the endorsements and schedules applicable on the policy. I have included the revised version of the information page in this reply.

Thank you,  
 Julynda Bohlman

**Related Objection 1**

Applies To:

- Information Page (Form)
- Renewal Certificate (Form)

Comment:

In form WC 00 00 01 A under 3.D it shows "California Endorsements and Schedules" and "Other State Endorsement and Schedules". Did you intend to show California there or is 3.D. supposed to show 3.A. States' endorsements and schedules? Is "Other State Endorsements and Schedules" supposed to refer to states listed in 3.C? If so, it doesn't appear to make any sense for an Arkansas policy--especially when 3.C. shows No coverage for other states.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Information Page	WC 00 00 01 A	04/08	Declarations/Schedule	Replaced	WC-AR-05-03	0	WC 00 00 01 A (1) 04-08.pdf

**Previous Version**

Information Page	WC 00 00 01 A	04/08	Declarations/Schedule	Replaced	WC-AR-05-03	0	WC 00 00 01 A 04-08.pdf
------------------	---------------	-------	-----------------------	----------	-------------	---	-------------------------

No Rate/Rule Schedule items changed.

*SERFF Tracking Number:*      *FICI-125433595*                      *State:*                      *Arkansas*  
*Filing Company:*              *FirstComp Insurance Company*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *WC-AR-08-04*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0000 WC Sub-TOI Combinations*  
*Product Name:*              *WC Form Filing*  
*Project Name/Number:*      *WC-AR-08-04/WC-AR-08-04*

Sincerely,  
Julynda Bohlman

SERFF Tracking Number: FICI-125433595 State: Arkansas  
 Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: WC-AR-08-04  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
 Product Name: WC Form Filing  
 Project Name/Number: WC-AR-08-04/WC-AR-08-04

## 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	10/2005	Declaration Withdrawn s/Schedule	Replaced Form #:0.00 Previous Filing #:		WC 00 00 01 A.pdf
Approved	Information Page	WC 00 00 01 A	04/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 WC 00 00 01 A Previous Filing #: WC-AR-05-03		WC 00 00 01 A (1) 04-08.pdf
Approved	Renewal Certificate	WC 00 00 01 A	10/05	Certificate Withdrawn	Replaced Form #:0.00 Previous Filing #:		WC 00 00 01 A Renewal 10-05.pdf
Approved	Renewal Certificate	WC 00 00 01 A	04/08	Certificate Replaced	Replaced Form #:0.00 WC 00 00 01 A Previous Filing #: WC-AR-05-03		WC 00 00 01 A Renewal 04-08.pdf
Approved	Payment Schedule	WCPYMS CH	09/06	Declaration New s/Schedule		0.00	WCPYMSC H 09-06.pdf



Worker's Compensation and  
Employer's Liability Policy  
**Schedule Of Premium Information**

Policy Number :  
Issued to :  
Effective Date :  
Coverage Provided By :  
Carrier Code :  
Period of Operation :  
State of Operation :

<b>Code</b>	<b>Classification</b>	<b>Premium Basis Total Estimated Annual Remuneration (Prorated)</b>	<b>Rate Per \$100 of Remuneration</b>	<b>Estimated Annual Premium (Prorated)</b>
-------------	-----------------------	---	---	--

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard

Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

1. The Insured's Name and Mailing address:

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:  
 B. Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A. 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 this policy applies to the states, if any, listed here:  
 D. California Endorsements and Schedules :  
 Other State Endorsements and Schedules:

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

Minimum Premium:

Deposit Premium:

Total Estimated Annual Premium:

Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

(See extension of information page for class code, rate and premium detail)

**\*\*FirstComp Insurance Company is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. §11-9-409(d) and AWCC Rule 32. If you would like more information, call 1-888-500-3344. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.\*\***

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

EXTENSION OF INFORMATION PAGE

Worker's Compensation and  
Employer's Liability Policy  
**Schedule Of Premium Information**

Policy Number :  
Issued to :  
Effective Date :  
Coverage Provided By :  
Carrier Code :  
Period of Operation :  
State of Operation :

<b>Code</b>	<b>Classification</b>	<b>Premium Basis Total Estimated Annual Remuneration (Prorated)</b>	<b>Rate Per \$100 of Remuneration</b>	<b>Estimated Annual Premium (Prorated)</b>
-------------	-----------------------	---	---	--

EXTENSION OF INFORMATION PAGE  
Worker's Compensation and  
Employer's Liability Policy  
**LOCATION SCHEDULE**

**Policy Number:**  
**Issued to:**  
**Effective Date:**  
**Coverage Provided**  
**By:**  
**Carrier Code**

**Other workplaces not shown above:**

Location	FEIN	PHONE	SIC CODE	ENTITY TYPE
----------	------	-------	----------	-------------

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard

**RENEWAL CERTIFICATE COVERAGE NOT IN EFFECT UNLESS PAYMENT RECEIVED BY xx/xx/xxxx**

Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

**1. The Insured's Name and Mailing address:**

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

**2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.**

3. **A.** Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:  
**B.** Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A . 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 this policy applies to the states, if any, listed here:  
**D.** California Endorsements and Schedules :  
Other State Endorsements and Schedules:

**4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.**

Minimum Premium:	Deposit Premium:	Total Estimated Annual Premium:
		Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

(See extension of information page for class code, rate and premium detail)

**\*\* FIRSTCOMP INSURANCE COMPANY is required by law to provide its policyholders with certain accident prevention services as required by Ark. Code ann. §11-9-409(d) and AWCC Rule 32 at no additional cost. If you would like more information call 1-888-500-3344. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers Compensation Commission at 1-800-622-4472. \*\***

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard

**RENEWAL CERTIFICATE COVERAGE NOT IN EFFECT UNLESS PAYMENT RECEIVED BY xx/xx/xxxx**

Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

**1. The Insured's Name and Mailing address:**

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

**2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.**

- 3. **A.** Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:
- B.** Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A . 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 this policy applies to the states, if any, listed here:

**D.** California Endorsements and Schedules :

Other State Endorsements and Schedules:

**4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.**

Minimum Premium:	Deposit Premium:	Total Estimated Annual Premium:
		Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

(See extension of information page for class code, rate and premium detail)

**\*\*FirstComp Insurance Company is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. §11-9-409(d) and AWCC Rule 32. If you would like more information call 1-888-500-3344. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.\*\***

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

**WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY  
PAYMENT SCHEDULE**

Policy Number

Issued to

Effective Date :

Month

Payment

<i>SERFF Tracking Number:</i>	<i>FICI-125433595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>FirstComp Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-04</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>WC Form Filing</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-04/WC-AR-08-04</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: FICI-125433595 State: Arkansas  
Filing Company: FirstComp Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: WC-AR-08-04  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: WC Form Filing  
Project Name/Number: WC-AR-08-04/WC-AR-08-04

## Supporting Document Schedules

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

**Review Status:**

Approved

03/07/2008

**Comments:**

**Attachments:**

F777AR.pdf

F778AR.pdf



## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # WC-AR-08-04

21. **Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

FirstComp Insurance Company is filing a revised Declarations Page and Renewal Certificate to replace the versions currently filed. (Two additional schedules have been added.) A sample of the forms, as well as the previous versions are attached for your reference.

We would like to have this form available for use with all new and renewal policies effective April 1, 2008.  
Thank You.

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 #:** EFT  
**Amount:** \$50.00

1 Form Filing x \$50.00 = \$50.00

**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>	<b>WC-AR-08-04</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
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	Information Page	WC 00 00 01 A (10/05)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
02	Information Page	WC 00 00 01 A (04/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 00 01 A	
03	Renewal Certificate	WC 00 00 01 A (10/05)	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
04	Renewal Certificate	WC 00 00 01 A (04/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 00 01 A	
05	Payment Schedule	WCPYMSCH (09/06)	<input checked="" 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		

<i>SERFF Tracking Number:</i>	<i>FICI-125433595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>FirstComp Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC-AR-08-04</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>WC Form Filing</i>		
<i>Project Name/Number:</i>	<i>WC-AR-08-04/WC-AR-08-04</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Information Page	01/15/2008	WC 00 00 01 A 04-08.pdf

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Original Printing

Issued

Standard

Type : Stock

NCCI Carrier Code:

Policy Number:

Renewal of Policy:

Rewrite of Policy:

Fein # / Risk ID #:

1. The Insured's Name and Mailing address:

DBA Name:

SIC CODE:

Type of entity:

Other work place not shown above: See Attached Location Schedule

2. The policy period is from to [12.01 AM Standard Time] at the insured's mailing address.

- 3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers Compensation Law of the states listed here:
- B. Employers liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A. 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 this policy applies to the states, if any, listed here:  
**NO COVERAGE AFFORDED FOR OTHER STATES**
- D. California Endorsements and Schedules :

Other State Endorsements and Schedules:

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

Minimum Premium:

Deposit Premium:

Total Estimated Annual Premium:

Pay plan:

Producer:

Countersigned By:

Date:

Servicing office:

(See extension of information page for class code, rate and premium detail)

**\*\*FirstComp Insurance Company is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. §11-9-409(d) and AWCC Rule 32. If you would like more information, call 1-888-500-3344. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.\*\***

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

EXTENSION OF INFORMATION PAGE

Worker's Compensation and  
Employer's Liability Policy  
**Schedule Of Premium Information**

Policy Number :  
Issued to :  
Effective Date :  
Coverage Provided By :  
Carrier Code :  
Period of Operation :  
State of Operation :

<b>Code</b>	<b>Classification</b>	<b>Premium Basis Total Estimated Annual Remuneration (Prorated)</b>	<b>Rate Per \$100 of Remuneration</b>	<b>Estimated Annual Premium (Prorated)</b>
-------------	-----------------------	---	---	--

EXTENSION OF INFORMATION PAGE  
Worker's Compensation and  
Employer's Liability Policy  
**LOCATION SCHEDULE**

**Policy Number:**  
**Issued to:**  
**Effective Date:**  
**Coverage Provided**  
**By:**  
**Carrier Code**

**Other workplaces not shown above:**

Location	FEIN	PHONE	SIC CODE	ENTITY TYPE
----------	------	-------	----------	-------------