

SERFF Tracking Number: LBRM-125517129 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01396
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Adopt NCCI Items B and P-1405
Project Name/Number: Adopt NCCI Items B and P-1405/200801396

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company, Ohio Security Insurance Company

Product Name: Adopt NCCI Items B and P-1405 SERFF Tr Num: LBRM-125517129 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 2008-01396

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

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

Authors: Tammy Blake, Jennifer Swift

Disposition Date: 03/04/2008

Date Submitted: 02/29/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adopt NCCI Items B and P-1405

Status of Filing in Domicile: Not Filed

Project Number: 200801396

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: Item-B-1405 and P-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 and 10 of 2007

Filing Status Changed: 03/04/2008

State Status Changed: 03/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: THE OHIO CASUALTY INSURANCE COMPANY - NAIC #111-24074

OHIO SECURITY INSURANCE COMPANY - NAIC # 111-24082

WEST AMERICAN INSURANCE COMPANY - NAIC # 111-44393

AMERICAN FIRE AND CASUALTY COMPANY - NAIC # 111-24066

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WORKERS COMPENSATION

NCCI ITEMS B-1405 AND P-1405 TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT (TRIPRA) OF 2007 CIF-2007-09 AND 10
 COMPANY FILING NUMBER: 2008-01396

This filing is being submitted in accordance with the expedited filing requirements of the Federal "Terrorism Risk Insurance Program Reauthorization Act of 2007."

We are adopting NCCI Items B-1405 Terrorism Risk Insurance Act of 2007 and P-1405 Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements that have been approved for NCCI.

We are submitting this filing to be applicable to all policies effective on or after March 1, 2008.

Company and Contact

Filing Contact Information

Jennifer Swift, Product Staff Underwriter jennifer.swift@libertymutual.com
 9450 Seward Road (513) 603-2766 [Phone]
 Fairfield, OH 45014

Filing Company Information

| | | |
|-------------------------------------|-------------------------|-----------------------------------|
| The Ohio Casualty Insurance Company | CoCode: 24074 | State of Domicile: Ohio |
| 9450 Seward Road | Group Code: 111 | Company Type: Property & Casualty |
| Fairfield, OH 45014-5456 | Group Name: | State ID Number: |
| (800) 826-6189 ext. [Phone] | FEIN Number: 31-0396250 | |

| | | |
|---------------------------------|-------------------------|-----------------------------------|
| West American Insurance Company | CoCode: 44393 | State of Domicile: Indiana |
| 9450 Seward Road | Group Code: 111 | Company Type: Property & Casualty |
| Fairfield, OH 45014-5456 | Group Name: | State ID Number: |
| (800) 826-6189 ext. [Phone] | FEIN Number: 31-0624491 | |

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American Fire and Casualty Company CoCode: 24066 State of Domicile: Ohio
9450 Seward Road Group Code: 111 Company Type: Property &
Fairfield, OH 45014-5456 Group Name: Casualty
(800) 826-6189 ext. [Phone] FEIN Number: 59-0141790 State ID Number:

Ohio Security Insurance Company CoCode: 24082 State of Domicile: Ohio
9450 Seward Road Group Code: 111 Company Type: Property &
Fairfield, OH 45014-5456 Group Name: Casualty
(800) 826-6189 ext. [Phone] FEIN Number: 31-0541777 State ID Number:

SERFF Tracking Number: LBRM-125517129 State: Arkansas
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Project Name/Number: Adopt NCCI Items B and P-1405/200801396

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Filing to adopt NCCI filings is \$25 per Item x 2 items for a total of \$50.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| The Ohio Casualty Insurance Company | \$50.00 | 02/29/2008 | 18250714 |
| West American Insurance Company | \$0.00 | 02/29/2008 | |
| American Fire and Casualty Company | \$0.00 | 02/29/2008 | |
| Ohio Security Insurance Company | \$0.00 | 02/29/2008 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 03/04/2008 | 03/04/2008 |

SERFF Tracking Number: LBRM-125517129 State: Arkansas
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Disposition

Disposition Date: 03/04/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | NAIC Loss Cost Filing Document for Workers' Compensation | Approved | Yes |
| Supporting Document | NAIC loss cost data entry document | Approved | Yes |
| Form | Terrorism Risk Insurance Program Reauthorization Act Endorsement | Approved | Yes |
| Form | Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement | Approved | Yes |

SERFF Tracking Number: LBRM-125517129 State: Arkansas
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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|---------------|--------------|----------------------------------|--|-------------|---------------|
| Approved | Terrorism Risk Insurance Program Reauthorization Act Endorsement | WC 00 01 13 A | (Ed. 1-08) | Endorsement/Amendment/Conditions | Replaced Form #:0.00 WC 00 01 13 Previous Filing #: None | | WC000113A.pdf |
| Approved | Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement | WC 00 04 21 B | (Ed. 1-9-08) | Endorsement/Amendment/Conditions | Replaced Form #:0.00 WC 00 04 21 B Previous Filing #: | | WC000421B.pdf |

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

Endorsement No.

Policy Effective

Premium

State

Policy No.

Insured

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

Endorsement No.

Policy Effective

Premium

State

Policy No.

Insured

Insurance Company

Countersigned by _____

WC 00 04 21 B

(Ed. 1-08)

| | | | |
|---------------------------------|---|-------------------------------|----------------------------|
| <i>SERFF Tracking Number:</i> | <i>LBRM-125517129</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>The Ohio Casualty Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>2008-01396</i> | | |
| <i>TOI:</i> | <i>16.0 Workers Compensation</i> | <i>Sub-TOI:</i> | <i>16.0004 Standard WC</i> |
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| <i>Project Name/Number:</i> | <i>Adopt NCCI Items B and P-1405/200801396</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 | 03/04/2008 |
| Comments: | This is an expedited terrorism filing. | | |
| Attachments: | Terrorism.pdf Terrorism1.pdf | | |
| Bypassed -Name: | NAIC Loss Cost Filing Document for Workers' Compensation | Review Status: Approved | 03/04/2008 |
| Bypass Reason: | This is not a loss cost filing. | | |
| Comments: | | | |
| Bypassed -Name: | NAIC loss cost data entry document | Review Status: Approved | 03/04/2008 |
| Bypass Reason: | This is not a loss cost filing. | | |
| Comments: | | | |

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

| Indicate Type of Filing | | Department Use Only |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | Filing Related to <i>Certified Losses</i> | |
| <input type="checkbox"/> | Filing Related to <i>Non-Certified Losses</i> | |
| <input type="checkbox"/> | Filing Applicable to Both Certified and Non-Certified Losses | |

| Company Name(s) | Domicile | NAIC# | FEIN# |
|-----------------|----------|-------|-------|
| | | | |
| | | | |
| | | | |

Contact Info for Filer

| Name and address of Filer(s) | Telephone # | FAX # | e-mail |
|---|---------------------|-------|--------|
| 9450 Seward Road Fairfield, Ohio 45014 | 1-800-843-6446 Ext. | | |

Filing information

| | |
|---|--|
| Line of Insurance (see attachment) | |
| Company Program Title (Marketing title) (if applicable) | |
| Filing Type ** see note below | |
| This application is used with: | |
| Effective Date Requested | |
| Filing date | |
| Company Tracking Number | |
| Date filing approved in domiciliary state, if applicable | |

| | Component/Form Name /Description/Synopsis | Form # or Rate Page Include edition date | Replacement Or withdrawn? | If replacement, give form # or rate page(s) it replaces | Previous State Filing Number, if required by state |
|----|--|--|--|--|---|
| 01 | | | [] Replacement [] Withdrawn [] Neither | | |
| 02 | | | [] Replacement [] Withdrawn [] Neither | | |

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 as amended and the laws of this state, and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures

Signature

Print Name:

Title:

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

| Indicate Type of Filing | | Department Use Only |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | Filing Related to <i>Certified Losses</i> | |
| <input type="checkbox"/> | Filing Related to <i>Non-Certified Losses</i> | |
| <input type="checkbox"/> | Filing Applicable to Both Certified and Non-Certified Losses | |

| Company Name(s) | Domicile | NAIC# | FEIN# |
|-----------------|----------|-------|-------|
| | | | |
| | | | |
| | | | |

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|---|---------------------|-------|--------|
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| This application is used with: | |
| Effective Date Requested | |
| Filing date | |
| Company Tracking Number | |
| Date filing approved in domiciliary state, if applicable | |

| | Component/Form Name /Description/Synopsis | Form # or Rate Page Include edition date | Replacement Or withdrawn? | If replacement, give form # or rate page(s) it replaces | Previous State Filing Number, if required by state |
|----|--|--|--|--|---|
| 01 | | | [] Replacement [] Withdrawn [] Neither | | |
| 02 | | | [] Replacement [] Withdrawn [] Neither | | |

To be complete, a filing must include the following:

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- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures

Signature _____

Print Name: _____

Title: _____