

SERFF Tracking Number: MADC-125514055 State: Arkansas
Filing Company: Advantage Workers Compensation Insurance State Tracking Number: EFT \$25
Company
Company Tracking Number: AWCIC-AR-2008-002
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation Program
Project Name/Number: Form Filing - TRIPRA Act/

Filing at a Glance

Company: Advantage Workers Compensation Insurance Company

Product Name: Workers Compensation Program SERFF Tr Num: MADC-125514055 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC Co Tr Num: AWCIC-AR-2008-002 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Tina Gill, Margaret Lovejoy Disposition Date: 03/03/2008

Date Submitted: 02/28/2008 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: Form Filing - TRIPRA Act

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/03/2008

State Status Changed: 03/03/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The purpose of this filing is to provide the Department with a copy of the endorsements that the Company will use to address the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007. We have attached a copy of "Terrorism Risk Insurance Program Reauthorization Act Endorsement," WC 00 01 13 A, and endorsement "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement," WC 00 04 21 B. We request an effective date of January 1, 2008 to be concurrent

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with NCCI's effective date.

Company and Contact

Filing Contact Information

(This filing was made by a third party - madisonconsultinggroup)

Tina Gill, Analyst tina@madisoninc.com
 200 North 2nd Street (706) 342-7750 [Phone]
 Madison, GA 30650 (706) 342-7775[FAX]

Filing Company Information

Advantage Workers Compensation Insurance CoCode: 40517 State of Domicile: Indiana
 Company
 1100 East 6600 South Group Code: Company Type: Property &
 Casualty
 Suite 280
 Murray, UT 84121 Group Name: State ID Number:
 (801) 288-8750 ext. [Phone] FEIN Number: 13-3088732

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25.00 per company
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Advantage Workers Compensation Insurance Company	\$25.00	02/28/2008	18220268

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Correspondence Summary

Dispositions

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Terrorism Risk Ins. Program	Approved	Yes
	Reauthorization Act Endorsement		
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents	Approved	Yes
	Premium Endorsement		

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Ins. Program Reauthorization Act Endorsement	WC 00 01 13 A	1-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 01 13 Previous Filing #:		WC000113A.pdf
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	1-08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 04 21 A 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
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 _____

SERFF Tracking Number: MADC-125514055 State: Arkansas
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation Program
Project Name/Number: Form Filing - TRIPRA Act/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/03/2008

Comments:
Expedited Transmittal is attached

Attachment:
AR Form Trans.PDF

Satisfied -Name: Letter of Authorization **Review Status:** Approved 03/03/2008

Comments:
Attachment:
Authorization letter 2008.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 03/03/2008

Comments:
Attachment:
AR Form Cover.PDF

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

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<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

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Advantage Workers Compensation Insurance Company	IN	1147-40517	

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tina Gill, Analyst Madison Consulting Group, Inc. 200 North Second Street, Madison, GA 30650	(706) 342-7750	(706) 342-7775	tina@madisoninc.com

Filing information

Line of Insurance (see attachment)	Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation Program
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	1/1/08
Filing date	2/26/08
Company Tracking Number	AWCIC-AR-2008-002
Date filing approved in domiciliary state, if applicable	

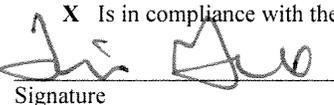
	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Terrorism Risk Ins. Program Reauthorization Act Endorsement	WC000113A	[X] Replacement [] Withdrawn [] Neither	WC000113	
02	Domestic Terrorism, Earthquakes, & Catastrophic Industrial Accidents Premium Endorsement	WC000421B	[X] Replacement [] Withdrawn [] Neither	WC000421A	
03					

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, 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

Tina Gill
Print Name:

Analyst
Title:

ADVANTAGE
WORKERS COMPENSATION INSURANCE CO.

January 7, 2008

To Whom It May Concern:

Madison Consulting Group, Inc. is authorized to make workers compensation filings on behalf of Advantage Workers Compensation Insurance Company. The NAIC number for the company is 40517.

Sincerely,



Teresa J. Mareck
Vice President & General Counsel



MADISON CONSULTING GROUP

Actuaries • Property/Casualty Consulting Services

February 26, 2008

Honorable Julie Benefield Bowman
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third St.
Little Rock, Arkansas 72201-1904

RE: Advantage Workers Compensation Insurance Company
NAIC# 1147-40517
Workers Compensation Program
Form Filing in Response to Terrorism Risk Insurance Program
Reauthorization Act of 2007
NCCI Filing # P-1405

Dear Honorable Benefield Bowman:

In accordance with regulatory law, we make the enclosed workers compensation form filing on behalf of the above company.

The purpose of this filing is to provide the Department with a copy of the endorsements that the Company will use to address the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007. We have attached a copy of "Terrorism Risk Insurance Program Reauthorization Act Endorsement," WC 00 01 13 A, and endorsement "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement," WC 00 04 21 B. We request an effective date of January 1, 2008 to be concurrent with NCCI's effective date.

Please direct any questions on this filing to:

Tina Gill
Madison Consulting Group, Inc.
200 North Second Street
Madison, Georgia 30650
706-342-7750 FAX 706-342-7775
tina@madisoninc.com

200 North Second Street • Madison, Georgia 30650

Honorable Julie Benefield Bowman
February 26, 2008
Page 2

Thank you for your consideration and assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Tina Gill". The signature is fluid and cursive, with the first name "Tina" being more prominent than the last name "Gill".

Tina Gill
Analyst

TJG/ml
Attachments