

SERFF Tracking Number: SMCG-125564687 State: Arkansas  
Filing Company: Louisiana Retailers Mutual Insurance Company State Tracking Number: #? \$50  
Company Tracking Number: 08-WC-AR-0432  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: LRMIC AR TRIPRA  
Project Name/Number: LRMIC AR TRIPRA/08-WC-AR-0432

## Filing at a Glance

Company: Louisiana Retailers Mutual Insurance Company

Product Name: LRMIC AR TRIPRA

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: SMCG-125564687 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-WC-AR-0432

Co Status:

Authors: Liz McCarty, Ethel Lee

Date Submitted: 03/20/2008

State Tr Num: #? \$50

State Status: Fees verified

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

Disposition Date: 03/21/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date Requested (Renewal): 12/26/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: LRMIC AR TRIPRA

Project Number: 08-WC-AR-0432

Reference Organization:

Reference Title:

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing serves as the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506. The Terrorism Insurance Premium Notice will be sent to all quotes for new business with effective dates on or after December 26, 2007.

Status of Filing in Domicile: Not Filed

Domicile Status Comments: n/a

Reference Number: Bulletin 1-2008

Advisory Org. Circular:

Deemer Date:

## Company and Contact

### Filing Contact Information

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

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Liz McCarty, Financial Analyst II liz.mccarty@summitholdings.com  
P.O. Box 988 (863) 665-6060 [Phone]  
Lakeland, FL 33802-0988 (863) 667-7218[FAX]

**Filing Company Information**

Louisiana Retailers Mutual Insurance Company CoCode: 10718 State of Domicile: Louisiana  
9489 Interline Avenue Group Code: Company Type: Property &  
Casualty  
Baton Rouge, LA 70809 Group Name: State ID Number:  
(225) 926-3264 ext. [Phone] FEIN Number: 59-2009824  
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## Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$50.00	03/21/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/21/2008	03/21/2008

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## Disposition

Disposition Date: 03/21/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing	Approved	Yes
<b>Supporting Document</b>	Filing Memorandum	Approved	Yes
<b>Form</b>	Terrorism Insurance Premium Notice	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Insurance Premium Notice	ST-ML-506	(01/08)	Disclosure/ New Notice			TRIPRA Disclosure Notice with Table Rev 3-18-08.pdf

## **TERRORISM INSURANCE PREMIUM NOTICE**

**This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.**

### **THE TERRORISM RISK INSURANCE ACT**

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

### **MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM**

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny 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

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) to have 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.

**PREMIUM DISCLOSURE STATEMENT**

Your policy/insuring agreement does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy/insuring agreement.

THE PREMIUM CHARGE(S) FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE OR PREMIUM SUMMARY STATEMENT, AN EXTENSION OF THE DECLARATIONS PAGE IF THIS NOTICE IS ATTACHED TO YOUR POLICY, NEXT TO THE SEPARATE LINE ITEM CHARGE(S) FOR “FOREIGN TERRORISM” OR “TERRORISM”, AND WHERE APPLICABLE, “CATASTROPHE CHARGE.”

The percentage (by state) of the rate for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents (Catastrophe Charge) that is attributable to Domestic Terrorism is:

15%	AR, OR, TN, UT
20%	NJ, NV, SC
27.5%	DE
30%	AL, AZ, CT, CO, GA, IA, ID, IN, KS, KY, LA, ME, MS, MT, NC, NE, NH, OK, RI, SD, VT, WI, WV
39.76%	PA
55%	DC, IL, MD, NY
N/A	AK, CA, FL, HI, OH, MA, MI, MN, MO, ND, NM, TX, VA, WA, WY

**YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.**

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Uniform Transmittal Document- Property & Casualty **Approved** 03/21/2008  
**Bypass Reason:** n/a - see Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Cover Letter **Approved** 03/21/2008  
**Comments:**  
**Attachment:**  
08-WC-LA-0432 ltr.pdf

**Review Status:**  
**Satisfied -Name:** Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing **Approved** 03/21/2008  
**Comments:**  
**Attachment:**  
08-WC-LA-0432 exp trans.pdf

**Review Status:**  
**Satisfied -Name:** Filing Memorandum **Approved** 03/21/2008  
**Comments:**  
**Attachment:**  
Filing Memorandum 08-WC-AR-0432.pdf



**LOUISIANA RETAILERS**  
MUTUAL INSURANCE COMPANY

P.O. Box 80439 • Baton Rouge, LA 70898-0439 • (225) 926-3264 • 1-800-421-2944 • Fax (225) 926-4102

March 19, 2008

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

RE: Louisiana Retailers Mutual Insurance Company  
Workers Compensation Insurance  
Terrorism Insurance Premium Notice, ST-ML-506 (01/08)  
NAIC Number: 10718  
BCIC Filing Number: 08-WC-AR-0432

Dear Ms. Bowman:

This filing serves as the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506. This filing includes the following information:

1. A filing memorandum
2. Expedited Filing Transmittal Document
3. The Terrorism Insurance Premium Disclosure Notice, ST-ML-506 (01/08).

To the best of my knowledge, the filing submitted is in compliance with the provisions of the insurance laws and rules and regulations of the State of Arkansas.

If you should have any questions, do not hesitate to contact me at 1-800-282-7648.

Sincerely,



Robert A. Laramore  
Director of Regulation & Reinsurance  
Summit Consulting, Inc.,  
Managing General Agent

RAL:lm

Enclosures

**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 #
Louisiana Retailers Mutual Insurance Company	LA	10718	59-2009824

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Mr. Robert A. Laramore Director of Regulations & Reinsurance Summit Consulting, Inc., MGA	1-800-282-7648	863-667-7218	bob.laramore@ summitholdings.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Workers Compensation
<b>Company Program Title</b> (Marketing title) (if applicable)	Workers Compensation
<b>Filing Type</b> ** see note below	Form (TRIPRA Disclosure Notice) – Informational Purposes Only
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	12/26/2007
<b>Filing date</b>	03/19/2008
<b>Company Tracking Number</b>	08-WC-AR-0432
<b>Date filing approved in domiciliary state, if applicable</b>	N/A

	<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 Insurance Premium Notice	ST-MS-506 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> 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, 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

Robert A. Laramore  
Print Name:

Director of Regulations & Reinsurance  
Title:

**Filing Memorandum**  
**Louisiana Retailers Mutual Insurance Company**  
**08-WC-AR-0432**

**Purpose**

This filing serves as the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506 (01/08).

**Proposal**

Bridgefield Casualty Insurance Company (BCIC) is proposing to use the attached Terrorism Insurance Premium Notice, ST-ML-506.

The Terrorism Insurance Premium Notice will be sent with all quotes for new business with effective dates on or after December 26, 2007.

**Impact**

This filing will not affect current premium levels.

**Proposed Effective Date**

Bridgefield Casualty Insurance Company proposes an effective date of December 26, 2007.