

SERFF Tracking Number: WAUS-125563130 State: Arkansas
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50
Company Tracking Number: WCF-CW-006-08
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: Policyholder Disclosure Notice of Terrorism Insurance Coverage /WCF-CW-006-08

Filing at a Glance

Companies: Employers Insurance Company of Wausau, Wausau Business Insurance Company, Wausau Underwriters Insurance Company

| | | |
|-------------------------------------|------------------------------|---|
| Product Name: Workers Compensation | SERFF Tr Num: WAUS-125563130 | State: Arkansas |
| TOI: 16.0 Workers Compensation | SERFF Status: Closed | State Tr Num: EFT \$50 |
| Sub-TOI: 16.0004 Standard WC | Co Tr Num: WCF-CW-006-08 | State Status: Fees verified and received |
| Filing Type: Form | Co Status: | Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding |
| | Author: Anne Aschbrenner | Disposition Date: 03/27/2008 |
| | Date Submitted: 03/26/2008 | Disposition Status: Approved |
| Effective Date Requested (New): | | Effective Date (New): 05/01/2008 |
| Effective Date Requested (Renewal): | | Effective Date (Renewal): |
| State Filing Description: | | |

General Information

| | |
|--|---|
| Project Name: Policyholder Disclosure Notice of Terrorism Insurance Coverage | Status of Filing in Domicile: Not Filed |
| Project Number: WCF-CW-006-08 | Domicile Status Comments: |
| Reference Organization: | Reference Number: |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 03/27/2008 | |
| State Status Changed: 03/26/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |
| INFORMATIONAL ONLY | |

TERRORISM

PROJECT #WCF-CW-006-08

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EMPLOYERS INSURANCE COMPANY OF WAUSAU NAIC-0111-21458
WAUSAU UNDERWRITERS INSURANCE COMPANY NAIC-0111-26042
WAUSAU BUSINESS INSURANCE COMPANY NAIC-0111-26069

WORKERS COMPENSATION

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

The captioned companies submit the Policyholder Disclosure Notice Of Terrorism Insurance Coverage for Workers Compensation to comply with the Federal program for Terrorism, which was extended through 2014. This Disclosure gives information to the insured as part of the Proposal.

This filing is submitted for informational purposes only.

Please acknowledge/approve this filing submission.

Anne Aschbrenner
State Filings Analyst
Wausau Insurance Companies
PO BOX 8017
WAUSAU WI 54402-8017
1-877-792-8728, Ext. 7052
Fax: 1-715-842-6828
Anne.Aschbrenner@wausau.com

Company and Contact

Filing Contact Information

Anne Aschbrenner, State Filings Analyst anne.aschbrenner@wausau.com
PO Box 8017 (877) 792-8728 [Phone]
Wausau, WI 54402-8017 (715) 842-6828[FAX]

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Filing Company Information

Employers Insurance Company of Wausau CoCode: 21458 State of Domicile: Wisconsin
P O Box 8017 Group Code: 111 Company Type:
Wausau, WI 54402-8017 Group Name: State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 39-0264050

Wausau Business Insurance Company CoCode: 26069 State of Domicile: Wisconsin
P O Box 8017 Group Code: 111 Company Type:
Wausau, WI 54402-8017 Group Name: State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 36-3522250

Wausau Underwriters Insurance Company CoCode: 26042 State of Domicile: Wisconsin
P O Box 8017 Group Code: 111 Company Type:
Wausau, WI 54402-8017 Group Name: State ID Number:
(877) 792-8728 ext. [Phone] FEIN Number: 39-1341459

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form filing.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|---------|----------------|---------------|
| Employers Insurance Company of Wausau | \$50.00 | 03/26/2008 | 18990364 |
| Wausau Business Insurance Company | \$0.00 | 03/26/2008 | |
| Wausau Underwriters Insurance Company | \$0.00 | 03/26/2008 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 03/27/2008 | 03/27/2008 |

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 | 03/26/2008 | 03/26/2008 | Anne Aschbrenner | 03/26/2008 | 03/27/2008 |
| Industry Response | | | | | | |

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Disposition

Disposition Date: 03/27/2008
Effective Date (New): 05/01/2008
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 | Expedited Filing Transmittal Document for Terrorism | Approved | Yes |
| Form | Policyholder Disclosure Notice of Terrorism Insurance Coverage for Workers Compensation | Approved | Yes |

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/26/2008
Submitted Date 03/26/2008
Respond By Date

Dear Anne Aschbrenner,

This will acknowledge receipt of the captioned filing.

What is the effective date on this filing?

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/26/2008
Submitted Date 03/27/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: In response to the objection letter dated 3-26-2008, we are requesting an effective date of 5-1-2008.

Your continued review of this filing is appreciated.

Thank you.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Anne Aschbrenner

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|--------|--------------|------------------------|----------------------|-------------|---|
| Approved | Policyholder Disclosure Notice of Terrorism Insurance Coverage for Workers Compensation | | | Disclosure/ New Notice | | 0.00 | Policyholder Disclosure Notice of Terrorism Insurance Coverage for WC.pdf |

**POLICYHOLDER DISCLOSURE NOTICE OF
TERRORISM INSURANCE COVERAGE
FOR WORKERS COMPENSATION**

Your policy includes coverage for losses caused by terrorism and war. Under the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the Act), the federal government will, with respect to a certified act of terrorism whose aggregate losses exceed \$100 million, reimburse insurers for 85% of losses that exceed a deductible amount established under the Act.

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, your coverage may be reduced.

The premium charge for this coverage for the policy period is the sum of the “Foreign Terrorism” premium value and, if shown, a percentage of the “Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents” (shown as “Domestic Terrorism”) premium value displayed on the attached insurance proposal.

The percentage (by state) of the premium for Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents 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 |

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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** 03/27/2008
Bypass Reason: Not applicable. Attaching the Expedited Filing Transmittal Document for Terrorism.
Comments:

Review Status:
Satisfied -Name: Expedited Filing Transmittal Document for Terrorism **Approved** 03/27/2008
Comments:
Attachment:
F215_Expedited Filing Transmittal Terrorism.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 checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses |

| |
|---------------------|
| Department Use only |
| |

| Company Name(s) | Domicile | NAIC # | FEIN # |
|---------------------------------------|----------|--------|------------|
| Employers Insurance Company of Wausau | WI | 21458 | 39-0264050 |
| Wausau Underwriters Insurance Company | WI | 26042 | 39-1341459 |
| Wausau Business Insurance Company | WI | 26069 | 36-3522250 |
| | | | |

Contact Info for Filer

| Name and address of Filer(s) | Telephone # | FAX # | e-mail |
|---|---------------------------|--------------|-----------------------------|
| Anne Aschbrenner PO Box 8017, Wausau WI 54402-8017 | 877-792-8728 Ext: 7052 | 715-842-6828 | anne.aschbrenner@wausau.com |

Filing information

| | |
|---|--------------------------|
| Line of Insurance (see attachment) | 16.0 Worker Compensation |
| Company Program Title (Marketing title) (if applicable) | |
| Filing Type ** see note below | |
| This application is used with: | |
| Effective Date Requested | |
| Filing date | 3/26/2008 |
| Company Tracking Number | WCF-CW-006-08 |
| Date filing approved in domiciliary state, if applicable | Not filed |

| | <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 | Policyholder Disclosure Notice of Terrorism Insurance Coverage for Workers Compensation | | <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 form 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.

Anne Aschbrenner
Signature

Anne Aschbrenner
Print Name:

State Filings Analyst
Title: