

SERFF Tracking Number: MEMC-125596735 State: Arkansas  
Filing Company: MEMIC Indemnity Company State Tracking Number: EFT \$50  
Company Tracking Number: 2008-01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers' Compensation Form Filing  
Project Name/Number: /

## Filing at a Glance

Company: MEMIC Indemnity Company

Product Name: Workers' Compensation Form SERFF Tr Num: MEMC-125596735 State: Arkansas  
Filing

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 2008-01

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Sherry Ingalls

Disposition Date: 04/08/2008

Date Submitted: 04/08/2008

Disposition Status: Approved

Effective Date Requested (New): 05/15/2008

Effective Date (New): 05/15/2008

Effective Date Requested (Renewal): 05/15/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance Reference Number: Item P-1405

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

Filing Status Changed: 04/08/2008

State Status Changed: 04/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing to adopt by reference the information and endorsements provided in CIF-2007-10 – NCCI Countrywide Item P-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements. We are requesting an effective date of 5/15/08. Please see the attached cover letter for a complete description.

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## Company and Contact

### Filing Contact Information

Karen Schwartz, Product Manager kschwartz@memic.com  
 261 Commercial Street (207) 791-3350 [Phone]  
 Portland, ME 04104 (207) 482-4169[FAX]

### Filing Company Information

MEMIC Indemnity Company CoCode: 11030 State of Domicile: New Hampshire  
 261 Commercial Street Group Code: 1332 Company Type: Stock Company  
 Portland, ME 04104 Group Name: ME Employers' Mut State ID Number:  
 Ins Grp  
 (207) 791-3350 ext. [Phone] FEIN Number: 02-0515329  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: "Filings or review of policy, contract, endorsements, certificates, riders, applications or annuity forms per submission (not per form) - \$50"  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MEMIC Indemnity Company	\$50.00	04/08/2008	19374168

SERFF Tracking Number: MEMC-125596735

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/08/2008	04/08/2008

*SERFF Tracking Number:* MEMC-125596735      *State:* Arkansas  
*Filing Company:* MEMIC Indemnity Company      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* 2008-01  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Workers' Compensation Form Filing  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 04/08/2008

Effective Date (New): 05/15/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MEMC-125596735 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	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 Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	1/08	Endorsement/Amendment/Conditions	Replaced Form #: WC 00 01 13 Previous Filing #:		AR 2008-01 WC000113A .pdf
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	1/08	Endorsement/Amendment/Conditions	Replaced Form #: WC 00 04 21 A Previous Filing #:		AR 2008-01 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: MEMC-125596735

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State Tracking Number: EFT \$50

Company Tracking Number: 2008-01

TOI: 16.0 Workers Compensation

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Product Name: Workers' Compensation Form Filing

Project Name/Number: /

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MEMC-125596735

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Filing Company: MEMIC Indemnity Company

State Tracking Number: EFT \$50

Company Tracking Number: 2008-01

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Workers' Compensation Form Filing

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## Supporting Document Schedules

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

**Review Status:**

Approved

04/08/2008

**Comments:**

**Attachments:**

AR 2008-01 Transmittal Document.pdf

AR 2008-01 Form Filing Schedule.pdf

**Satisfied -Name:** Cover Letter

**Review Status:**

Approved

04/08/2008

**Comments:**

**Attachment:**

AR 2008-01 Form Cover Letter.pdf



## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-01
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing to adopt by reference the information provided in CIF-2007-10 – NCCI Countrywide Item P-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements.

<b>22. Filing Fees</b> (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]
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**Check #:** Funds submitted via EFT

**Amount:** \$50.00

\$50 = Filings or review of policy, contract, endorsements, certificates, riders, applications or annuity forms per submission (not per form) - \$50.

**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>2008-01</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>2008-02</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	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A (1/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 01 13	
02	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B (1/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 04 21 A	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input 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		



Partners for Workplace Safety™

April 8, 2008

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

Attn: Carol Stiffler, Certified Rate and Forms Analyst, Property & Casualty Division

Re: MEMIC Indemnity Company Form Filing  
NAIC Number: 11030  
Company FEIN: 02-0515329  
SERFF Tracking No. MEMC-125596735  
Company Tracking No. 2008-01  
Workers' Compensation Forms Submitted for Approval:  
WC 00 01 13 A (1/08) – Terrorism Risk Insurance Program Reauthorization Act Endorsement  
WC 00 04 21 B (1/08) – Domestic Terrorism, Earthquakes, and Catastrophic Industrial  
Accidents Premium Endorsement  
Requested Effective Date: May 15, 2008

Dear Ms. Stiffler:

Please see the attached form filing for your review and approval. We are filing to adopt by reference the information and endorsements provided in CIF-2007-10 – NCCI Countrywide Item P-1405—Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements.

The filing fees have been submitted electronically with the filing via EFT.

Please see the attached transmittal document, the form filing schedule and the above mentioned forms.

Please feel free to contact me at 800 660 1306 x 350 if you have any questions regarding this filing. I can also be reached via e-mail at: [kschwartz@memic.com](mailto:kschwartz@memic.com).

Thank you for your consideration.

Sincerely,

Karen Schwartz  
Product Manager