

SERFF Tracking Number: STLR-125540438 State: Arkansas
First Filing Company: Manufacturers Alliance Insurance Company, ... State Tracking Number: #426036 \$125
Company Tracking Number: 08-0216-AR124
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Large Deductible Endorsement
Project Name/Number: 08-0216-AR124/08-0216-AR124

Filing at a Glance

Companies: Manufacturers Alliance Insurance Company, Pennsylvania Manufacturers' Association Insurance Company, Pennsylvania Manufacturers Indemnity Company

Product Name: Large Deductible Endorsement SERFF Tr Num: STLR-125540438 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #426036 \$125
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-0216-AR124 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Author: Linda Greer Disposition Date: 04/02/2008
Date Submitted: 03/19/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

The company sent \$125 for this filing instead of \$50 for a form filing. However, they didn't send the correct amount for the rate filing. This check will offset the additional amount for the rate filing.

General Information

Project Name: 08-0216-AR124 Status of Filing in Domicile: Pending
Project Number: 08-0216-AR124 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/02/2008
State Status Changed: 03/25/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

At this time, Pennsylvania Manufacturers' Association Insurance Company (NAIC #12262) Manufacturers Alliance Insurance Company (NAIC #36897) and Pennsylvania Manufacturers Indemnity Company (NAIC #41424), members of The PMA Insurance Group, submit the attached endorsement for approval effective July 1, 2008.

SERFF Tracking Number: STLR-125540438 State: Arkansas
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Attached for your review is our Deductible Reimbursement Endorsement #WC 99 06 23A.

A filing of our Large Deductible Rating Program has been made under a separate cover.

Company and Contact

Filing Contact Information

Linda Greer, Senior Underwriting Analyst Linda_Greer@pmagroup.com
380 Sentry Parkway (610) 397-5226 [Phone]
Blue Bell, PA 19422-0754

Filing Company Information

Manufacturers Alliance Insurance Company CoCode: 36897 State of Domicile: Pennsylvania
380 Sentry Parkway Group Code: 767 Company Type:
P. O. Box 3031
Blue Bell, PA 19422-0754 Group Name: State ID Number:
(610) 397-5462 ext. [Phone] FEIN Number: 23-2086596

Pennsylvania Manufacturers' Association CoCode: 12262 State of Domicile: Pennsylvania
Insurance Company Group Code: 767 Company Type:
380 Sentry Parkway
P. O. Box 3031 Group Name: State ID Number:
Blue Bell, PA 19422-0754 FEIN Number: 23-1642962
(610) 397-5462 ext. [Phone]

Pennsylvania Manufacturers Indemnity CoCode: 41424 State of Domicile: Pennsylvania
Company Group Code: 767 Company Type:
380 Sentry Parkway
P. O. Box 3031 Group Name: State ID Number:
Blue Bell, PA 19422-0754 FEIN Number: 23-2217934
(610) 397-5462 ext. [Phone]

Filing Fees

SERFF Tracking Number: STLR-125540438 State: Arkansas
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Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Manufacturers Alliance Insurance Company	\$0.00	03/19/2008	
Pennsylvania Manufacturers' Association Insurance Company	\$0.00	03/19/2008	
Pennsylvania Manufacturers Indemnity Company	\$0.00	03/19/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
426036	\$125.00	03/18/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/02/2008	04/02/2008
Approved	Carol Stiffler	03/19/2008	03/19/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Deductible Reimbursement Supplemental Endorsement	Form	Linda Greer	04/02/2008	04/02/2008

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Disposition

Disposition Date: 04/02/2008
Effective Date (New): 07/01/2008
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
Form	Deductible Reimbursement Endorsement	Approved	Yes
Form	Deductible Reimbursement Supplemental Endorsement	Approved	Yes

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Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Deductible Reimbursement Endorsement	Approved	Yes
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Amendment Letter

Amendment Date:
 Submitted Date: 04/02/2008

Comments:

As Instructed, I have attached for your approval endorsement #WC 99 06 71.

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Deductible Reimbursement Supplemental Endorsement	WC 99 06 71	07/08	Endorsement/Conditions	New				WC 99 06 71.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Deductible Reimbursement Endorsement	WC 99 06 23A	07/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 WC 99 06 23 Previous Filing #: 00-0156-AR1		WC 99 06 23A Deductible Reimbursement Endorsement.pdf
Approved	Deductible Reimbursement Supplemental Endorsement	WC 99 06 71	07/08	Endorsement/Amendment/Conditions New			WC 99 06 71.pdf

DEDUCTIBLE REIMBURSEMENT ENDORSEMENT

This deductible reimbursement endorsement applies only to the insurance provided under the policy for the states listed in Item 3.A or covered under Item 3.C. of the Information Page that do not have a state specific deductible endorsement attached to the policy.

In consideration of the Estimated Deductible Premium, We agree with You as follows:

1. This agreement is between You and Us. It does not change the rights of others under this policy.
2. All "claims" for bodily injury by accident or disease for which You are responsible under the applicable workers compensation law shall be promptly reported to Us regardless of the amount of Your deductible. All "claims" for bodily injury by accident or disease shall be included in experience data used to determine the experience modification for Your policy, regardless of the eligibility of such "claims" for full or partial deductible reimbursement; except as otherwise provided for in the statistical plan approved by the state having jurisdiction over the claim.
3. Deductible Schedule

<u>COVERAGE</u>	<u>DEDUCTIBLE AMOUNT</u>
Bodily Injury by Accident	\$ each occurrence
Bodily Injury by Disease	\$ each employee
All Covered Bodily Injury	\$ aggregate

4. The aggregate deductible amount shown in the schedule above is a minimum deductible amount that is subject to adjustment based on a rate of _____ per each \$100 that Your total audited workers compensation remuneration exceeds the estimate shown in paragraph 6 d.
5. You are required to pay Us an administrative fee each time that a deductible reimbursement is made by You. This fee will be charged in addition to the amount of Your deductible shown in the schedule above and will not reduce such deductible amount. This fee will be calculated by applying the following factor to the total amount of each deductible reimbursement that is made by You:_____.
6. The Deductible Credit Factor shown in the declaration page(s) of Your policy is the Initial Credit Factor applied at policy inception. The Final Credit Factor that is applied to the audited standard premium to determine Your final deductible premium will be calculated as follows:
 - a. Final Deductible Credit Factor = Audited Deductible Premium divided by Audited Standard Premium.
 - b. Audited Deductible Premium is equal to the deductible premium rate multiplied per \$100 of Your audited workers compensation remuneration. Subject to a minimum of \$_____.

- c. Deductible Premium Rate: _____ per \$100 total remuneration.
- d. Estimated Annual Remuneration at policy inception is: \$ _____

7. How Your Deductible Applies

- a.
 - 1) We will pay and You will reimburse Us for all payments We make on Your behalf as benefits or as damages including "allocated loss adjustment expense" up to the amount of the deductible shown above.
 - 2) The deductible amount applies separately to each accident, regardless of the number of employees injured in the accident.
 - 3) The deductible amount applies separately to bodily injury by disease to Your employees arising out of any one claim. For bodily injury by disease the deductible will apply separately to each employee.
 - 4) All "claims" for benefits or damages because of bodily injury by the same or related disease to any one employee will be considered as one "claim" when determining how the deductible amounts apply.

b. Policy Period Deductible Aggregate

The amount shown above as the aggregate deductible amount is the most You must pay for the sum of all benefits, damages, and allocated loss adjustment expense because of bodily injury by accident and bodily injury by disease for each policy period.

The aggregate deductible will not be reduced if:

- 1) This endorsement is issued for a term of less than (1) year; or
- 2) This policy is cancelled or this endorsement is deleted for any reason by You or by Us before the end of the policy period.

8. Effect of Deductible on Limits of Liability

- a. With respect to Part Two Employers' Liability Insurance of this policy, the applicable "each employee," "each accident," "policy" limits of liability shall be reduced by the amount of any damages (not including "allocated loss adjustment expense") within the applicable deductible amount shown above. This provision applies whether the Employers' Liability Insurance is provided by Part Two of this policy or by an endorsement to the policy. This provision does not apply in the State of New York.
- b. For purpose of this paragraph 8, all damages because of bodily injury by accident or bodily injury by disease are deemed to have been paid or to be payable before "Allocated Loss Adjustment Expense" has been paid or is payable.

9. Definitions

- a. "Allocated Loss Adjustment Expense" as defined within the statistical plan approved by the state having jurisdiction of the claim and directly allocated by Us to a particular "claim". Such expense shall include, but shall not be limited to, attorneys' fees for claims in suit, court and other specific items of expense such as medical examination, expert medical or other testimony, laboratory and x-ray, autopsy, stenographic, witnesses and summonses, and copies of documents.
- b. "Claim" means a written demand You receive for:
 - 1) benefits required to be paid by You in accordance with the applicable Workers' Compensation Law; or
 - 2) damages that are legally required to be paid by You and that are covered by this policy.
- c. "Occurrence" means a single accident which results in bodily injury to one or more of Your employees.

10. Conditions

a. Recovery from Others

The provisions of Part One section G and Part Two section H remain in force.

If any payment is fully or partially recovered by Us, then such recovery will be applied as follows:

- 1) First, to the repayment to Us of any expenses incurred in making such recovery; and
- 2) Then, to the repayment to Us of any payments made by Us in excess of Your deductible amount; and
- 3) Then, to the reduction of the deductible amount that is payable or has been paid by You.

b. Reimbursement

You shall upon receipt of a billing from Us, fully reimburse Us for any payments that We make on Your behalf up to the amount of the deductible shown above.

c. Your Duties

- 1) The first Named Insured shown in the Information Page of this policy is authorized to make reimbursement to Us of any payments that We make on behalf of all Named Insureds up to the amount of the deductible shown above.
- 2) Each Named insured is jointly and severally liable for the reimbursement to Us of any payments We make up to the amount of the deductible shown above.

d. Other Rights and Duties (Ours and Yours)

All other terms, conditions and limitations of this policy, that are not inconsistent with this endorsement, including those which govern (1) Our rights and duty to defend any claim, proceeding or suit against You, and (2) Your duties if injury occurs, continue to apply irrespective of application of this deductible endorsement.

e. Cancellation

If You fail to provide and maintain collateral or security that You have agreed to maintain; or if You fail to reimburse or pay Us for any amounts as required by this endorsement, or You fail to provide Us with an executed Deductible Security Agreement in the time period specified by Us, then We may cancel this policy. Cancellation of this policy in accordance with the provisions of this paragraph will apply in the same manner as cancellation for nonpayment of premium.

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 _____

Date issued:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS DEDUCTIBLE REIMBURSEMENT SUPPLEMENTAL ENDORSEMENT

This endorsement supplements the Deductible Premium Endorsement WC 99 06 23A identified in the schedule.

We will pay all claims, beginning with the first dollar, and You will reimburse Us for all amounts within the deductible limit no later than thirty (30) days from the billing thereof.

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 _____

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 03/19/2008

Comments:

Attachment:

P & C Tran (form).pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
The PMA Insurance Group	0767

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Pennsylvania Manufacturers Association Insurance Company (PMAIC)	PA	12262	23-1642962	
Manufacturers Alliance Insurance Company (MAICO)	PA	36897	23-2217934	
Pennsylvania Manufacturers Indemnity Company (PMIC)	PA	41424	23-2086596	

5. Company Tracking Number	08-0216-AR124
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Linda R. Greer	Product Analyst	1800 222 2749	610 397 5100	linda_greer@pmagroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Linda R. Greer

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC.
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Workers' Compensation Large Deductible Endorsement
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 07/01/2008 Renewal: 07/01/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-0216-AR124
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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At this time, Pennsylvania Manufacturers' Association Insurance Company (NAIC #12262) Manufacturers Alliance Insurance Company (NAIC #36897) and Pennsylvania Manufacturers Indemnity Company (NAIC #41424), members of The PMA Insurance Group, submit the attached endorsement for approval effective July 1, 2008.

Attached for your review is our Deductible Reimbursement Endorsement #WC 99 06 23A.

A filing of our Large Deductible Rating Program has been made under a separate cover.

22.	Filing Fees (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 #:
Amount:

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.)

1.	This filing transmittal is part of Company Tracking #	08-0216-AR124
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	Deductible Reimbursement Endorsement	WC 99 06 23A 07/08 Edition	[] New [X] Replacement [] Withdrawn	WC 99 06 23	00-0156-AR1
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		