

SERFF Tracking Number: UNKP-125658553 State: Arkansas  
Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: AR-WC-0809-01-387  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: /AR-WC-0809-01-387

## Filing at a Glance

Company: Milwaukee Casualty Insurance Company

Product Name: Workers Compensation SERFF Tr Num: UNKP-125658553 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: AR-WC-0809-01-387 State Status: Fees received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Authors: Denise Freund, Andrea Light Disposition Date: 05/21/2008  
Date Submitted: 05/20/2008 Disposition Status: Approved  
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008  
Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: AR-WC-0809-01-387 Domicile Status Comments:  
Reference Organization: NA Reference Number: NA  
Reference Title: NA Advisory Org. Circular: NA  
Filing Status Changed: 05/21/2008  
State Status Changed: 05/21/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Filing to adopt currently approved Company forms for new company - Milwaukee Casualty Insurance Co.

## Company and Contact

### Filing Contact Information

Freund Denise, State Filings Analyst dfreund@unitrin.com  
12790 Merit Drive (800) 777-2249 [Phone]

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Dallas, TX 75251 (214) 360-8060[FAX]

**Filing Company Information**

Milwaukee Casualty Insurance Company CoCode: 26662 State of Domicile: Wisconsin  
12790 Merit Drive Group Code: 215 Company Type: Prop & Cas  
Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:  
(800) 777-2249 ext. 8194[Phone] FEIN Number: 39-1190263  
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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	05/20/2008	20416615

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/21/2008	05/21/2008

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## Disposition

Disposition Date: 05/21/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes
Form	AR- Notice- Clarification to Certificate of Noncoverage Law	Approved	Yes
Form	AR- Workplace Safety Services	Approved	Yes
Form	Corporate Privacy 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	AR- Notice- Clarification to Certificate of Noncoverage Law	30-0819	09 07	Disclosure/ New Notice			SERFF 30_0819_09_07_AR_Policyholder_Notice.pdf
Approved	AR- Workplace Safety Services	34-1870	01 08	Disclosure/ New Notice			SERFF 34_1870_01_08_AR_Workplace_Safety.pdf
Approved	Corporate Privacy Notice	34-1904	08 06	Disclosure/ New Notice			SERFF 34_1904_08_06_WC_Privacy_Notice.pdf

**ARKANSAS**

**NOTICE TO POLICYHOLDER**

**CLARIFICATION TO CERTIFICATE OF NONCOVERAGE LAW**

**THIS NOTICE CONTAINS A BRIEF SYNOPSIS OF THE SIGNIFICANT CHANGES THAT MAY OCCUR TO YOUR PREMIUM CHARGED.**

**PLEASE READ YOUR POLICY AND ALL FORMS ATTACHED TO YOUR POLICY CAREFULLY. NO COVERAGE IS PROVIDED BY THIS POLICYHOLDERS NOTICE NOR CAN IT BE CONSTRUED TO REPLACE OR PROVIDE ANY PROVISIONS IN YOUR POLICY.**

Your Workers Compensation and Employers Liability Insurance Policy contains rates and classifications that apply to your business for the purpose of determining the premium you must pay.

Pursuant to House Bill 1700 of 2007 amending § 11-9-402, an uninsured intermediate contractor cannot present Certificate of Noncoverage (CnCs) for workers of the subcontractor(s) to the prime contractor to satisfy the requirement for workers compensation insurance coverage. If the intermediate contractor does not have workers compensation coverage insurance for its workers, additional premium for the workers of the subcontractor(s) must be charged on the prime contractor's workers compensation policy in accordance with NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance* Rule 2-H.

If the intermediate contractor does have workers compensation coverage, all employees are reported under this policy, and additional premium for the workers of the subcontractor(s) must be charged on the intermediate contractor's workers compensation policy in accordance with NCCI's *Basic Manual for Workers Compensation and Employers Liability Insurance* Rule 2-H. The policyholder may select to be excluded from the policy.

If the intermediate contractor does not have workers compensation coverage **and** does not have any employees, a CnC may be presented to the prime contractor to satisfy the requirement for workers compensation insurance coverage for the intermediate contractor.

Effective July 31, 2007, on new and renewal policies, House Bill 1700 has the potential to affect how much workers compensation insurance may cost as a result of presenting Certificates of Noncoverage.

## **ARKANSAS WORKPLACE SAFETY SERVICES**

**Unitrin Business Insurance Companies are required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. §11-9-409 (d) and AWCC Rule 32. If you would like more information, call 1-800-777-2249, ext. 8673. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.**

Trinity Universal Insurance Company  
Security National Insurance Company

Trinity Universal Insurance Company of Kansas, Inc  
Milwaukee Casualty Insurance Company

# UNITRIN

## Business Insurance

### IMPORTANT NOTICE TO WORKERS COMPENSATION PLAN PARTICIPANTS REGARDING OUR PRIVACY POLICY

The Companies listed herein have policies and practices that respect the privacy of beneficiaries under your workers compensation plan (“Beneficiaries”). This notice applies to the nonpublic personal information of Beneficiaries (“Information”). We reserve the right to revise this policy at any time. We will send you a new notice if such changes will result in disclosures of Information beyond those outlined here.

#### **Types of Information We May Collect and From Whom**

We may collect Information from:

- You, on applications and other forms. Examples include name, address, date of birth, phone, social security and driver license numbers;
- Your agent;
- Your transactions with our affiliates, others and us;
- The Beneficiary, such as claim-related information; and
- Outside sources, such as consumer reporting agencies, including motor vehicle records and claim history reports.

#### **Types of Information We May Disclose and To Whom**

We do not disclose Information to anyone, except for processing and servicing transactions, or as otherwise permitted or required by law. Examples of others with whom we may share Information without a Beneficiary’s permission include:

- A person or organization that performs a business function for us. An examples is a company that helps us:
  - Adjust or investigate claims; or
  - Program software to help us process transactions.
- You. Examples include information related to your loss experience and safety programs;
- Your agent or broker;
- A regulatory and law enforcement authority, such as a government office or court that subpoenas records;
- An insurance support organizations that gathers data to help deter or prevent insurance crimes;
- An insurance company or insurance support organization for an insurance transaction involving you or the Beneficiary. An example is the purchase of reinsurance;
- A business that conducts actuarial or research studies;
- An affiliate of ours, for internal or agency audits; and
- A company that may acquire a line of business, function or book of business from us.

## **Security of Information**

We have procedures and policies to help us protect Information from unauthorized use or access. We restrict access to protected information to our employees who have a business need for it. When we share Information with a company who works on our behalf, we protect it where required by federal law with a confidentiality agreement. We also have physical, electronic and procedural safeguards to guard Information.

## **Insurance Support Organization Reports**

Information we obtain from an insurance support organization may be retained by them and disclosed to others.

## **Internet Users**

If Internet users access our Web site, they may find other information about the use of that site.

## **State Exception**

This notice is not for use in California. If a Beneficiary is located in that state, other provisions apply. The Beneficiary may contact the company or agent for further information.

### **Unitrin Business Insurance**

12790 Merit Drive, Dallas, TX 75251  
P.O. Box 655028, Dallas, TX 75265-5028

Milwaukee Casualty Insurance Co.  
Milwaukee Safeguard Insurance Company  
Trinity Universal Insurance Company  
Trinity Lloyd's Insurance Company

Milwaukee Insurance Company (a nonowned affiliate)  
Security National Insurance Company  
Trinity Universal Insurance Company of Kansas, Inc.  
Valley Insurance Company

Valley Property & Casualty Insurance Company

<i>SERFF Tracking Number:</i>	<i>UNKP-125658553</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-WC-0809-01-387</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>/AR-WC-0809-01-387</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 05/21/2008

**Comments:**

**Attachments:**

SERFF F777\_03\_07.pdf

SERFF F778\_03\_07.pdf

**Satisfied -Name:** Company Cover Letter **Review Status:** Approved 05/21/2008

**Comments:**

**Attachment:**

SERFF Letter\_Company\_Forms.pdf



<b>17. Reference Organization # &amp; Title</b>	NA
<b>18. Company's Date of Filing</b>	May 21, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-WC-0809-01-387
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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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Filing to adopt all previously approved Company forms for new Company - Milwaukee Casualty Insurance Co.

<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 #:** NA  
**Amount:** NA

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

Effective March 1, 2007

**\*\*\*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>AR-WC-0809-01-387</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>AR-WC 0809-02-388</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	AR- Notice to Policyholder- Clarification to Certificate of Noncoverage Law	30-0819 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Corporate Privacy Notice	34-1904 08 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	AR- Workplace Safety Services	34-1870 01 08	<input checked="" 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		

**UNITRIN**  
BUSINESS INSURANCE

May 21, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Workers Compensation – Company Forms  
Milwaukee Casualty Insurance Company – NAIC #26662; FEIN #39-1190263  
Company Filing Number: AR-WC-0809-01-387

Dear Sir:

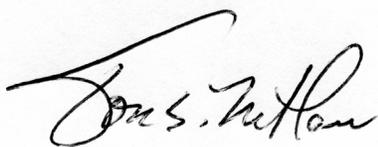
For all policies effective on or after September 1, 2008, we wish to adopt the Company forms currently filed and approved for in our other companies.

In this initial filing, our intent is to file a program identical to the one currently filed and approved by the Arkansas Department of Insurance for Trinity Universal Insurance Company (NAIC #19887, FEIN #75-0620550).

Filing forms are attached for your review. Copies of all Company endorsements are also included.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Andrea Light at (800) 777-2249 ext. 8254, [alight@unitrin.com](mailto:alight@unitrin.com), or by mail.

Sincerely,



Jon Zetlau  
Bureau and Forms Compliance Manager

JZ/df