

SERFF Tracking Number: BCSF-125623604 State: Arkansas
Filing Company: BCS Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 52.837
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: Personal Inland Marine
Project Name/Number: Revised Travel Delay Coverage/BSC TD

Filing at a Glance

Company: BCS Insurance Company
Product Name: Personal Inland Marine
TOI: 09.0 Inland Marine
Sub-TOI: 09.0009 Travel Coverage
Filing Type: Form

SERFF Tr Num: BCSF-125623604 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$50
Co Tr Num: 52.837 State Status: Fees verified and received
Co Status: Reviewer(s): Alexa Grissom, Betty Montesi
Author: Susan Coulter Disposition Date: 06/12/2008
Date Submitted: 06/10/2008 Disposition Status: Approved
Effective Date Requested (New): 06/01/2008 Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Revised Travel Delay Coverage Status of Filing in Domicile: Pending
Project Number: BSC TD Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/12/2008
State Status Changed: 06/12/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

We are filing the attached rider for your review. The rider amends the currently approved Travel Delay benefit in the BCS Insurance Company travel program. The current program was approved on June 14, 2001. The current benefit paid a benefit based on the reasonable, additional accommodation and traveling expenses incurred if travel was delayed for more than a certain time period due to stated covered reasons. There was a benefit cap. Prepaid expenses were not covered. With the proposed rider attached, the benefit pays either the reasonable, additional accommodation expenses OR the unused part of the prepaid expenses missed, less any refunds. The cap remains the same.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	06/12/2008	06/12/2008

SERFF Tracking Number: *BCSF-125623604* *State:* *Arkansas*
Filing Company: *BCS Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *52.837*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Personal Inland Marine*
Project Name/Number: *Revised Travel Delay Coverage/BSC TD*

Disposition

Disposition Date: 06/12/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BCSF-125623604 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	Authorization	Approved	Yes
Supporting Document	Tracked Version of Rider	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Amendatory Rider Revised Travel Delay Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Rider Revised Travel Delay Coverage	52.837		Endorsement/Amendment/Conditions	New		Travel Delay Rider 52.837.pdf

**BCS INSURANCE COMPANY
2 Mid America Plaza, Suite 200
Oakbrook Terrace, Illinois 60181**

**Amendatory Rider
Revised Travel Delay Coverage**

The form to which this rider is attached is amended as follows:

The benefit entitled Travel Delay Coverage is amended to read:

Coverage under the program will pay on a one-time basis up to the maximum amount listed in Your Letter of Confirmation for either your choice of: a) reasonable, additional accommodation and traveling expenses **or** b) the unused part of your prepaid expenses missed (less any Refunds You receive) due to a departure delay of 6 or more hours. Expenses must be incurred by You. Payments for the above expenses will not exceed \$150 per day per person.

Covered reasons for Travel Delay are:

1. Carrier caused delay (including bad weather);
2. Lost or stolen passports, money, or travel documents;
3. Quarantine;
4. Hijacking;
5. Unannounced strikes;
6. Natural disaster; or
7. Civil disorder or unrest.

Benefits are payable under either Travel Delay or Missed Connection for any one incident resulting in a delay.

No coverage will provide for loss(es) due to any General Program Exclusion.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.

There are no other changes to the form to which this rider is attached.

SERFF Tracking Number: *BCSF-125623604* *State:* *Arkansas*
Filing Company: *BCS Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *52.837*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Personal Inland Marine*
Project Name/Number: *Revised Travel Delay Coverage/BSC TD*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BCSF-125623604 State: Arkansas
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Company Tracking Number: 52.837
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Approved	06/12/2008
Comments:		
Attachment: AR Transmittal.pdf		
Satisfied -Name: Authorization	Review Status: Approved	06/12/2008
Comments:		
Attachment: AR Authorization.pdf		
Satisfied -Name: Tracked Version of Rider	Review Status: Approved	06/12/2008
Comments:		
Attachment: Tracked version of amended language.pdf		
Satisfied -Name: Cover Letter	Review Status: Approved	06/12/2008
Comments:		
Attachment: AR Travel Delay Rider Submission Letter.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
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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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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.)**

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FORM FILING SCHEDULE

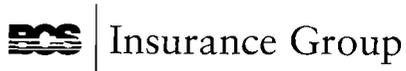
(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1



BCS Life Insurance Company
BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, Illinois 60181
T 630.472.7700
BCSigroup.com

January 21, 2008

Ms. Julie Benafield Bowman
Commissioner of Insurance
1200 West Third Street
Little Rock AR 72201-1904

Dear Ms. Bowman:

This is to inform you that Susan Coulter; Coulter & Associates; 379 Princeton-Highstown Road, Suite 15; Cranbury, NJ 08512 have been retained to act on our behalf as indicated herein.

Ms Coulter and Coulter & Associates are hereby empowered to act for BCS Insurance Company in any governmental jurisdiction of the United States in matters regarding the filing of insurance products, forms, rates, and advertising materials, and any other material incidental to the acceptance of such filings.

Your cooperation in working with Ms Coulter is greatly appreciated. This authorization shall be effective until such time as we notify you otherwise.

Very truly yours,

A handwritten signature in black ink, appearing to read "Henry A. Carpenter".

Henry A. Carpenter
Vice President, General Counsel
and Secretary

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BCS Travel Filing
Travel Delay Language Modification
2008 Core Retail Products

1. Proposed Revised Consumer Collateral Language (Liberalization)

TRAVEL DELAY COVERAGE *

Coverage under the program will pay on a one-time basis up to the maximum amount listed in Your Letter of Confirmation for **either your choice of: a) reasonable, additional accommodation and traveling expenses or b) the unused part of your prepaid expenses missed (less any Refunds You receive)** due to a departure delay of 6 or more hours. ~~Prepaid expenses are not covered.~~ Expenses must be incurred by You. Payments for the above expenses will not exceed \$150 per day per person.

Covered reasons for Travel Delay are:

1. Carrier caused delay (including bad weather);
2. Lost or stolen passports, money, or travel documents;
3. Quarantine;
4. Hijacking;
5. Unannounced strikes;
6. Natural disaster; or
7. Civil disorder or unrest.

Benefits are payable under either Travel Delay or Missed Connection for any one incident resulting in a delay.

No coverage will provide for loss(es) due to any General Program Exclusion.

Please refer to Your Letter of Confirmation to determine which benefits are specifically included within the plan You purchased and their corresponding maximum amount of coverage.



Susan B. Coulter, CLU, ChFC
Contract & Compliance Consultant

379 Princeton-Hightstown Rd.
Cranbury, NJ 08512
Phone: 609-443-7540
Fax: 609-443-4103

Email: susan@coulter-and-associates.com

June 10, 2008

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

ATTN: Accident & Health Division

RE: BCS Life Insurance Company • NAIC #38245 • FEIN 36-6033921
Revised Travel Delay Rider Filing – Travel Coverage
Rider Form 52.837

Dear Madam or Sir:

We are filing the attached rider for your review. The rider amends the currently approved Travel Delay benefit in the BCS Insurance Company travel program. The current program was approved on 6/14/2001.

The current benefit paid a benefit based on the reasonable, additional accommodation and traveling expenses incurred if travel was delayed for more than a certain time period due to stated covered reasons. There was a benefit cap. Prepaid expenses were not covered. With the proposed rider attached, the benefit pays either the reasonable, additional accommodation expenses OR the unused part of the prepaid expenses missed, less any refunds. The cap remains the same.

There is no impact on rates as there is a cap in benefits and so the approved rate manual remains in effect.

We trust you will find this submission to be complete and the proposed rider change to be acceptable. Please do not hesitate to contact us should you have any questions or concerns regarding this filing.

Sincerely,

A handwritten signature in black ink, appearing to read 'SBC', with a horizontal line extending to the right.

Ms. Susan B. Coulter, CLU, ChFC
Consultant

SBC/c
Enclosures