

SERFF Tracking Number: FRNK-125666734 State: Arkansas
 First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
 Company Tracking Number: CLARFGWC-36
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Multistate WC 10-08 Form Filing
 Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Filing at a Glance

Companies: Ansur America Insurance Company, Frankenmuth Mutual Insurance Company

Product Name: Multistate WC 10-08 Form SERFF Tr Num: FRNK-125666734 State: Arkansas

Filing

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #390261 \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: CLARFGWC-36

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Alice Jaruzel, Wanda Raymond, Jenny Blehm

Disposition Date: 07/25/2008

Date Submitted: 06/10/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08

Status of Filing in Domicile: Not Filed

Project Number: 15037

Domicile Status Comments: Not required to file.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/25/2008

State Status Changed: 06/13/2008

Deemer Date:

Corresponding Filing Tracking Number: FRNK-125666735

Filing Description:

See cover letter.

Company and Contact

SERFF Tracking Number: FRNK-125666734 State: Arkansas
 First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
 Company Tracking Number: CLARFGWC-36
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Multistate WC 10-08 Form Filing
 Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Filing Contact Information

Wanda Raymond, Senior Associate wanda.raymond@ffgrp.com
 One Mutual Avenue (989) 652-6121 [Phone]
 Frankenmuth, MI 48787 (989) 652-5509[FAX]

Filing Company Information

Ansur America Insurance Company CoCode: 10984 State of Domicile: Michigan
 One Mutual Avenue Group Code: 1309 Company Type: Property & Casualty
 Frankenmuth, MI 48787 Group Name: Frankenmuth State ID Number:
 Financial Grp
 (989) 652-6121 ext. [Phone] FEIN Number: 38-3467437

Frankenmuth Mutual Insurance Company CoCode: 13986 State of Domicile: Michigan
 One Mutual Avenue Group Code: 1309 Company Type: Property & Casualty
 Frankenmuth, MI 48787 Group Name: Frankenmuth State ID Number:
 Financial Grp
 (989) 652-6121 ext. [Phone] FEIN Number: 38-0555290

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ansur America Insurance Company	\$0.00	06/10/2008	
Frankenmuth Mutual Insurance Company	\$0.00	06/10/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
390261	\$50.00	06/09/2008

SERFF Tracking Number: FRNK-125666734 State: Arkansas
 First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
 Company Tracking Number: CLARFGWC-36
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Multistate WC 10-08 Form Filing
 Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/25/2008	07/25/2008
Approved	Carol Stiffler	06/10/2008	06/10/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Foreign Coverage Endorsement	Form	Jenny Blehm	07/25/2008	07/25/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please reopen this filing	Note To Reviewer	Jenny Blehm	07/24/2008	07/24/2008

SERFF Tracking Number: FRNK-125666734 State: Arkansas
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
Company Tracking Number: CLARFGWC-36
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Multistate WC 10-08 Form Filing
Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Disposition

Disposition Date: 07/25/2008
Effective Date (New): 10/01/2008
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

SERFF Tracking Number: FRNK-125666734 State: Arkansas
 First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
 Company Tracking Number: CLARFGWC-36
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Multistate WC 10-08 Form Filing
 Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Foreign Coverage Endorsement	Approved	Yes
Form	Voluntary Compensation Endorsement	Approved	Yes
Form	Foreign Coverage Endorsement	Approved	Yes

SERFF Tracking Number: FRNK-125666734 State: Arkansas
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
Company Tracking Number: CLARFGWC-36
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Multistate WC 10-08 Form Filing
Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Disposition

Disposition Date: 06/10/2008
Effective Date (New): 10/01/2008
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

SERFF Tracking Number: FRNK-125666734 State: Arkansas
 First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
 Company Tracking Number: CLARFGWC-36
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Multistate WC 10-08 Form Filing
 Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Foreign Coverage Endorsement	Approved	Yes
Form	Voluntary Compensation Endorsement	Approved	Yes
Form	Foreign Coverage Endorsement	Approved	Yes

SERFF Tracking Number: FRNK-125666734 State: Arkansas
 First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
 Company Tracking Number: CLARFGWC-36
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Multistate WC 10-08 Form Filing
 Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Amendment Letter

Amendment Date:
 Submitted Date: 07/25/2008

Comments:

Thank you for reopening this filing. Here is the form with the inversions corrected. Everything is all set now - Thanks Again!!!

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Foreign Coverage Endorsement	07757	4-07	Endorsement/Conditions	New				07757(4-07) Ansur - Corrected.pdf 07757(4-07) FMI - Corrected.pdf

SERFF Tracking Number: FRNK-125666734 State: Arkansas
 First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
 Company Tracking Number: CLARFGWC-36
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Multistate WC 10-08 Form Filing
 Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Foreign Coverage Endorsement	07757	4-07	Endorsement/Amendment/Conditions	New	0.00	07757(4-07) Ansur.pdf
Approved	Voluntary Compensation Endorsement	00506	8-00	Endorsement/Amendment/Conditions	Withdrawn Replaced Form #: Previous Filing #: No Filing # - File date 4/25/02, Eff 6/1/02	0.00	07757(4-07) FMI.pdf
Approved	Foreign Coverage Endorsement	07757	4-07	Endorsement/Amendment/Conditions	New		07757(4-07) Ansur - Corrected.pdf 07757(4-07) FMI - Corrected.pdf

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Foreign Coverage Endorsement**Section 1. Employees Covered**

- A. This coverage applies only to employees you hire within the limits of the United States of America while they are traveling or temporarily residing outside the United States of America, its territories or possessions, or Canada for a period of no longer than ninety days.
- B. This insurance does not apply to any employees you hire outside the limits of the United States of America.
- C. This insurance does not apply to any employees who are employed to work at locations within the following country or countries:

Section 2. How This Insurance Applies

This insurance applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death. Bodily injury includes any endemic disease. Endemic diseases are those which are peculiar to a locality or region.

- A. An employee included in the group of employees described in Item 1. of the Schedule of this endorsement must sustain the bodily injury, and
- B. The bodily injury must occur in the course of employment necessary or incidental to work in a state, country or subdivision of a country listed in Item 1. of the Schedule of this endorsement, and
- C. Bodily injury by accident must occur during the policy period, or
- D. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions of your workplace must occur during the policy period.

Section 3. Exclusions

This insurance does not cover:

- A. Bodily injury arising from any direct or indirect consequences of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.
- B. Compensation or benefits imposed by any nonoccupational, disability benefits law, plan or any similar law or plan.
- C. Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers Compensation

This endorsement amends Section A. of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under the law. If this is not possible, we will reimburse you for the amounts you are required to pay.

The following provisions apply to this insurance:

- A. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement. The only exception to this is as provided for in Section 6. - Excess Repatriation Expenses.
- B. We have the option to request you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - 1. Release you and us in writing from all responsibility for the bodily injury or death.
 - 2. Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement.
 - 3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

- D. Under this or any other policy we have issued to you, it is possible that the provisions of a workers compensation law, plan or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section 4. of this endorsement. If this happens, we agree that we will make no further payments under Section 4. if Section 5. of this endorsement applies.

Section 5. Legal Liability Under Workers Compensation Law

- A. If benefits are payable under a workers compensation or occupational disease law of any state, country or subdivision of a country other than the United States of America, its territories or possessions, or Canada, we will reimburse you up to but not in excess of the cost of benefits which would have been payable under the workers compensation law of the state designated in Item 1. of the Schedule of this endorsement.
- B. We will not be liable for any loss for which you had other valid and collectible insurance.
- C. We assume no obligation to defend any suit or proceeding against you outside of the United States of America, its territories or possessions, or Canada.
- D. The coverage this Section 5. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any state, country or subdivision of a country.

Section 6. Excess Repatriation Expense

This section only applies to coverage provided for in Section 4. and 5. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to employees. In the event an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee and accident.

The policy does not afford coverage for repatriation expense unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

Section 7. Employers Liability

The following agreement replaces Section B. of Part Two - Employers Liability of the policy with respect to the coverage this endorsement provides.

B. We Will Pay

We will pay on your behalf all sums which you become legally obligated to pay as damages because of bodily injury by accident or disease, including resulting death, sustained in any state or country or subdivision of a country other than the United States of America, its territories or possessions, or Canada by any of your employees arising out of and in the course of employment by you.

The following provisions apply to Section 7. of this endorsement:

A. We will reimburse you for all reasonable expenses you incur including attorney's fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend any suit or any proceeding brought against you outside of the United States of America, its territories or possessions, or Canada.

B. The limit of our liability under Part Two will be in accordance with the following provisions:

The sums that we will pay under Part Two B. include damages for care and loss of services. These sums also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement which applies to bodily injury by disease is the total limit of our liability for all damages because of bodily injury by disease including resulting death that one or more employees sustain in any one state, country or subdivision of a country outside the United States, its territories or possessions, or Canada listed in Item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

Section 8. Other Insurance

The following provision replaces Section E. of Part One and Section F. of Part Two of the policy with respect to the coverage this endorsement provides.

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance except with respect to insurance provided under Section 5. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

Schedule

1. <u>Name(s) of Employees</u>	<u>State or Country of Operations</u>	<u>Designated Workers Compensation Law</u>
All officers and employees not subject to the workers compensation law	Any state shown in Item 3.A. of the Declarations	State of hire
2. <u>Limits of Liability for Excess Repatriation Expenses</u>		
<p style="margin-left: 40px;">\$ 10,000 each accident</p>		
3. <u>Limits of Liability for Part Two - Employers Liability</u>		
<u>Bodily Injury by Accident</u>	<u>Bodily Injury by Disease</u>	
\$ 100,000	\$ 100,000 policy limit \$ 500,000 each employee	

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Foreign Coverage Endorsement**Section 1. Employees Covered**

- A. This coverage applies only to employees you hire within the limits of the United States of America while they are traveling or temporarily residing outside the United States of America, its territories or possessions, or Canada for a period of no longer than ninety days.
- B. This insurance does not apply to any employees you hire outside the limits of the United States of America.
- C. This insurance does not apply to any employees who are employed to work at locations within the following country or countries:

Section 2. How This Insurance Applies

This insurance applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death. Bodily injury includes any endemic disease. Endemic diseases are those which are peculiar to a locality or region.

- A. An employee included in the group of employees described in Item 1. of the Schedule of this endorsement must sustain the bodily injury, and
- B. The bodily injury must occur in the course of employment necessary or incidental to work in a state, country or subdivision of a country listed in Item 1. of the Schedule of this endorsement, and
- C. Bodily injury by accident must occur during the policy period, or
- D. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions of your workplace must occur during the policy period.

Section 3. Exclusions

This insurance does not cover:

- A. Bodily injury arising from any direct or indirect consequences of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.
- B. Compensation or benefits imposed by any nonoccupational, disability benefits law, plan or any similar law or plan.
- C. Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers Compensation

This endorsement amends Section A. of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under the law. If this is not possible, we will reimburse you for the amounts you are required to pay.

The following provisions apply to this insurance:

- A. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement. The only exception to this is as provided for in Section 6. - Excess Repatriation Expenses.
- B. We have the option to request you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - 1. Release you and us in writing from all responsibility for the bodily injury or death.
 - 2. Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement.
 - 3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

- D. Under this or any other policy we have issued to you, it is possible that the provisions of a workers compensation law, plan or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section 4. of this endorsement. If this happens, we agree that we will make no further payments under Section 4. if Section 5. of this endorsement applies.

Section 5. Legal Liability Under Workers Compensation Law

- A. If benefits are payable under a workers compensation or occupational disease law of any state, country or subdivision of a country other than the United States of America, its territories or possessions, or Canada, we will reimburse you up to but not in excess of the cost of benefits which would have been payable under the workers compensation law of the state designated in Item 1. of the Schedule of this endorsement.
- B. We will not be liable for any loss for which you had other valid and collectible insurance.
- C. We assume no obligation to defend any suit or proceeding against you outside of the United States of America, its territories or possessions, or Canada.
- D. The coverage this Section 5. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any state, country or subdivision of a country.

Section 6. Excess Repatriation Expense

This section only applies to coverage provided for in Section 4. and 5. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to employees. In the event an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee and accident.

The policy does not afford coverage for repatriation expense unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

Section 7. Employers Liability

The following agreement replaces Section B. of Part Two - Employers Liability of the policy with respect to the coverage this endorsement provides.

B. We Will Pay

We will pay on your behalf all sums which you become legally obligated to pay as damages because of bodily injury by accident or disease, including resulting death, sustained in any state or country or subdivision of a country other than the United States of America, its territories or possessions, or Canada by any of your employees arising out of and in the course of employment by you.

The following provisions apply to Section 7. of this endorsement:

A. We will reimburse you for all reasonable expenses you incur including attorney's fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend any suit or any proceeding brought against you outside of the United States of America, its territories or possessions, or Canada.

B. The limit of our liability under Part Two will be in accordance with the following provisions:

The sums that we will pay under Part Two B. include damages for care and loss of services. These sums also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement which applies to bodily injury by disease is the total limit of our liability for all damages because of bodily injury by disease including resulting death that one or more employees sustain in any one state, country or subdivision of a country outside the United States, its territories or possessions, or Canada listed in Item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

Section 8. Other Insurance

The following provision replaces Section E. of Part One and Section F. of Part Two of the policy with respect to the coverage this endorsement provides.

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance except with respect to insurance provided under Section 5. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

Schedule

- | 1. <u>Name(s) of Employees</u> | <u>State or Country of Operations</u> | <u>Designated Workers Compensation Law</u> |
|---|---|---|
| All officers and employees not subject to the workers compensation law | Any state shown in Item 3.A. of the Declarations | State of hire |
|
 | | |
| 2. <u>Limits of Liability for Excess Repatriation Expenses</u> | | |
| <p>\$ 10,000 each accident</p> | | |
|
 | | |
| 3. <u>Limits of Liability for Part Two - Employers Liability</u> | | |
| <u>Bodily Injury by Accident</u> | <u>Bodily Injury by Disease</u> | |
| \$ 100,000 | \$ 100,000 policy limit
\$ 500,000 each employee | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Voluntary Compensation And Employers Liability Coverage (Including Endemic Disease And Repatriation Expenses)

Additional Premium Included

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

1. This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death. Bodily injury includes any endemic disease.
 - (a) The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
 - (b) The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
 - (c) The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen away from those places for a period no longer than 90 days.
 - (d) Bodily injury by accident must occur during the policy period.
 - (e) Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
2. This insurance applies to the additional expenses for repatriation to the United States of America.
 - (a) The repatriation expenses must result from bodily injury which occurs during the policy period.
 - (b) The repatriation expenses must arise out of bodily injury to an employee included in the group of employees described in the Schedule.

- (c) The repatriation expenses must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.

B. We Will Pay

1. We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

2. Expenses for Repatriation

We will reimburse you for expenses for repatriation to the United States of America. In the event an employee is injured, we will reimburse you for expenses in excess of the normal cost to return the employee. In the event of an employee's death, we will reimburse you for expenses in excess of the normal cost to return an employee who is alive and in good health.

The most we will pay for expenses for repatriation is \$10,000.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.

2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

Schedule

Employees	State of Employment	Designated Workers Compensation Law
All officers and employees not subject to the workers compensation law.	Any state shown in Item 3.A. of the Declarations.	State of hire.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Voluntary Compensation And Employers Liability Coverage (Including Endemic Disease And Repatriation Expenses)

Additional Premium Included

This endorsement adds Voluntary Compensation Insurance to the policy.

A. How This Insurance Applies

1. This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death. Bodily injury includes any endemic disease.
 - (a) The bodily injury must be sustained by an employee included in the group of employees described in the Schedule.
 - (b) The bodily injury must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.
 - (c) The bodily injury must occur in the United States of America, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen away from those places for a period no longer than 90 days.
 - (d) Bodily injury by accident must occur during the policy period.
 - (e) Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
2. This insurance applies to the additional expenses for repatriation to the United States of America.
 - (a) The repatriation expenses must result from bodily injury which occurs during the policy period.
 - (b) The repatriation expenses must arise out of bodily injury to an employee included in the group of employees described in the Schedule.

- (c) The repatriation expenses must arise out of and in the course of employment necessary or incidental to work in a state listed in the Schedule.

B. We Will Pay

1. We will pay an amount equal to the benefits that would be required of you if you and your employees described in the Schedule were subject to the workers compensation law shown in the Schedule. We will pay those amounts to the persons who would be entitled to them under the law.

2. Expenses for Repatriation

We will reimburse you for expenses for repatriation to the United States of America. In the event an employee is injured, we will reimburse you for expenses in excess of the normal cost to return the employee. In the event of an employee's death, we will reimburse you for expenses in excess of the normal cost to return an employee who is alive and in good health.

The most we will pay for expenses for repatriation is \$10,000.

C. Exclusions

This insurance does not cover:

1. any obligation imposed by a workers compensation or occupational disease law, or any similar law.
2. bodily injury intentionally caused or aggravated by you.

D. Before We Pay

Before we pay benefits to the persons entitled to them, they must:

1. Release you and us, in writing, of all responsibility for the injury or death.

2. Transfer to us their right to recover from others who may be responsible for the injury or death.
3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If the persons entitled to the benefits of this insurance fail to do those things, our duty to pay ends at once. If they claim damages from you or from us for the injury or death, our duty to pay ends at once.

E. Recovery From Others

If we make a recovery from others, we will keep an amount equal to our expenses of recovery and the benefits we paid. We will pay the balance to the persons entitled to it. If the persons entitled to the benefits of this insurance make a recovery from others, they must reimburse us for the benefits we paid them.

F. Employers Liability Insurance

Part Two (Employers Liability Insurance) applies to bodily injury covered by this endorsement as though the State of Employment shown in the Schedule were shown in Item 3.A. of the Information Page.

Schedule

Employees	State of Employment	Designated Workers Compensation Law
All officers and employees not subject to the workers compensation law.	Any state shown in Item 3.A. of the Declarations.	State of hire.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Foreign Coverage Endorsement**Section 1. Employees Covered**

- A. This coverage applies only to employees you hire within the limits of the United States of America while they are traveling or temporarily residing outside the United States of America, its territories or possessions, or Canada for a period of no longer than ninety days.
- B. This insurance does not apply to any employees you hire outside the limits of the United States of America.
- C. This insurance does not apply to any employees who are employed to work at locations within the following country or countries:

Section 2. How This Insurance Applies

This insurance applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death. Bodily injury includes any endemic disease. Endemic diseases are those which are peculiar to a locality or region.

- A. An employee included in the group of employees described in Item 1. of the Schedule of this endorsement must sustain the bodily injury, and
- B. The bodily injury must occur in the course of employment necessary or incidental to work in a state, country or subdivision of a country listed in Item 1. of the Schedule of this endorsement, and
- C. Bodily injury by accident must occur during the policy period, or
- D. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions of your workplace must occur during the policy period.

Section 3. Exclusions

This insurance does not cover:

- A. Bodily injury arising from any direct or indirect consequences of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.
- B. Compensation or benefits imposed by any nonoccupational, disability benefits law, plan or any similar law or plan.
- C. Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers Compensation

This endorsement amends Section A. of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under the law. If this is not possible, we will reimburse you for the amounts you are required to pay.

The following provisions apply to this insurance:

- A. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement. The only exception to this is as provided for in Section 6. - Excess Repatriation Expenses.
- B. We have the option to request you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - 1. Release you and us in writing from all responsibility for the bodily injury or death.
 - 2. Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement.
 - 3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

- D. Under this or any other policy we have issued to you, it is possible that the provisions of a workers compensation law, plan or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section 4. of this endorsement. If this happens, we agree that we will make no further payments under Section 4. if Section 5. of this endorsement applies.

Section 5. Legal Liability Under Workers Compensation Law

- A. If benefits are payable under a workers compensation or occupational disease law of any state, country or subdivision of a country other than the United States of America, its territories or possessions, or Canada, we will reimburse you up to but not in excess of the cost of benefits which would have been payable under the workers compensation law of the state designated in Item 1. of the Schedule of this endorsement.
- B. We will not be liable for any loss for which you had other valid and collectible insurance.
- C. We assume no obligation to defend any suit or proceeding against you outside of the United States of America, its territories or possessions, or Canada.
- D. The coverage this Section 5. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any state, country or subdivision of a country.

Section 6. Excess Repatriation Expense

This section only applies to coverage provided for in Section 4. and 5. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to employees. In the event an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee and accident.

The policy does not afford coverage for repatriation expense unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

Section 7. Employers Liability

The following agreement replaces Section B. of Part Two - Employers Liability of the policy with respect to the coverage this endorsement provides.

B. We Will Pay

We will pay on your behalf all sums which you become legally obligated to pay as damages because of bodily injury by accident or disease, including resulting death, sustained in any state or country or subdivision of a country other than the United States of America, its territories or possessions, or Canada by any of your employees arising out of and in the course of employment by you.

The following provisions apply to Section 7. of this endorsement:

A. We will reimburse you for all reasonable expenses you incur including attorney's fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend any suit or any proceeding brought against you outside of the United States of America, its territories or possessions, or Canada.

B. The limit of our liability under Part Two will be in accordance with the following provisions:

The sums that we will pay under Part Two B. include damages for care and loss of services. These sums also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement which applies to bodily injury by disease is the total limit of our liability for all damages because of bodily injury by disease including resulting death that one or more employees sustain in any one state, country or subdivision of a country outside the United States, its territories or possessions, or Canada listed in Item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

Section 8. Other Insurance

The following provision replaces Section E. of Part One and Section F. of Part Two of the policy with respect to the coverage this endorsement provides.

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance except with respect to insurance provided under Section 5. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

Schedule

- | 1. <u>Name(s) of Employees</u> | <u>State or Country of Operations</u> | <u>Designated Workers Compensation Law</u> |
|--|--|---|
| All officers and employees not subject to the workers compensation law | Any state shown in Item 3.A. of the Declarations | State of hire |
- 2. Limits of Liability for Excess Repatriation Expenses**
- \$ 10,000 each accident
- 3. Limits of Liability for Part Two - Employers Liability**
- | <u>Bodily Injury by Accident</u> | <u>Bodily Injury by Disease</u> |
|---|---|
| \$ 100,000 | \$ 500,000 policy limit
\$ 100,000 each employee |

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

Foreign Coverage Endorsement**Section 1. Employees Covered**

- A. This coverage applies only to employees you hire within the limits of the United States of America while they are traveling or temporarily residing outside the United States of America, its territories or possessions, or Canada for a period of no longer than ninety days.
- B. This insurance does not apply to any employees you hire outside the limits of the United States of America.
- C. This insurance does not apply to any employees who are employed to work at locations within the following country or countries:

Section 2. How This Insurance Applies

This insurance applies only to bodily injury by accident or to bodily injury by disease. Bodily injury includes resulting death. Bodily injury includes any endemic disease. Endemic diseases are those which are peculiar to a locality or region.

- A. An employee included in the group of employees described in Item 1. of the Schedule of this endorsement must sustain the bodily injury, and
- B. The bodily injury must occur in the course of employment necessary or incidental to work in a state, country or subdivision of a country listed in Item 1. of the Schedule of this endorsement, and
- C. Bodily injury by accident must occur during the policy period, or
- D. The conditions of your workplace must cause or aggravate the bodily injury by disease. The employee's last day of last exposure to those conditions of your workplace must occur during the policy period.

Section 3. Exclusions

This insurance does not cover:

- A. Bodily injury arising from any direct or indirect consequences of war, invasion, act of foreign enemy, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power. No current or subsequent endorsement to this policy will override or waive this limitation.
- B. Compensation or benefits imposed by any nonoccupational, disability benefits law, plan or any similar law or plan.
- C. Bodily injury you intentionally cause or aggravate.

Section 4. Voluntary Workers Compensation

This endorsement amends Section A. of Part One of the policy by adding the following coverage:

On your behalf, we will voluntarily pay an amount equal to the benefits you would be required to pay if you and the employees described in Item 1. of the Schedule were subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement.

We will pay those amounts to the persons who would be entitled to them under the law. If this is not possible, we will reimburse you for the amounts you are required to pay.

The following provisions apply to this insurance:

- A. In no event will our liability under this section exceed the amount we or you would have been obligated to pay if the employment and injury had been subject to the workers compensation law designated in Item 1. of the Schedule of this endorsement. The only exception to this is as provided for in Section 6. - Excess Repatriation Expenses.
- B. We have the option to request you to pay sums due directly to persons entitled to them on our behalf. We will reimburse you for these payments when you provide us with satisfactory proof of payment.
- C. Before we are required to make any payment or reimburse you, the persons entitled or paid must:
 - 1. Release you and us in writing from all responsibility for the bodily injury or death.
 - 2. Transfer to us their right to recover from others who may be responsible for the injury or death to the extent of our payment or reimbursement.
 - 3. Cooperate with us and do everything necessary to enable us to enforce the right to recover from others.

If a person entitled to payment under this section refuses to accept voluntary payments offered, we may, at our discretion, withdraw the offer to pay compensation benefits. If this happens, we will notify you and the employee that we will no longer be bound by the provisions of this section.

- D. Under this or any other policy we have issued to you, it is possible that the provisions of a workers compensation law, plan or any similar law or plan may hold you or us legally liable for any injury where payments have been made or would otherwise be made under Section 4. of this endorsement. If this happens, we agree that we will make no further payments under Section 4. if Section 5. of this endorsement applies.

Section 5. Legal Liability Under Workers Compensation Law

- A. If benefits are payable under a workers compensation or occupational disease law of any state, country or subdivision of a country other than the United States of America, its territories or possessions, or Canada, we will reimburse you up to but not in excess of the cost of benefits which would have been payable under the workers compensation law of the state designated in Item 1. of the Schedule of this endorsement.
- B. We will not be liable for any loss for which you had other valid and collectible insurance.
- C. We assume no obligation to defend any suit or proceeding against you outside of the United States of America, its territories or possessions, or Canada.
- D. The coverage this Section 5. affords does not cover fines or penalties imposed on you for failure to comply with the requirements of any workers compensation or occupational disease law of any state, country or subdivision of a country.

Section 6. Excess Repatriation Expense

This section only applies to coverage provided for in Section 4. and 5. of this endorsement.

Medical expenses include additional expenses of repatriation to the United States of America incurred as a result of bodily injury to employees. In the event an employee is injured, our liability is limited to the amount by which these expenses exceed the normal cost of returning the employee. In the event of an employee's death, our liability is limited to the amount by which the expenses of returning the body exceed the normal cost of returning an employee who is alive and in good health.

Our liability will never exceed the amount indicated in Item 2. of the Schedule of this endorsement for one covered employee and accident.

The policy does not afford coverage for repatriation expense unless a specific limit of liability for each covered employee and accident appears in Item 2. of the Schedule of this endorsement.

Section 7. Employers Liability

The following agreement replaces Section B. of Part Two - Employers Liability of the policy with respect to the coverage this endorsement provides.

B. We Will Pay

We will pay on your behalf all sums which you become legally obligated to pay as damages because of bodily injury by accident or disease, including resulting death, sustained in any state or country or subdivision of a country other than the United States of America, its territories or possessions, or Canada by any of your employees arising out of and in the course of employment by you.

The following provisions apply to Section 7. of this endorsement:

A. We will reimburse you for all reasonable expenses you incur including attorney's fees in defending any suit against you alleging injury and seeking damages on account of any insurance this section of this endorsement affords. We assume no obligation to defend any suit or any proceeding brought against you outside of the United States of America, its territories or possessions, or Canada.

B. The limit of our liability under Part Two will be in accordance with the following provisions:

The sums that we will pay under Part Two B. include damages for care and loss of services. These sums also include damages for which you are liable because of suits or claims others bring against you to recover the damages obtained from such others because of bodily injury your employees sustain arising out of and in the course of their employment.

The limit of liability in Item 3. of the Schedule of this endorsement which applies to bodily injury by disease is the total limit of our liability for all damages because of bodily injury by disease including resulting death that one or more employees sustain in any one state, country or subdivision of a country outside the United States, its territories or possessions, or Canada listed in Item 1. of the Schedule of this endorsement.

The limits of liability designated in this endorsement supersede and are not cumulative with any limit(s) of liability elsewhere in the policy. The inclusion of more than one insured does not increase the limits of our liability.

Section 8. Other Insurance

The following provision replaces Section E. of Part One and Section F. of Part Two of the policy with respect to the coverage this endorsement provides.

The insurance for a loss covered by this endorsement will be excess insurance over and above any other insurance except with respect to insurance provided under Section 5. The limits of liability for this insurance will be reduced by an amount equal to the limits of liability other insurance affords.

Schedule

- | 1. <u>Name(s) of Employees</u> | <u>State or Country of Operations</u> | <u>Designated Workers Compensation Law</u> |
|---|---|---|
| All officers and employees not subject to the workers compensation law | Any state shown in Item 3.A. of the Declarations | State of hire |
|
 | | |
| 2. <u>Limits of Liability for Excess Repatriation Expenses</u> | | |
| <p style="margin-left: 40px;">\$ 10,000 each accident</p> | | |
|
 | | |
| 3. <u>Limits of Liability for Part Two - Employers Liability</u> | | |
| <u>Bodily Injury by Accident</u> | <u>Bodily Injury by Disease</u> | |
| \$ 100,000 | \$ 500,000 policy limit
\$ 100,000 each employee | |

SERFF Tracking Number: FRNK-125666734 *State:* Arkansas
First Filing Company: Ansur America Insurance Company, ... *State Tracking Number:* #390261 \$50
Company Tracking Number: CLARFGWC-36
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: Multistate WC 10-08 Form Filing
Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FRNK-125666734 State: Arkansas
First Filing Company: Ansur America Insurance Company, ... State Tracking Number: #390261 \$50
Company Tracking Number: CLARFGWC-36
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Multistate WC 10-08 Form Filing
Project Name/Number: WC - Voluntary Compensation Coverage Revision-Eff Date 10/1/08/15037

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/10/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 06/10/2008

Comments:

Attachment:

Cover 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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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 #	
------------	--	--

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

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]
------------	---

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.)**

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	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	



June 10, 2008

Subject: Workers' Compensation Form Filing
Effective October 1, 2008; Filing Number CLARFGWC-36
Ansur America Insurance Company, NAIC 10984
Frankenmuth Mutual Insurance Company, NAIC 13986

Dear Commissioner:

Frankenmuth Financial Group would like to file the following revisions to our Workers' Compensation Program:

Withdraw Form 00506, Voluntary Compensation and Employers Liability Coverage
(Including Endemic Disease and Repatriation Expenses)

Implement Form 07757, Foreign Coverage Endorsement

Should you have any questions regarding this filing, you can contact me at
800-234-1133, Ext. 2645 or wanda.raymond@ffgrp.com.

Sincerely,

Wanda Raymond

Wanda Raymond
R&D Senior Associate

Enclosures

Project # 15037

wjr