

SERFF Tracking Number: LBRM-125711283 State: Arkansas
Filing Company: Bridgefield Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-WC-AR-0468
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: BCIC AR TRIPRA Notice 090108
Project Name/Number: BCIC AR TRIPRA Notice 090108/08-WC-AR-0468

Filing at a Glance

Company: Bridgefield Casualty Insurance Company

Product Name: BCIC AR TRIPRA Notice 090108 SERFF Tr Num: LBRM-125711283 State: Arkansas

TOI: 16.0 Workers Compensation
Sub-TOI: 16.0004 Standard WC

SERFF Status: Closed
Co Tr Num: 08-WC-AR-0468

State Tr Num: EFT \$50
State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Ethel Lee, Liz McCarty
Date Submitted: 06/25/2008

Disposition Date: 06/25/2008
Disposition Status: Approved

Effective Date Requested (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008

Effective Date (New): 09/01/2008
Effective Date (Renewal):

State Filing Description:

General Information

Project Name: BCIC AR TRIPRA Notice 090108

Project Number: 08-WC-AR-0468

Reference Organization:

Reference Title:

Filing Status Changed: 06/25/2008

State Status Changed: 06/25/2008

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to replace the informational filing of the Terrorsim Insurance Premium Notice, ST-ML-506 (01/08).

Status of Filing in Domicile:

Domicile Status Comments: n/a

Reference Number:

Advisory Org. Circular:

Deemer Date:

The proposed Terrorism Insurance Premium Notice eliminates the distinction between foreign and domestic terrorism. BCIC proposes to use the attached Terrorism Insurance Premium Notice, ST-ML-506 (09/08).

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Company and Contact

Filing Contact Information

Ethel Lee, Regulatory Filing Senior Analyst ethel.lee@summitholdings.com
 2310 Commerce Point Drive (800) 282-7648 [Phone]
 Lakeland, FL 33801 (863) 667-7232[FAX]

Filing Company Information

Bridgefield Casualty Insurance Company CoCode: 10335 State of Domicile: Florida
 2310 Commerce Point Drive Group Code: 111 Company Type: Property &
 Lakeland, FL 33801 Group Name: Liberty Mutual Agcy State ID Number:
 Mkts
 (800) 282-7648 ext. [Phone] FEIN Number: 59-3269531

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Bridgefield Casualty Insurance Company | \$50.00 | 06/25/2008 | 21095783 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|----------------|------------|----------------|
| Approved | Carol Stiffler | 06/25/2008 | 06/25/2008 |

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Disposition

Disposition Date: 06/25/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *LBRM-125711283* *State:* *Arkansas*
Filing Company: *Bridgefield Casualty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-WC-AR-0468*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *BCIC AR TRIPRA Notice 090108*
Project Name/Number: *BCIC AR TRIPRA Notice 090108/08-WC-AR-0468*

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Cover Letter | Approved | Yes |
| Supporting Document | Filing Memorandum | Approved | Yes |
| Supporting Document | F778 Form Filing Schedule | Approved | Yes |
| Form | Terrorism Insurance Premium Notice | Approved | Yes |

SERFF Tracking Number: LBRM-125711283 State: Arkansas
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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: BCIC AR TRIPRA Notice 090108
 Project Name/Number: BCIC AR TRIPRA Notice 090108/08-WC-AR-0468

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|------------------------------------|-----------|--------------|-----------------------------|--|-------------|--|
| Approved | Terrorism Insurance Premium Notice | ST-ML-506 | (09/08) | Disclosure/ Replaced Notice | Replaced Form #: ST-ML-506 (01/08) Previous Filing #: 08-WC-AR-0435 | | TRIPRA Disclosure Notice Rev 9-01-08.pdf |

TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified act of terrorism” means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

PREMIUM DISCLOSURE STATEMENT

Your policy/insuring agreement does not contain an exclusion for losses resulting from “certified acts of terrorism.” Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy/insuring agreement.

THE PREMIUM CHARGE FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE NEXT TO THE SEPARATE LINE ITEM CHARGE FOR “TERRORISM”.

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your sales representative or agent.

SERFF Tracking Number: *LBRM-125711283* *State:* *Arkansas*
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TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *BCIC AR TRIPRA Notice 090108*
Project Name/Number: *BCIC AR TRIPRA Notice 090108/08-WC-AR-0468*

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 06/25/2008

Comments:

Attachment:

08-WC-AR-0468 F 777 PC TD-1.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 06/25/2008

Comments:

Attachment:

08-WC-AR-0468 ltr.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 06/25/2008

Comments:

Attachment:

Filing Memorandum 08-WC-AR-0468.pdf

Satisfied -Name: F778 Form Filing Schedule **Review Status:** Approved 06/25/2008

Comments:

Attachment:

F778AL_Form Sched 08-WC-AR-0468 Disclosure 9-08.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 # |
| Liberty Mutual Insurance Group | 0111 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
|--|----------|--------|------------|---------|
| Bridgefield Casualty Insurance Company | FL | 10335 | 59-3269531 | FL |
| | | | | |
| | | | | |
| | | | | |

| | |
|-----------------------------------|----------------------|
| 5. Company Tracking Number | 08-WC-AR-0468 |
|-----------------------------------|----------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|--|--|--|--------------|-------------------------------------|
| Mr. Robert A. Laramore Summit Consulting, Inc., MGA | Director of Regulation & Reinsurance | 1-800-282-7648 | 863-667-7218 | bob.laramore@ summitholdings.com |
| | | | | |
| 7. Signature of authorized filer | |  | | |
| 8. Please print name of authorized filer | | Robert A. Laramore | | |

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

| | |
|---|--|
| 9. Type of Insurance (TOI) | 16.0000 Workers Compensation |
| 10. Sub-Type of Insurance (Sub-TOI) | 16.0004 Standard WC |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | n/a |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 09/01/2008 Renewal: |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | |
| 17. Reference Organization # & Title | |
| 18. Company's Date of Filing | 6/25/2008 |
| 19. Status of filing in domicile | <input checked="" 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 # | 08-WC-AR-0468 |
|--|---------------|

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

See Filing Memorandum

| |
|---|
| 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 #: EFT
Amount: \$50.00

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.)**



SOUTHWEST REGION

P.O. BOX 80439 ■ BATON ROUGE, LA 70898-0439
(225) 926-3264 ■ 1-800-421-2944
FAX (225) 926-4102

FLORIDA

P.O. BOX 988 ■ LAKELAND, FL 33802-0988
(863) 665-6060 ■ 1-800-282-7648
FAX (863) 666-1958

SOUTHEAST REGION

P.O. BOX 600 ■ GAINESVILLE, GA 30503-0600
(678) 450-5825 ■ 1-800-971-2667
FAX (770) 531-1349

June 25, 2008

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

Re: Bridgefield Casualty Insurance Company
Workers Compensation Insurance
Revised Filing of Terrorism Insurance Premium Notice
NAIC Number 10335
BCIC Filing Number 08-WC-AR-0468

Dear Ms. Bowman:

Bridgefield Casualty Insurance Company is licensed to write workers compensation insurance in the State of Arkansas. At this time, we are submitting for your review and approval the revised Terrorism Insurance Premium Notice, ST-ML-506 (09/08). The revised notice eliminates the distinction between foreign and domestic terrorism. An effective date of September 1, 2008 is requested.

Included in this filing are:

1. Cover Letter
2. Filing Memorandum
3. Property & Casualty Transmittal Document (PC TD-1)
4. Form Filing Schedule (PC-FFS-1)
5. Terrorism Insurance Premium Notice, ST-ML-506 (09/08)

Please send all questions and correspondence to: Bridgefield Casualty Insurance Company
ATTN: Robert Laramore
P.O. Box 988
Lakeland, FL 33802-0988
Email: bob.laramore@summitholdings.com
Phone 1-800-282-7648, ext. 3652

To the best of my knowledge, this filing is in compliance with the statutes, rules regulations of the State of Arkansas.

Sincerely,

Robert A. Laramore
Director of Regulation & Reinsurance
Summit Consulting, Inc.,
Managing General Agent

RAL/el
Enclosures

Filing Memorandum
Bridgefield Casualty Insurance Company
08-WC-AR-0468

Purpose

This filing replaces the informational filing of the Terrorism Insurance Premium Notice, ST-ML-506 (01/08).

Proposal

Bridgefield Casualty Insurance Company (BCIC) is proposing to use the attached Terrorism Insurance Premium Notice, ST-ML-506 (9/08).

The proposed Terrorism Insurance Premium Notice eliminates the distinction between foreign and domestic terrorism. It will be sent with all quotes for new business with effective dates on or after September 1, 2008.

Impact

This filing will not affect current premium levels.

Proposed Effective Date

Bridgefield Casualty Insurance Company proposes an effective date of September 1, 2008

FORM FILING SCHEDULE

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

| 1. | This filing transmittal is part of Company Tracking # | 08-WC-AR-0468 | | | |
|-----------|---|-----------------------------------|---|---|--|
| 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 | Terrorism Insurance Premium Notice | ST-ML-506 (09/08) | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | ST-ML-506 (01/08) | 08-WC-AR-0435 |
| 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 | | |