

SERFF Tracking Number: ARKS-125723792 State: Arkansas
Filing Company: 11579 - Old Glory Insurance Company State Tracking Number: #13243 \$50
Company Tracking Number: AR07032008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 11579 - Old Glory Insurance Company

Product Name: n/a

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

Effective Date Requested (New):

Effective Date Requested (Renewal):

State Filing Description:

Sent email on accident preventions services and Form WC 00 03 10

SERFF Tr Num: ARKS-125723792 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR07032008

Co Status:

Author:

Date Submitted: 07/07/2008

State Tr Num: #13243 \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler

Disposition Date: 07/17/2008

Disposition Status: Approved

Effective Date (New): 07/16/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 07/17/2008

State Status Changed: 07/07/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

NA NA,

NA

NA@NA.com

(123) 555-4567 [Phone]

SERFF Tracking Number: ARKS-125723792 State: Arkansas
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Company Tracking Number: AR07032008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

NA, AR 00000

Filing Company Information

11579 - Old Glory Insurance Company
P. O. Box 6456

CoCode: 11579
Group Code:

State of Domicile: Texas
Company Type: Property &
Casualty

Tyler, TX 75711-6456
(803) 509-4929 ext. [Phone]

Group Name: 11579
FEIN Number: 65-1161309

State ID Number:

SERFF Tracking Number: ARKS-125723792 State: Arkansas
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Company Tracking Number: AR07032008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Filing Fees

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

SERFF Tracking Number: ARKS-125723792 State: Arkansas
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Company Tracking Number: AR07032008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/17/2008	07/17/2008

SERFF Tracking Number: ARKS-125723792 State: Arkansas
Filing Company: 11579 - Old Glory Insurance Company State Tracking Number: #13243 \$50
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 07/17/2008

Effective Date (New): 07/16/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125723792 *State:* Arkansas
Filing Company: 11579 - Old Glory Insurance Company *State Tracking Number:* #13243 \$50
Company Tracking Number: AR07032008
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	ARKS-125723792		Yes

SERFF Tracking Number: ARKS-125723792 *State:* Arkansas
Filing Company: 11579 - Old Glory Insurance Company *State Tracking Number:* #13243 \$50
Company Tracking Number: AR07032008
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125723792 State: Arkansas
Filing Company: 11579 - Old Glory Insurance Company State Tracking Number: #13243 \$50
Company Tracking Number: AR07032008
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125723792

07/17/2008

Comments:

Attachments:

ARKS-125723792.pdf
ARKS-125723792-a.pdf
ARKS-125723792-b.pdf
ARKS-125723792-c.pdf

ARKS-125723792 # 13243
50.00

CS

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

Approved until withdrawn or revoked

JUL 16 2008

Arkansas Insurance Department
By: *OKL*

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 Code

3. Group Name _____ **Group NAIC #** _____

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Glory Insurance Company	Texas	11579	65-1161309	10000826

RECEIVED
JUL 07 2008

5. Company Tracking Number AR07032008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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

6. Name and address	Title	Telephone #s	FAX #	e-mail
Robert B. Henderson 501 Shelley Drive Tyler, TX 75701	President	(903) 509-4929	(903) 509-4967	Bob.henderson@oldgloryinsurance.com

7. Signature of authorized filer: *Robert B. Henderson*

8. Please print name of authorized filer: Robert B. Henderson

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

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product codes(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 checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Dates(s) Requested	New: _____ Upon Approval: _____ 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	07/03/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---

20. This filing transmittal is part of Company Tracking # AR07032008

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

Old Glory Insurance Company has adopted NCCI forms with the following changes:

1. Company logo and address added to top of forms.
2. Forms created for Schedule of Insured Names, Schedule of Workplaces, and Schedule of Endorsements which are referenced on Information Page (WC 00 00 01 A)
3. Terrorism forms (WC 99 03 01 and WC 99 03 02) have been modified to conform to the Reauthorization Act effective 1/1/2008.

No manual pages have been altered.

This filing does not utilize SERFF.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if possible)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check # 13243

Amount: 50.00

2

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

***Refer to 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

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Effective March 1, 2007

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 #	AR07032008
---	------------

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	Information Page	WC 00 00 01 A (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Extension of Information Page for Item #1 (Schedule of Insured Names)	WC 00 00 01 A (Form 120) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Extension of Information Page for Item #1 (Schedule of Workplaces)	WC 00 00 01 A (Form 110) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Extension of Information Page for Item #3 (Schedule of Endorsements)	WC 00 00 01 A (Form 102) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Extension of Information Page for Item #4 (Schedule of Premiums)	WC 00 00 01 A (Form 101) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Experience Modifier Endorsement	WC 00 00 01 A (Form 910) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Installment Schedule	WC 00 00 01 A (Form 150) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Waiver of Subrogation Endorsement	WC 00 00 01 A (Form 180) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

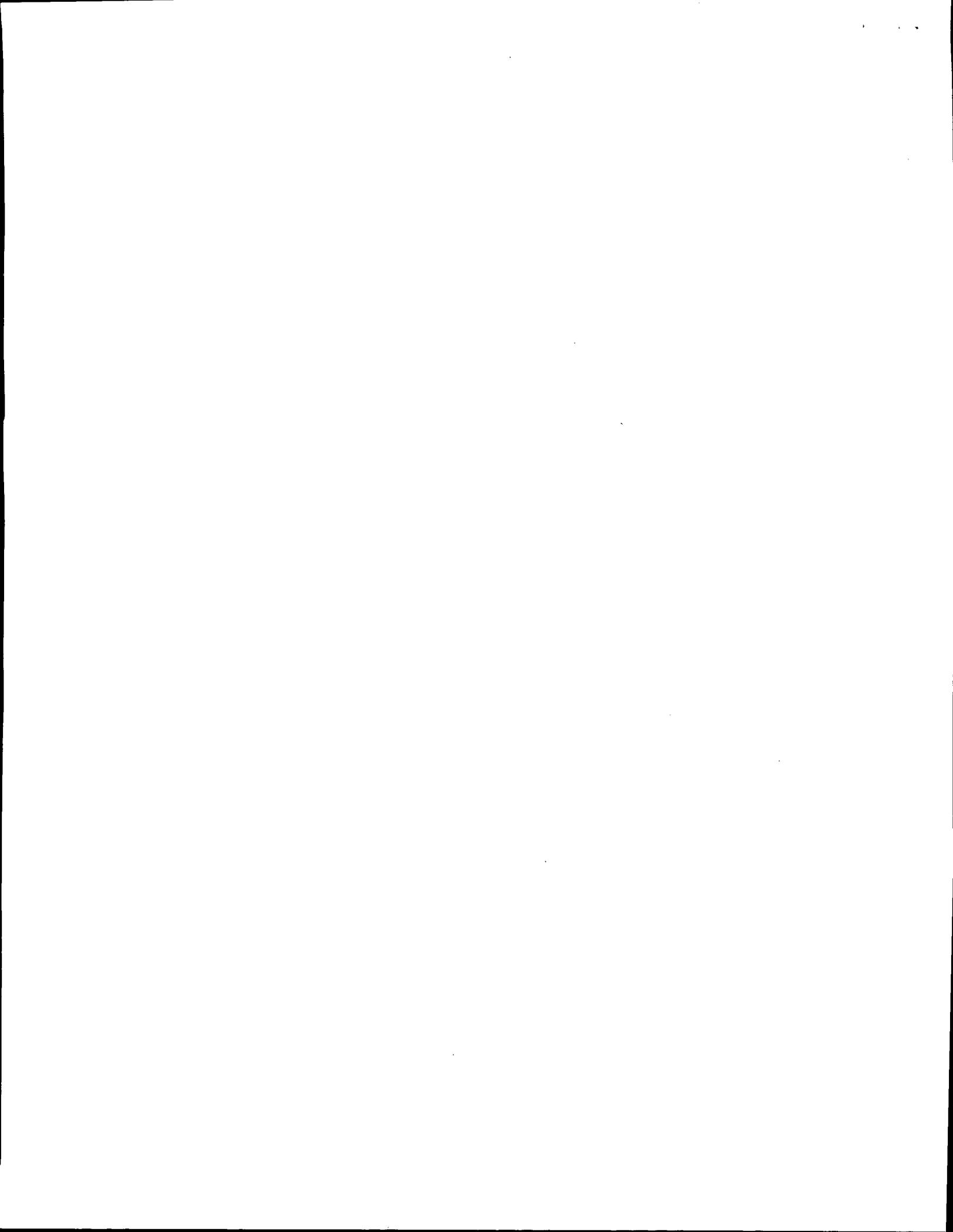
3

09	Insured Name Endorsement	WC 00 00 01 A (Form 200) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Policy Number Endorsement	WC 00 00 01 A (Form 210) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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11	Policy Effective Date Endorsement	WC 00 00 01 A (Form 220) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Policy Expiration Date Endorsement	WC 00 00 01 A (Form 230) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Mailing Address Endorsement	WC 00 00 01 A (Form 240) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Workplace/Location Endorsement	WC 00 00 01 A (Form 245) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Interstate/Intrastate Risk ID Endorsement	WC 00 00 01 A (Form 260) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Producer Name Endorsement	WC 00 00 01 A (Form 270) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Insured Status Endorsement	WC 00 00 01 A (Form 280) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18	Payroll/Class Code Endorsement	WC 00 00 01 A (Form 290) (Ed. 01/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19	Terrorism Risk Insurance Program Reauthorization Act Endorsement (Page 1 and 2)	WC 99 03 01 (Eff. 01/01/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20	Terrorism Premium Endorsement	WC 99 03 02 (Eff. 01/01/2008)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
21	Alternate Employer Endorsement	WC 00 03 01 A (Eff. 02/15/1989)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
22	Designated Workplaces Exclusion Endorsement	WC 00 03 02 Eff. 01/01/1994	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
23	Partners, Officers and Others Exclusion Endorsement	WC 00 03 08 Eff. 04/01/1984	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
24	Sole Proprietors, Partners, Officers and Other Coverage Endorsement	WC 00 03 10 Eff. 04/01/1984	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
25	Voluntary Compensation and Employers Liability Coverage Endorsement (page 1 and 2)	WC 00 03 11 A Eff. 08/01/1991	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
26	Waiver of Our Right to Recover From Others Endorsement	WC 00 03 13 Eff. 04/01/1984	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
27	Aircraft Premium Endorsement	WC 00 04 01 A Eff. 05/20/1986	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement		

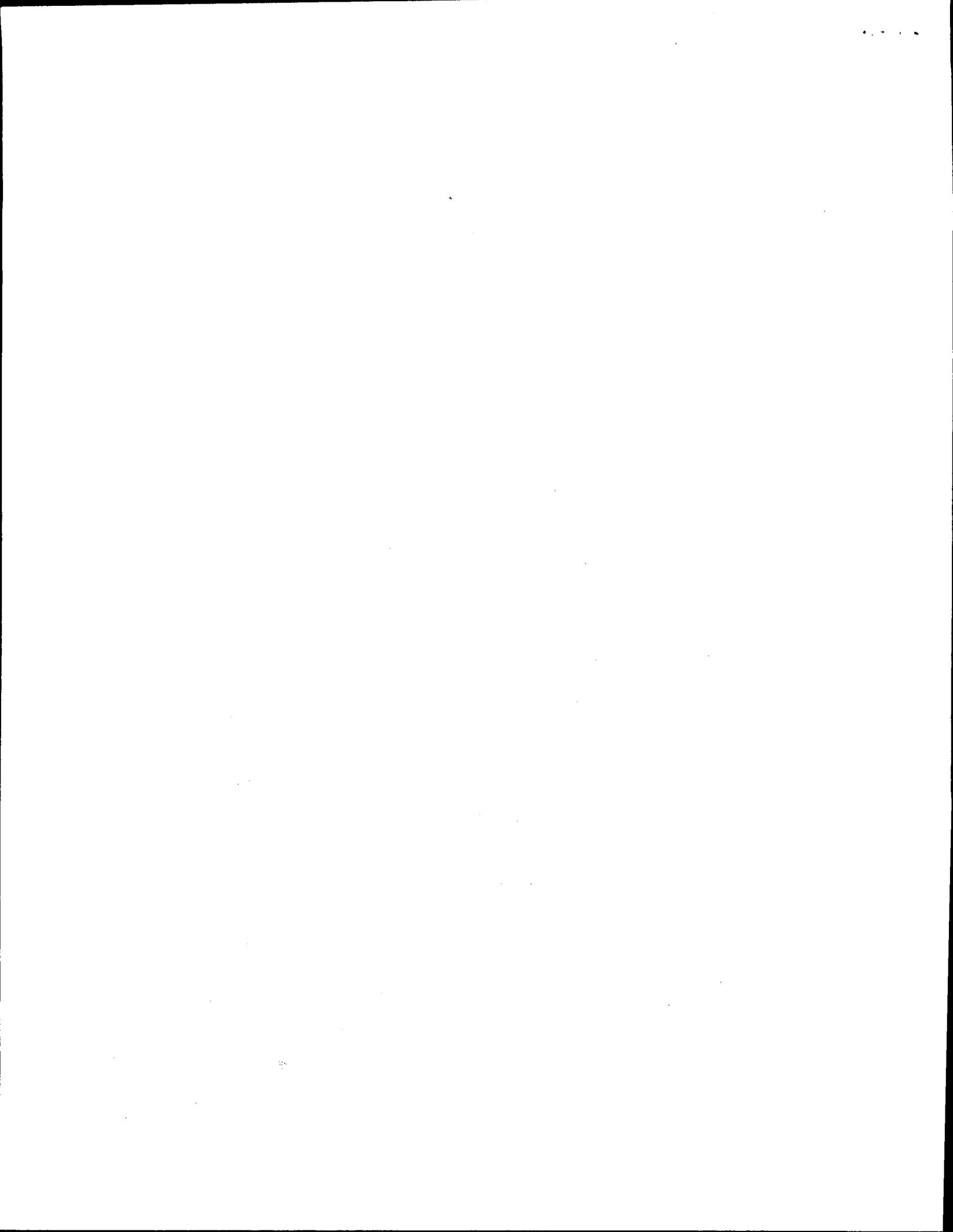
4



			<input type="checkbox"/> Withdrawn		
28	Anniversary Rating Date Endorsement	WC 00 04 02 Eff. 04/01/1984	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
29	Experience Rating Modifier Endorsement	WC 00 04 03 Eff. 04/01/1984	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
30	Pending Rate Change Endorsement	WC 00 04 04 Eff. 04/84	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
31	Policy Period Endorsement	WC 00 04 05 Eff. 04/1984	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
32	Premium Discount Endorsement	WC 00 04 06 A Eff. 07/01/1995	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
33	Notification of Change in Ownership Endorsement	WC 00 04 14 Eff. 07/90	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
34	Alternate Preferred Plan Premium Endorsement	WC 03 04 01 (Eff. 03/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
35	Merit Rating Endorsement	WC 03 04 03 (Eff. 03/94)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
36	Arkansas Managed Care Endorsement	WC 03 04 04 (Eff. 10/97)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
37	Arkansas Amendatory Endorsement	WC 03 06 01 A (Eff. 04/92)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
38	Arkansas Benefits Deductible Endorsement	WC 03 06 02 A (Eff. 10/96)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
39			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
40			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
41			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
42			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
43			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
44			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

5



Carol Stiffler

From: Bob Henderson [Bob.Henderson@oldgloryinsurance.com]
Sent: Thursday, July 17, 2008 8:57 AM
To: Carol Stiffler
Subject: RE: Old Glory Ins. Co. workers' compensaton Filing #AR07032008
Attachments: AR_100.pdf; AR_WC 000310.pdf

Carol,

Attached are the corrected forms. I thought we had checked the text on the AR_100.uff and the WC 00 03 10 contained the verbiage from the Texas version of that form. That is why you could not locate the labor code reference. I apologize for any confusion.

Bob

Robert B. Henderson
President



(903) 509-4929 (888) 838-6404

From: Carol Stiffler [mailto:Carol.Stiffler@arkansas.gov]
Sent: Wednesday, July 16, 2008 3:56 PM
To: Bob Henderson
Subject: RE: Old Glory Ins. Co. workers' compensaton Filing #AR07032008

Pdf is ok

Carol Stiffler
Arkansas Insurance Dept.
Property & Casualty Division
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807
501-371-2748 (FAX)
carol.stiffler@arkansas.gov

From: Bob Henderson [mailto:Bob.Henderson@oldgloryinsurance.com]
Sent: Wednesday, July 16, 2008 3:51 PM
To: Carol Stiffler
Subject: RE: Old Glory Ins. Co. workers' compensaton Filing #AR07032008

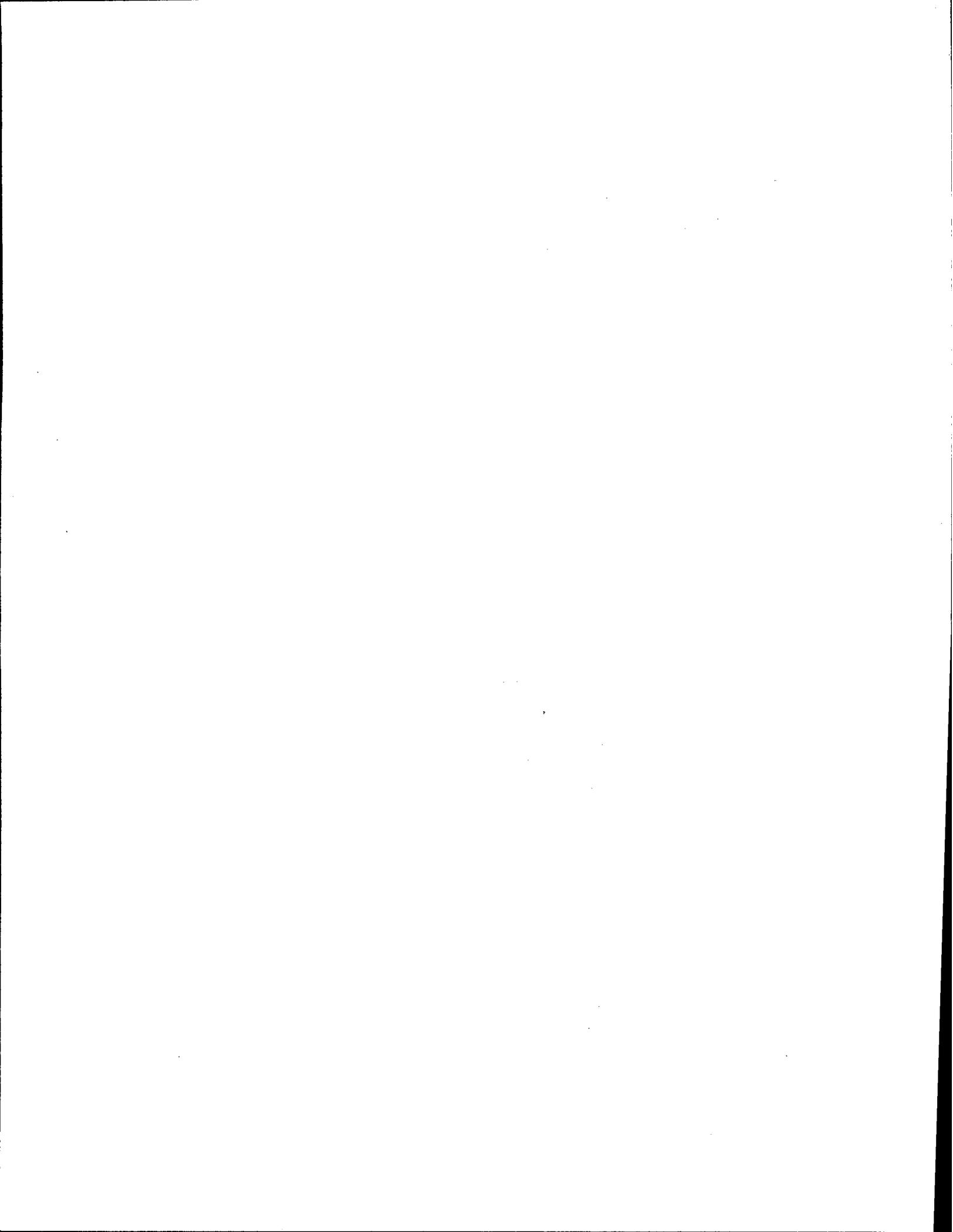
Carol,

I have made the necessary changes to the forms. Will you accept pdf copies or do I need to send hard copies with a cover letter.

Bob

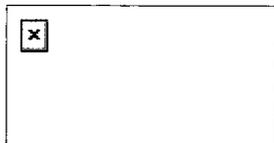
6

7/17/2008



Robert B. Henderson

President



(903) 509-4929 (888) 838-6404

From: Carol Stiffler [mailto:Carol.Stiffler@arkansas.gov]
Sent: Monday, July 14, 2008 3:45 PM
To: Bob Henderson
Subject: Old Glory Ins. Co. workers' compensaton Filing #AR07032008

This will acknowledge receipt of the captioned filing.

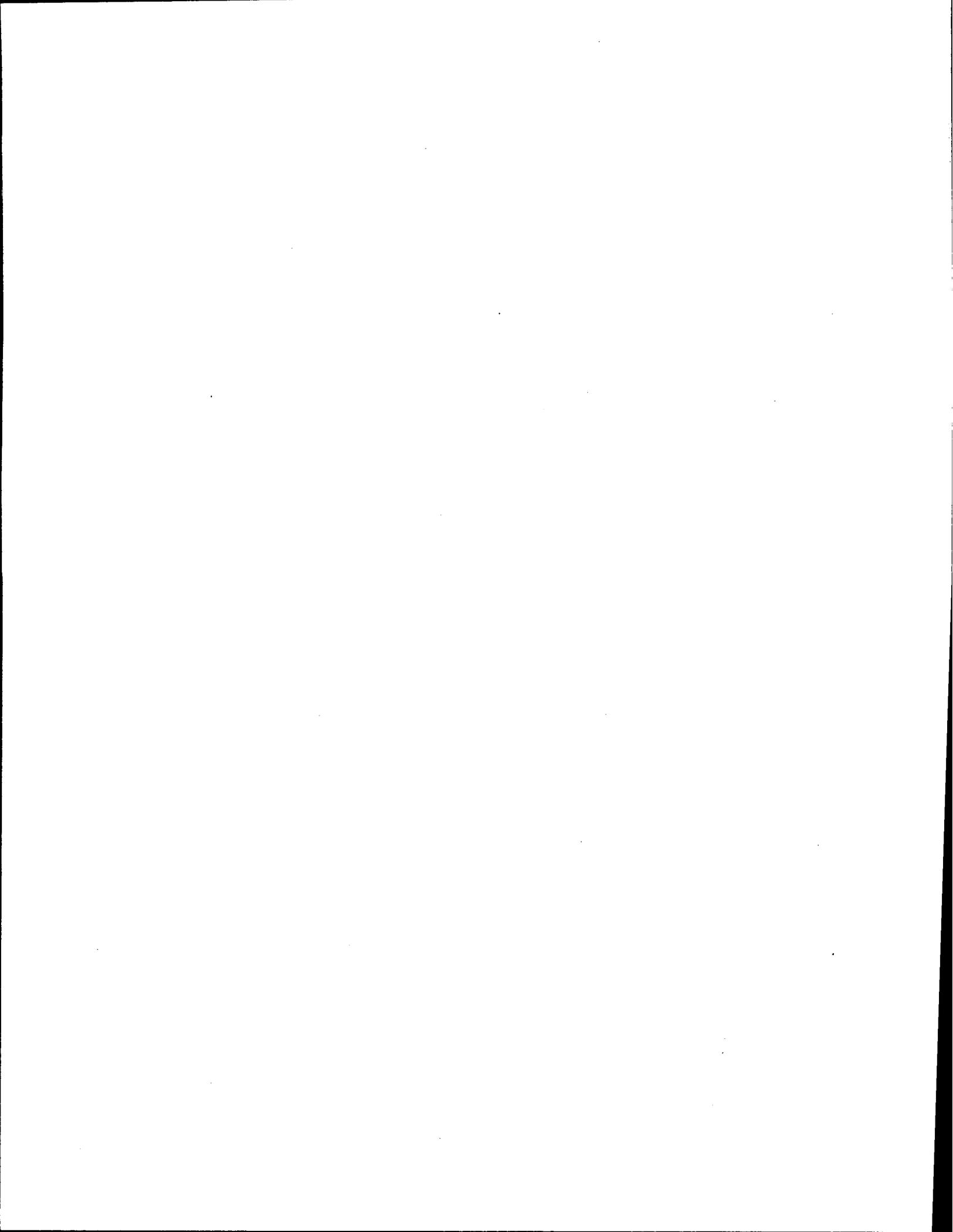
On Form AR_100.uff the loss prevention services notice required by 11-9-409(d)(2) and Rule 099.31(V)(a) (which can be found at http://www.awcc.state.ar.us/rules/rule099_31.pdf) has wording that is not exactly as required. I have confirmed with the Arkansas Workers' Compensation Commission that the wording required to be shown conspicuously on the policy must be exactly the wording in Rule 099.31. Please amend this form to comply with their rule.

On form WC 00 03 10 it refers to Section 406.097, Labor Code. I am not familiar with this code cite. Please provide or explain to what that refers and where it can be found.

We have 30 days to review this form filing but can extend the review period to 60 days. We may waive the 60 day period if requested by the insurance company

Carol Stiffler
Arkansas Insurance Dept.
Property & Casualty Division
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807
501-371-2748 (FAX)
carol.stiffler@arkansas.gov

Page 7





501 Shelley Drive, Suite 160
 Tyler, TX 75701
 (888) 838 6404

WC 00 00 01 A
 (Effective 01-94)

**WORKERS COMPENSATION AND EMPLOYERS
 LIABILITY INSURANCE POLICY**

INFORMATION PAGE

ITEM 1

Insured Name and Address	503:Insured Namexxxxxxxxxxxxxxxxxxxx	Business Type:	Policy Number:	500:Policy Numberxxxxx
	1003:Insured Addressxxxxxxxxxxxxxxxx	1006:Business Typexx		
Producer	1004:Insured Address Line2xxxxxxxxxx	Other Named Insured:	Federal ID Number:	1007:Federal ID
	1005:Insured City, State, Zipxxxxxxxxxx	See Schedule of Insured Names	Risk ID Number:	1008:Risk IDxxx
	1009:Producer Name/Addressxxxxxxxxxx	Other Work Places:	SIC:	1100:SIC 1101:SIC Description
	1009:Producer Name/Addressxxxxxxxxxx	See Schedule of Workplaces		

ITEM 2

506:Policy Effective To 507:Policy Expiration 12:01 A.M. Standard Time at the insured mailing address.

ITEM 3

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: 1015:List Of States For Section Axxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:
- | | | |
|------------------------------|------------------|---------------|
| Bodily Injury by Accident \$ | 1016:EEL Limit 1 | each accident |
| Bodily Injury by Disease \$ | 1017:EEL Limit 2 | policy limit |
| Bodily Injury by Disease \$ | 1018:EEL Limit 3 | each employee |
- C. Other States Insured: Part Three of the policy applies to the states, if any, listed here:
All States except ND, OH, WA, WV, WY and States Designated in Item 3 A of the Information Page
- D. This policy includes these endorsements and schedules:
See Schedule of Endorsements

ITEM 4

The premium for this policy will be determined by our Manual of Rules, Classifications, Rates & Rating Plans. All information required below is subject to verification and change by audit.

See Schedule of Premiums

TOTAL ESTIMATED PREMIUM 1073:Prem Line 07

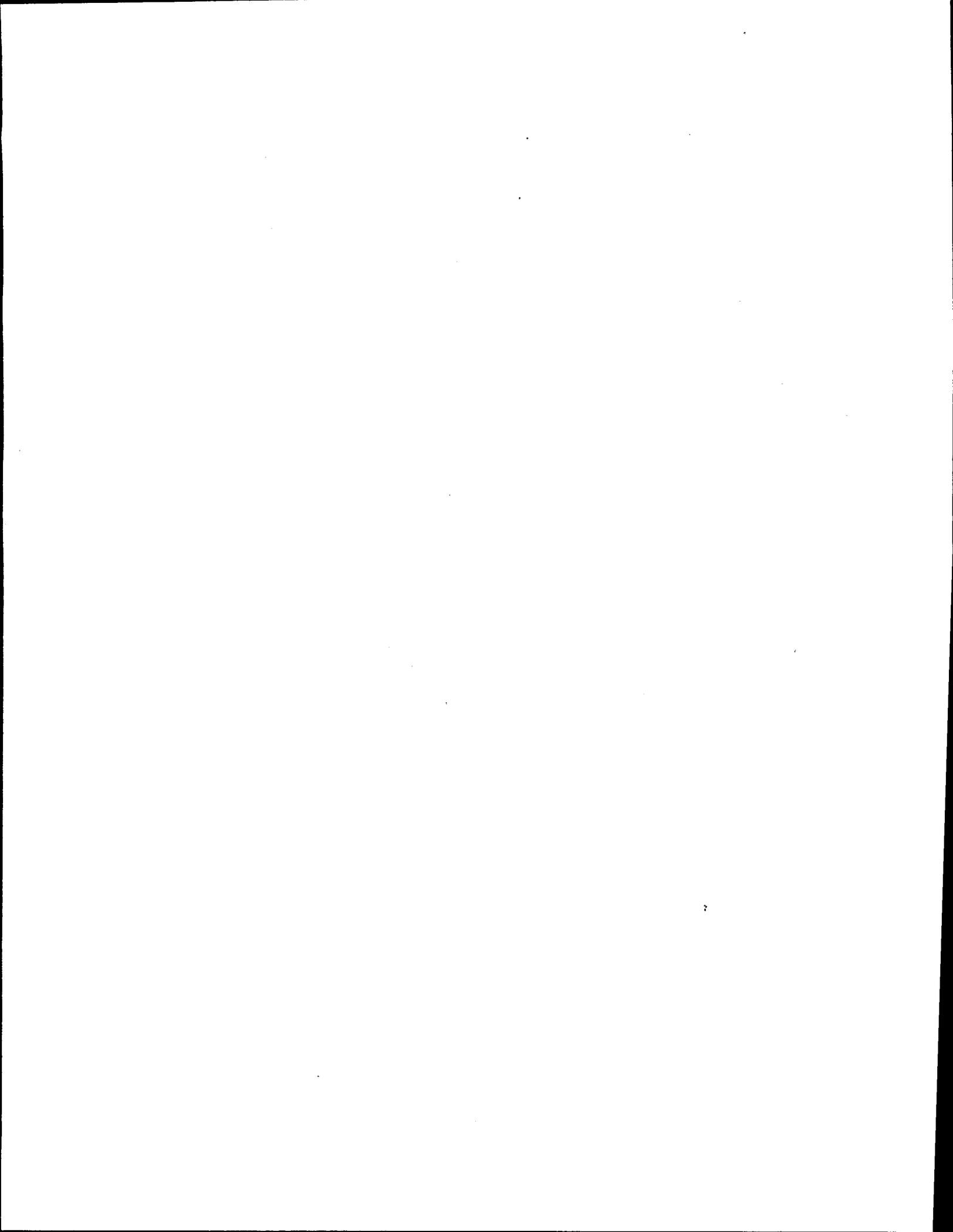
MINIMUM PREMIUM 1085:Minimum Premium

DEPOSIT PREMIUM 1086:Deposit Premium

Issue Date 508:Issue Date

Countersigned By: Robert B. Henderson
 President

Old Glory Insurance Company is required by law to provide its policyholders with certain accident prevention services, at no additional cost as required by the Ark. Code Ann. §11-9-409(d) and AWCC Rule 32. If you would like more information call Claims Administrative Services, Inc. at 1-800-765-2412. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.





501 Shelley Drive, Suite 160
 Tyler, TX 75701
 (888) 838 6404

WC 00 03 10
 Effective: 04/01/1984

**WORKERS COMPENSATION AND EMPLOYERS
 LIABILITY INSURANCE POLICY**

SOLE PROPRIETORS, PARTNERS, OFFICERS AND OTHER COVERAGE ENDORSEMENT

An election was made by or on behalf of each person described in the Schedule to be subject to the workers compensation law of the state named in the Schedule. The premium basis for the policy includes the remuneration of such persons.

Schedule

Officer	Title	State
3001:Incl 1	3061:Incl 1 Title	3031:Incl 1 State
3002:Incl 2	3062:Incl 2 Title	3032:Incl 2 State
3003:Incl 3	3063:Incl 3 Title	3033:Incl 3 State
3004:Incl 4	3064:Incl 4 Title	3034:Incl 4 State
3005:Incl 5	3065:Incl 5 Title	3035:Incl 5 State
3006:Incl 6	3066:Incl 6 Title	3036:Incl 6 State
3007:Incl 7	3067:Incl 7 Title	3037:Incl 7 State
3008:Incl 8	3068:Incl 8 Title	3038:Incl 8 State
3009:Incl 9	3069:Incl 9 Title	3039:Incl 9 State
3010:Incl 10	3070:Incl 10 Title	3040:Incl 10 State

This endorsement changes the policy to which it is attached and is effective on the policy effective date unless otherwise stated.

This endorsement, effective on 200:Endorsement Effective Date at 12:01 A.M. standard time, forms a part of

Policy No. 500:Policy Numberxxxxx of the **Old Glory Insurance Company**

Policy Period 1205:Policy Effective to 1206:Policy Expiration

Issued to 503:Insured Namexx

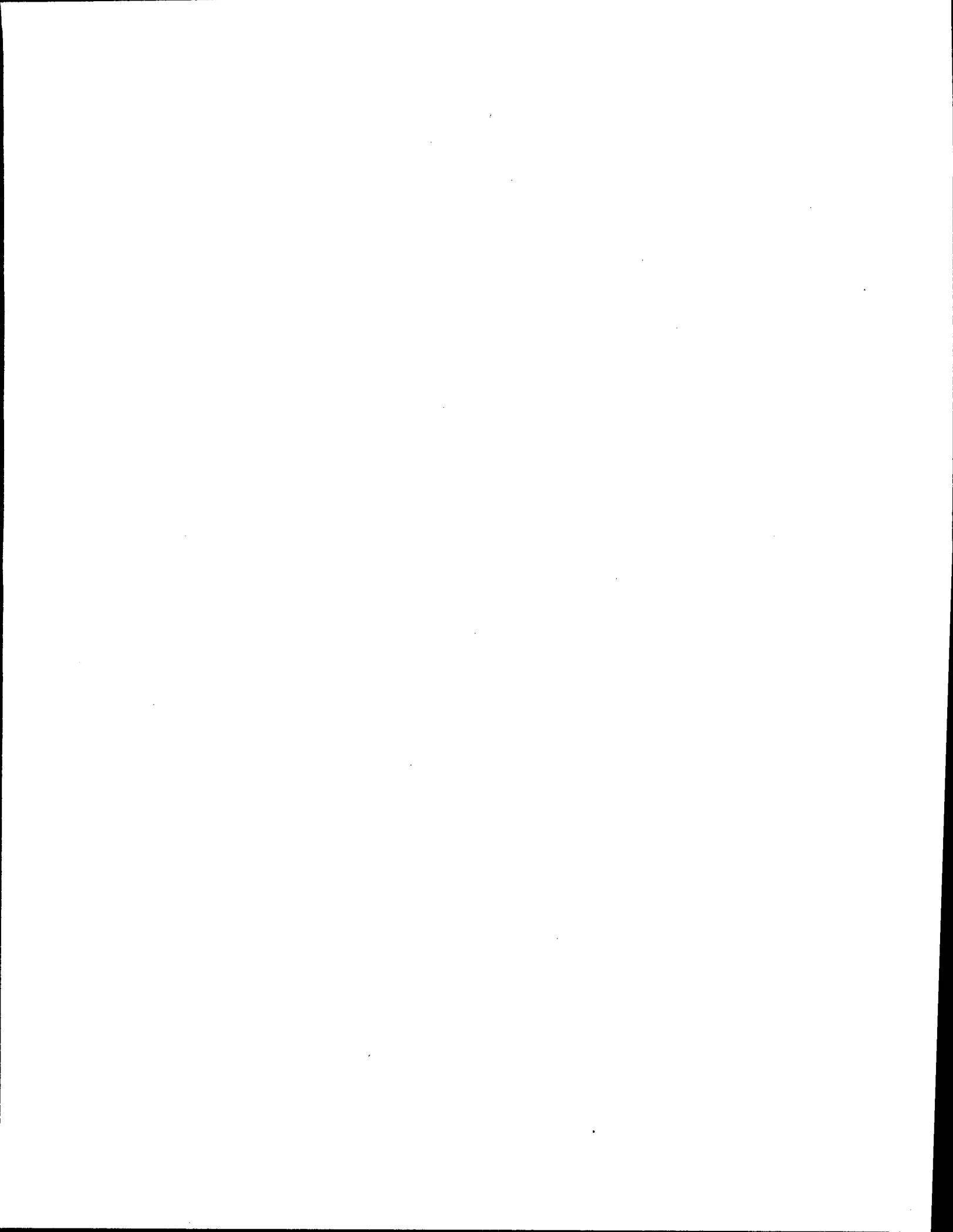
Endorsement No. AR_WC 42 03 10

Authorized Representative:

Robert B. Henderson

President

9



Carol Stiffler

From: Burge, Pat [pburge@awcc.state.ar.us]
Sent: Monday, July 14, 2008 8:38 AM
To: Carol Stiffler
Subject: RE: Old Glory Ins. Co. Accident Prevention Services Notification

Sorry Carol; I didn't understand what you were asking. The language does need to be exactly the same as in the rule. We don't let them vary because it becomes difficult to say when they have varied too much. Thanks again for running it by us.

Pat

From: Carol Stiffler [mailto:Carol.Stiffler@arkansas.gov]
Sent: Monday, July 14, 2008 8:22 AM
To: Burge, Pat
Subject: RE: Old Glory Ins. Co. Accident Prevention Services Notification

Is this language acceptable? I need to either notify them they need to change it or approve the filing. The filing has 48 endorsements—only one of which is the loss prevention one.

Carol Stiffler
Arkansas Insurance Dept.
Property & Casualty Division
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807
501-371-2748 (FAX)
carol.stiffler@arkansas.gov

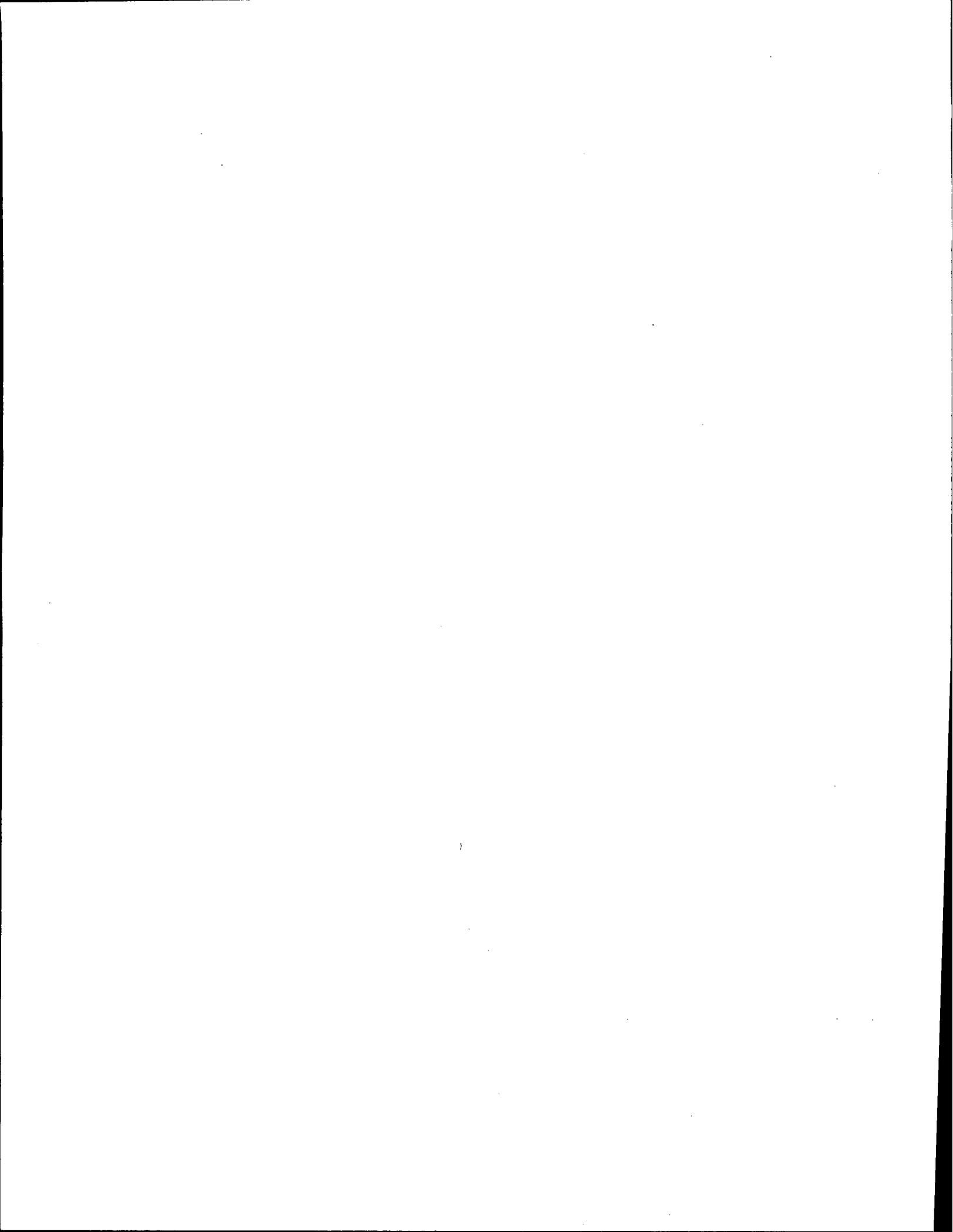
From: Burge, Pat [mailto:pburge@awcc.state.ar.us]
Sent: Friday, July 11, 2008 4:30 PM
To: Carol Stiffler
Subject: RE: Old Glory Ins. Co. Accident Prevention Services Notification

Thanks Carol!
Pat

From: Carol Stiffler [mailto:Carol.Stiffler@arkansas.gov]
Sent: Friday, July 11, 2008 3:11 PM
To: Cook, Dan; Burge, Pat
Subject: FW: Old Glory Ins. Co. Accident Prevention Services Notification

I received the following notification on a form filing. It is slightly different from the one in your reg.

Old Glory Insurance Company is required by law to provide its policyholders with certain accident prevention services, at no additional cost as required by the Arkansas Code Ann. 11-9-409(d) and AWCC Rule 32. If you would like more information call Claims Administrative Services, Inc. at 1-800-765-2412 for accident prevention services or for return-to-work coordination services. If you have any questions about this requirement, call the Division of Workers Health and Safety, Arkansas Workers' Compensation Commission at 1-800-622-4472.



Carol Stiffler

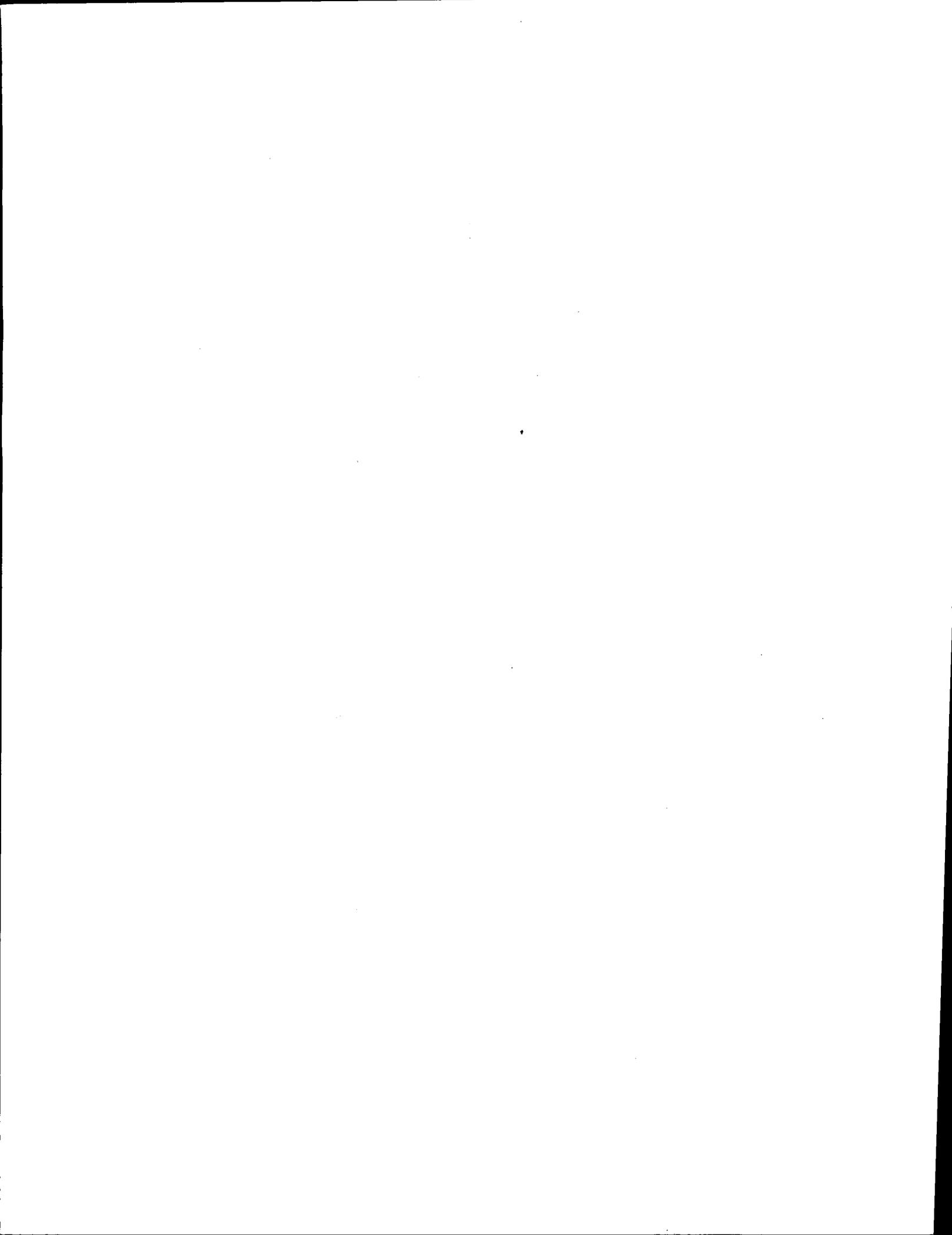
From: Carol Stiffler
Sent: Monday, July 07, 2008 1:30 PM
To: Cook, Dan
Subject: Old Glory Ins. Co. Accident Prevention Services Notification

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Carol Stiffler
Arkansas Insurance Dept.
Property & Casualty Division
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807
501-371-2748 (FAX)
carol.stiffler@arkansas.gov

Page 11





501 Shelley Drive, Suite 160
 Tyler, TX 75701
 (888) 838 6404

WORKERS COMPENSATION AND EMPLOYERS
 LIABILITY INSURANCE POLICY

INFORMATION PAGE

ITEM 1	Insured Name and Address	503:Insured Namexxxxxxxxxxxxxxxxxxxx	Business Type:	Policy Number:	500:Policy Numberxxxxx
		1003:Insured Addressxxxxxxxxxxxxxxxx	1006:Business Typexx		
		1004:Insured Address Line2xxxxxxxx			
		1005:Insured City, State, Zipxxxxxxxx			
Producer		1009:Producer Name/Addressxxxxxxxx	Other Named Insured:	Federal ID Number:	1007:Federal ID
		1009:Producer Name/Addressxxxxxxxx	See Schedule of Insured Names	Risk ID Number:	1008:Risk IDxxx
		1009:Producer Name/Addressxxxxxxxx	Other Work Places:	SIC:	1100:SIC 1101:SIC Description
		1009:Producer Name/Addressxxxxxxxx	See Schedule of Workplaces		

ITEM 2	506:Policy Effectiv To 507:Policy Expiratic	12:01 A.M. Standard Time at the insured mailing address.
--------	---	--

ITEM 3	A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:	1015>List Of States For Section Axxxxxxxxxxxxxxxxxxxxxxxxxxxx									
	B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:										
		<table border="0"> <tr> <td>Bodily Injury by Accident \$</td> <td>1016:EEL Limit 1</td> <td>each accident</td> </tr> <tr> <td>Bodily Injury by Disease \$</td> <td>1017:EEL Limit 2</td> <td>policy limit</td> </tr> <tr> <td>Bodily Injury by Disease \$</td> <td>1018:EEL Limit 3</td> <td>each employee</td> </tr> </table>	Bodily Injury by Accident \$	1016:EEL Limit 1	each accident	Bodily Injury by Disease \$	1017:EEL Limit 2	policy limit	Bodily Injury by Disease \$	1018:EEL Limit 3	each employee
	Bodily Injury by Accident \$	1016:EEL Limit 1	each accident								
Bodily Injury by Disease \$	1017:EEL Limit 2	policy limit									
Bodily Injury by Disease \$	1018:EEL Limit 3	each employee									
C. Other States Insured: Part Three of the policy applies to the states, if any, listed here:	All States except ND, OH, WA, WV, WY and States Designated in Item 3 A of the Information Page										
	D. This policy includes these endorsements and schedules:	See Schedule of Endorsements									

ITEM 4	<i>The premium for this policy will be determined by our Manual of Rules, Classifications, Rates & Rating Plans. All information required below is subject to verification and change by audit.</i>	
	See Schedule of Premiums	
	TOTAL ESTIMATED PREMIUM	1073:Prem Line 07
	MIMUMUM PREMIUM	1085:Minimum Premium
	DEPOSIT PREMIUM	1086:Deposit Premium

Issue Date 508:Issue Date

Countersigned By: Robert B. Henderson
 President

Old Glory Insurance Company is required by law to provide its policyholders with certain accident prevention services, at no additional cost as required by the Arkansas Code Ann. §11-9-409(d) and AWCC Rule 32. If you would like more information call Claims Administrative Services, Inc. at 1-800-765-2412 for accident prevention services or for return-to-work coordination services. If you have any questions about this requirement, call the Division of Workers' Health and Safety, Arkansas Workers' Compensation Commission at 1-800-622-4472.

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Tyler, TX 75701
(888) 838 6404

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Insured 503:Insured Name Policy Number 500:Policy Number

EXTENSION OF INFORMATION PAGE FOR ITEM #1
SCHEDULE OF INSURED NAMES

1620:Insured Name 1
1622:Insured Name 2
1624:Insured Name 3
1626:Insured Name 4
1628:Insured Name 5
1630:Insured Name 6
1632:Insured Name 7
1634:Insured Name 8
1636:Insured Name 9
1638:Insured Name 10
1640:Insured Name 11
1642:Insured Name 12
1644:Insured Name 13
1646:Insured Name 14
1648:Insured Name 15
1650:Insured Name 16
1652:Insured Name 17
1654:Insured Name 18
1656:Insured Name 19
1658:Insured Name 20

1621:DBA Name 1
1623:DBA Name 2
1625:DBA Name 3
1627:DBA Name 4
1629:DBA Name 5
1631:DBA Name 6
1633:DBA Name 7
1635:DBA Name 8
1637:DBA Name 9
1639:DBA Name 10
1641:DBA Name 11
1643:DBA Name 12
1645:DBA Name 13
1647:DBA Name 14
1649:DBA Name 15
1651:DBA Name 16
1653:DBA Name 17
1655:DBA Name 18
1657:DBA Name 19
1659:DBA Name 20

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WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Insured 503:Insured Namexxxxxxxxxxxxxxxxxxxx

Policy Number 500:Policy Numberxxxx

EXTENSION OF INFORMATION PAGE FOR ITEM #1
SCHEDULE OF WORKPLACES

WORKPLACES:

1710:State 1xxxx

1711:Name 1xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1712:Street Address 1xxxxxxxxxxxxxxxxxxxx
1713:Street Address 12xxxxxxxxxxxxxxxxxxxx
1714:City, St, Zip 1xxxxxxxxxxxxxxxxxxxx

1715:Name 2xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1716:Street Address 2xxxxxxxxxxxxxxxxxxxx
1717:Street Address 22xxxxxxxxxxxxxxxxxxxx
1718:City, St, Zip 2xxxxxxxxxxxxxxxxxxxx

1719:State 2xxxx

1720:Name 3xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1721:Street Address 3xxxxxxxxxxxxxxxxxxxx
1722:Street Address 32xxxxxxxxxxxxxxxxxxxx
1723:City, St, Zip 3xxxxxxxxxxxxxxxxxxxx

1724:Name 4xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1725:Street Address 4xxxxxxxxxxxxxxxxxxxx
1726:Street Address 42xxxxxxxxxxxxxxxxxxxx
1727:City, St, Zip 4xxxxxxxxxxxxxxxxxxxx

1728:State 3xxxx

1729:Name 5xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1730:Street Address 5xxxxxxxxxxxxxxxxxxxx
1731:Street Address 5xxxxxxxxxxxxxxxxxxxx
1732:City, St, Zip 5xxxxxxxxxxxxxxxxxxxx

1733:Name 6xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1734:Street Address 6xxxxxxxxxxxxxxxxxxxx
1735:Street Address 6xxxxxxxxxxxxxxxxxxxx
1736:City, St, Zip 6xxxxxxxxxxxxxxxxxxxx

1737:State 4xxxx

1738:Name 7xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1739:Street Address 7xxxxxxxxxxxxxxxxxxxx
1740:Street Address 72xxxxxxxxxxxxxxxxxxxx
1741:City, St, Zip 7xxxxxxxxxxxxxxxxxxxx

1742:Name 8xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1743:Street Address 8xxxxxxxxxxxxxxxxxxxx
1744:Street Address 82xxxxxxxxxxxxxxxxxxxx
1745:City, St, Zip 8xxxxxxxxxxxxxxxxxxxx

1746:State 5xxxx

1747:Name 9xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1748:Street Address 9xxxxxxxxxxxxxxxxxxxx
1749:Street Address 92xxxxxxxxxxxxxxxxxxxx
1750:City, St, Zip 9xxxxxxxxxxxxxxxxxxxx

1751:Name 10xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1752:Street Address 10xxxxxxxxxxxxxxxxxxxx
1753:Street Address 102xxxxxxxxxxxxxxxxxxxx
1754:City, St, Zip 10xxxxxxxxxxxxxxxxxxxx

1755:State 6xxxx

1756:Name 11xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1757:Street Address 11xxxxxxxxxxxxxxxxxxxx
1758:Street Address 112xxxxxxxxxxxxxxxxxxxx
1759:City, St, Zip 11xxxxxxxxxxxxxxxxxxxx

1760:Name 12xxxxxxxxxxxxxxxxxxxxxxxxxxxx
1761:Street Address 12xxxxxxxxxxxxxxxxxxxx
1762:Street Address 122xxxxxxxxxxxxxxxxxxxx
1763:City, St, Zip 12xxxxxxxxxxxxxxxxxxxx

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501 Shelley Drive, Suite 160
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(888) 838 6404

WC 00 00 01 A (180)

Effective: 01/94

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Insured 503:Insured NameXX Policy Number 500:Policy NumberXXXXX

WAIVER SUBROGATION ENDORSEMENT

Named Persons:	1000:Named Persons - Organizations
Waiver Endorsement Premium:	700:Waiver Endorsement Premium
Waiver Effective Date:	1400:Waiver Effective Date
Waiver Expiration Date:	1500:Waiver Expiration Date

This endorsement changes the policy to which it is attached and is effective on the policy effective date unless otherwise stated.

This endorsement, effective on 200:Endorsement Effective Date at 12:01 A.M. standard time, forms a part of

Policy No. 500:Policy NumberXXXX of the Old Glory Insurance Company

Policy Period 1205:Policy Effective to 1206:Policy Expiration

Issued to 503:Insured NameXX

Endorsement No. WC 00 00 01 A (180)

Authorized Representative:

Robert B. Henderson

President

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501 Shelley Drive, Suite 160
Tyler, TX 75701
(888) 838 6404

WC 00 00 01 A (210)

Effective: 01/94

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Insured Policy Number

POLICY NUMBER ENDORSEMENT

Policy Number:

This endorsement changes the policy to which it is attached and is effective on the policy effective date unless otherwise stated.

This endorsement, effective on at 12:01 A.M. standard time, forms a part of

Policy No. of the Old Glory Insurance Company

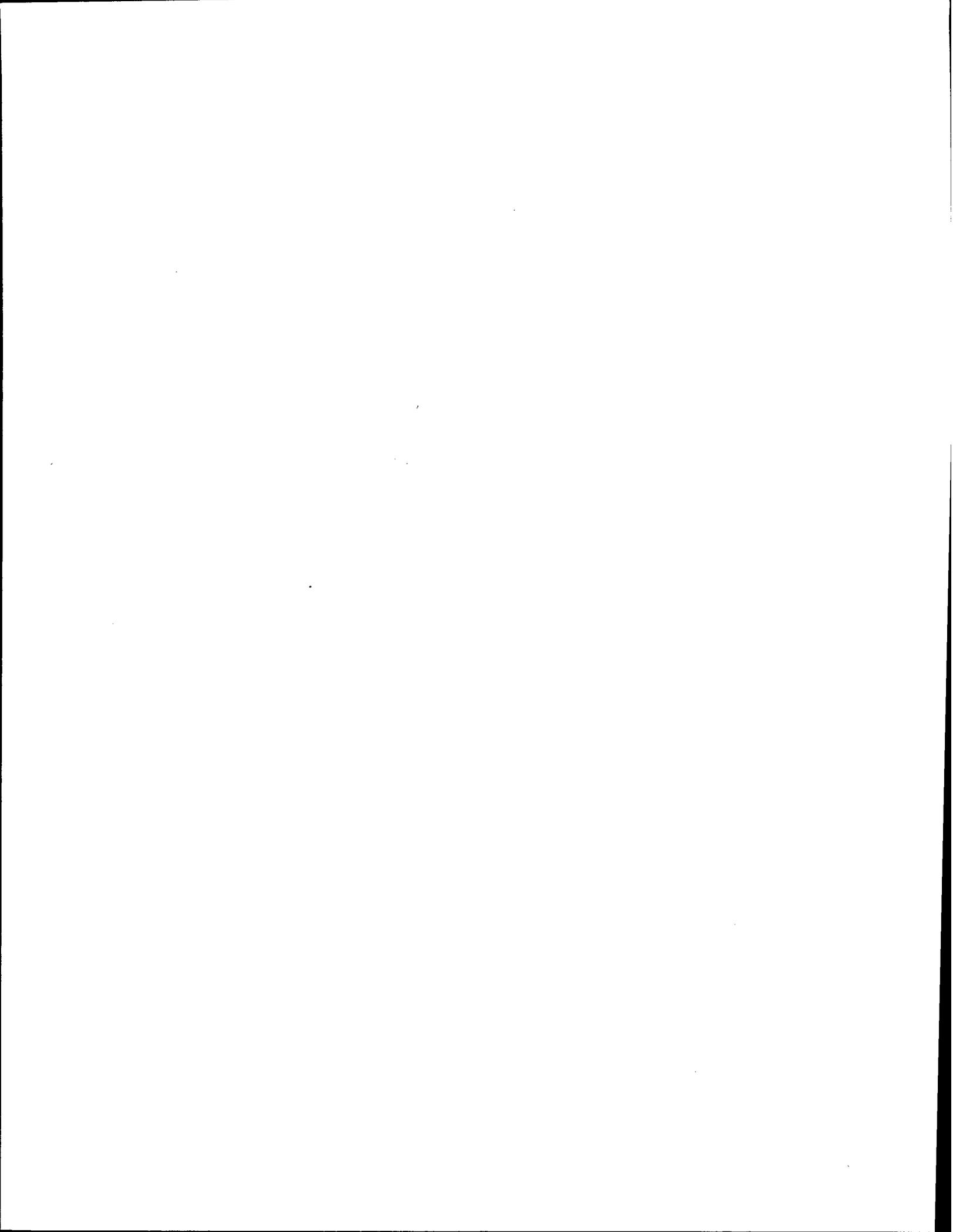
Policy Period to

Issued to

Endorsement No. WC 00 00 01 A (210)

Authorized Representative: Robert B. Henderson
President

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Tyler, TX 75701
(888) 838 6404

WC 00 00 01 A (220)

Effective: 01/94

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Insured: 503:Insured NameXXX Policy Number: 500:Policy NumberXXXXX

POLICY EFFECTIVE DATE ENDORSEMENT

New Policy Effective Date: 1205:Policy Effective Date

This endorsement changes the policy to which it is attached and is effective on the policy effective date unless otherwise stated.

This endorsement, effective on 200:Endorsement Effective Date at 12:01 A.M. standard time, forms a part of

Policy No. 500:Policy NumberXXXXX of the Old Glory Insurance Company

Policy Period 1205:Policy Effective to 1206:Policy Expiration

Issued to 503:Insured NameXXX

Endorsement No. WC 00 00 01 A (220)

Authorized Representative:

Robert B. Henderson

President

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Tyler, TX 75701
(888) 838 6404

WC 00 00 01 A (230)
Effective: 01/94

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Insured: 503:Insured Namexx Policy Number: 500:Policy Numberxxxxx

POLICY EXPIRATION DATE ENDORSEMENT

New Policy Expiration Date: 231:Policy Expiration Date

This endorsement changes the policy to which it is attached and is effective on the policy effective date unless otherwise stated.

This endorsement, effective on 200:Endorsement Effective Date at 12:01 A.M. standard time, forms a part of

Policy No. 500:Policy Numberxxxxx of the Old Glory Insurance Company

Policy Period 1205:Policy Effective to 1206:Policy Expiration

Issued to 503:Insured Namexx

Endorsement No. WC 00 00 01 A (230)

Authorized Representative: Robert B. Henderson

President

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WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Insured: 503:Insured NameXX Policy Number: 500:Policy NumberXXXX

PAYROLL / CLASS CODE ENDORSEMENT

This Policy Period Is From: 1205:Policy Effe To1206:Policy Expi

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
1210:Classification 1XXXXXXXXXXXXXXXXXXXX	1211:Class C	1212:Payroll 01	1213:Rate C	1214:Premium 01
1215:Classification 2XXXXXXXXXXXXXXXXXXXX	1216:Class C	1217:Payroll 02	1218:Rate C	1219:Premium 02
1220:Classification 3XXXXXXXXXXXXXXXXXXXX	1221:Class C	1222:Payroll 03	1223:Rate C	1224:Premium 03
1225:Classification 4XXXXXXXXXXXXXXXXXXXX	1226:Class C	1227:Payroll 04	1228:Rate C	1229:Premium 04
1230:Classification 5XXXXXXXXXXXXXXXXXXXX	1231:Class C	1232:Payroll 05	1233:Rate C	1234:Premium 05
1235:Classification 6XXXXXXXXXXXXXXXXXXXX	1236:Class C	1237:Payroll 06	1238:Rate C	1239:Premium 06
1240:Classification 7XXXXXXXXXXXXXXXXXXXX	1241:Class C	1242:Payroll 07	1243:Rate C	1244:Premium 07
1245:Classification 8XXXXXXXXXXXXXXXXXXXX	1246:Class C	1247:Payroll 08	1248:Rate C	1249:Premium 08
1250:Classification 9XXXXXXXXXXXXXXXXXXXX	1251:Class C	1252:Payroll 09	1253:Rate C	1254:Premium 09
1255:Classification 10XXXXXXXXXXXXXXXXXXXX	1256:Class C	1257:Payroll 10	1258:Rate C	1259:Premium 10
1260:Classification 11XXXXXXXXXXXXXXXXXXXX	1261:Class C	1262:Payroll 11	1263:Rate C	1264:Premium 11
1265:Classification 12XXXXXXXXXXXXXXXXXXXX	1266:Class C	1267:Payroll 12	1268:Rate C	1269:Premium 12
1270:Classification 13XXXXXXXXXXXXXXXXXXXX	1271:Class C	1272:Payroll 13	1273:Rate C	1274:Premium 13
1275:Classification 14XXXXXXXXXXXXXXXXXXXX	1276:Class C	1277:Payroll 14	1278:Rate C	1279:Premium 14
1280:Classification 15XXXXXXXXXXXXXXXXXXXX	1281:Class C	1282:Payroll 15	1283:Rate C	1284:Premium 15
1285:Classification 16XXXXXXXXXXXXXXXXXXXX	1286:Class C	1287:Payroll 16	1288:Rate C	1289:Premium 16
1290:Classification 17XXXXXXXXXXXXXXXXXXXX	1291:Class C	1292:Payroll 17	1293:Rate C	1294:Premium 17
1295:Classification 18XXXXXXXXXXXXXXXXXXXX	1296:Class C	1297:Payroll 18	1298:Rate C	1299:Premium 18
1300:Classification 19XXXXXXXXXXXXXXXXXXXX	1301:Class C	1302:Payroll 19	1303:Rate C	1304:Premium 19
1305:Classification 20XXXXXXXXXXXXXXXXXXXX	1306:Class C	1307:Payroll 20	1308:Rate C	1309:Premium 20
1400:Prem Dev 01XXXXXXXXXXXXXXXXXXXX				1401:Prem Line 0
1402:Prem Dev 02XXXXXXXXXXXXXXXXXXXX				1403:Prem Line 0
1404:Prem Dev 03XXXXXXXXXXXXXXXXXXXX				1405:Prem Line 0
1406:Prem Dev 04XXXXXXXXXXXXXXXXXXXX				1407:Prem Line 0
1408:Prem Dev 05XXXXXXXXXXXXXXXXXXXX				1409:Prem Line 0
1410:Prem Dev 06XXXXXXXXXXXXXXXXXXXX				1411:Prem Line 0
1412:Prem Dev 07XXXXXXXXXXXXXXXXXXXX				1413:Prem Line 0
1414:Prem Dev 08XXXXXXXXXXXXXXXXXXXX				1415:Prem Line 0
1416:Prem Dev 09XXXXXXXXXXXXXXXXXXXX				1417:Prem Line 0
1418:Prem Dev 10XXXXXXXXXXXXXXXXXXXX				1419:Prem Line 1
1420:Prem Dev 11XXXXXXXXXXXXXXXXXXXX				1421:Prem Line 1
1422:Prem Dev 12XXXXXXXXXXXXXXXXXXXX				1423:Prem Line 1
1424:Prem Dev 13XXXXXXXXXXXXXXXXXXXX				1425:Prem Line 1
1426:Prem Dev 14XXXXXXXXXXXXXXXXXXXX				1427:Prem Line 1
1428:Prem Dev 15XXXXXXXXXXXXXXXXXXXX				1429:Prem Line 1
1430:Prem Dev 16XXXXXXXXXXXXXXXXXXXX				1431:Prem Line 1
1432:Prem Dev 17XXXXXXXXXXXXXXXXXXXX				1433:Prem Line 1
1434:Prem Dev 18XXXXXXXXXXXXXXXXXXXX				1435:Prem Line 1

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501 Shelley Drive, Suite 160
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(888) 838 6404

WC 99-03-01
Effective: 01/01/2008

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Page 1 of 2

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any 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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as a 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.

"Insured loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

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Tyler, TX 75701
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WC 00 03 11 A
Effective: 8/1/1991

**WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY**

Page 1 of 2

VOLUNTARY COMPENSATION AND EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

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.
2. 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.
3. The bodily injury must occur in the United State, its territories or possessions, or Canada, and may occur elsewhere if the employee is a United States or Canadian citizen temporarily away from those places.
4. Bodily injury by accident must occur during the policy period.
5. 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.

B. We Will Pay

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.

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.

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.

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