

SERFF Tracking Number: MDWT-125780175 State: Arkansas
Filing Company: Midwest Employers Casualty Company State Tracking Number: #? \$0
Company Tracking Number: 2008-EX-39E
TOI: 16.0 Workers Compensation Sub-TOI: 16.0003 Excess WC
Product Name: Excess Workers' Compensation
Project Name/Number: Communicable Disease Endorsement/2008-EX-39E

Filing at a Glance

Company: Midwest Employers Casualty Company

Product Name: Excess Workers' Compensation SERFF Tr Num: MDWT-125780175 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$0

Sub-TOI: 16.0003 Excess WC

Co Tr Num: 2008-EX-39E

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Jackie Stefanoni

Disposition Date: 08/19/2008

Date Submitted: 08/18/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 12/01/2008

Effective Date (New): 08/19/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Communicable Disease Endorsement

Status of Filing in Domicile: Pending

Project Number: 2008-EX-39E

Domicile Status Comments: This endorsement is filed pending approval in DE, our state of domicile.

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 08/19/2008

State Status Changed: 08/19/2008

Deemer Date:

Corresponding Filing Tracking Number: n/a

Filing Description:

The new IO-39E (09-08) Communicable Disease Endorsement to be used when a Communicable Disease endorsement is needed, but the account has no Avian Flu exposure. It reads the same as our currently approved IO-39D Communicable Disease Endorsement, but omits the last sentence of the third paragraph: 'Communicable Disease does not include "Avian Flu".'

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Company and Contact

Filing Contact Information

Jacqueline Stefanoni, Compliance Administrator
 14755 North Outer Forty Drive, Suite 300
 Chesterfield, MO 63017
 jstefanoni@mwecc.com
 (636) 449-7027 [Phone]
 (314) 298-9607[FAX]

Filing Company Information

Midwest Employers Casualty Company
 14755 North Outer 40 Drive
 Suite 300
 Chesterfield, MO 63017
 (636) 449-7013 ext. [Phone]
 CoCode: 23612
 Group Code: 98
 Group Name:
 FEIN Number: 311169435
 State of Domicile: Delaware
 Company Type:
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midwest Employers Casualty Company	\$0.00	08/18/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Carol Stiffler Informational Purposes		08/19/2008	08/19/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	08/19/2008	08/19/2008	Jackie Stefanoni	08/19/2008	08/19/2008

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Disposition

Disposition Date: 08/19/2008

Effective Date (New): 08/19/2008

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MDWT-125780175 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover letter	Accepted for Informational Purposes	No
Form	Communicable Disease Endorsement	Accepted for Informational Purposes	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/19/2008
Submitted Date 08/19/2008
Respond By Date

Dear Jacqueline Stefanoni,

This will acknowledge receipt of the captioned filing. The filing doesn't show that a filing fee is necessary. The fee for a form filing is \$50. If you will acknowledge that the fee is being sent, I can finalize the filing with the requested effective date contingent on receiving the filing fee.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/19/2008
Submitted Date 08/19/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: We understand that excess filings are exempt from the requirements of Arkansas code Annotated §23-79-109, under Arkansas Insurance Department Order 82-25. in the past this exemption included the filing fee.

If this is no longer the case, please advise and we will forward the \$50.00 fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Jackie Stefanoni

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Informational Purposes	Communicable Disease Endorsement	IO-39E	(9-08)	Endorsement/Amendment/Conditions	New		IO-39E (9-08) Communicable Disease.pdf

Communicable Disease Endorsement

In consideration of the premium charged, it is understood and agreed that Part One B and Part Two B of the policy are amended to include the following:

Bodily injury to one or more of your employees infected with the same Communicable Disease manifested during the policy period shown in Schedule Item 5 of the policy will be treated as one loss.

As used in this endorsement, "Communicable Disease" shall mean a disease caused by an infectious organism which is transmitted from one source to another, directly or indirectly.

It is further agreed that the most we will pay from loss arising from Communicable Disease, whether from a single occurrence as defined in paragraph two above or from multiple occurrences, under the policy period shown in Schedule Item 5 of the policy is:

Policy Limit for Communicable Disease

- (a) Policy Part One, Worker's Compensation:**
- (b) Policy Part Two, Employer's Liability:**

If the policy includes Aggregate Excess coverage and loss arising from Communicable Disease as defined in this endorsement exceeds the Policy Limit for Communicable Disease granted herein, such loss that is in excess of the Policy Limit for Communicable Disease will be excluded from Your Aggregate Retention.

Endorsement Effective:

Policy No.:

Named Insured:

Countersigned

MIDWEST EMPLOYERS CASUALTY COMPANY

Authorized Representative

Secretary

President

This endorsement forms part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Cover letter

Review Status:

Accepted for Informational 08/19/2008
Purposes

Comments:

Supplements the filing description on the General Information Tab.

Attachment:

AR 39E letter.pdf



Midwest Employers Casualty Company

A Member Company of the W.R. Berkley Corporation

August 18, 2008

Arkansas Insurance Department
Attn: Carol Stiffler, Sr. Rate and Form Analyst
Property and Casualty Division
1200 West Third Street
Little Rock , AR 72201-1904

Via Serff

Re: Midwest Employers Casualty Company NAIC #23612 FID #31-1169435
Excess Workers' Compensation and Employers Liability Form Filing 2008-EX-39E
IO-39E (9-08) Communicable Disease Endorsement

Dear Ms. Stiffler:

We understand that excess filings are exempt from the requirements of Arkansas code Annotated §23-79-109, under Arkansas Insurance Department Order 82-25. Midwest Employers Casualty Company (MWECC) respectfully submits the enclosed new endorsement to be used with policy forms MWE-200, Specific; MWE-300, Specific and Aggregate; and MWE-400, Aggregate Only, Excess Workers' Compensation and Employers Liability policies.

We are filing the new IO-39E (09-08) Communicable Disease Endorsement to be used when a Communicable Disease endorsement is needed, but the account has no Avian Flu exposure. It reads the same as our currently approved IO-39D Communicable Disease Endorsement, but omits the last sentence of the third paragraph: 'Communicable Disease does not include "Avian Flu".' (Our currently approved IO-82 (6-06), Avian Flu Endorsement is used in conjunction with IO-39D, making it possible to address such exposure on its own merits.)

Enclosed for filing, please find:

1. Transmittal letter
2. IO-39E Communicable Disease Endorsement

We ask that these forms be effective on 12/1/08 for new and renewal policies. Please retain one copy for the company file and forward a review copy to the Arkansas Workers' Compensation Commission.

Please let me know if you require any other information. You may reach me by email: jstefanoni@mwecc.com or phone 636-449-7027

Very truly yours,

Jacqueline Stefanoni
Compliance Administrator

c: Mikal Soltys, Compliance Manager
Excess file