

SERFF Tracking Number: REGU-125757540 State: Arkansas  
First Filing Company: Discover Property & Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: DPC-EXWC-F-08  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0003 Excess WC  
Product Name: DPC-EXWC-F-08  
Project Name/Number: DPC-EXWC-F-08/DPC-EXWC-F-08

## Filing at a Glance

Companies: Discover Property & Casualty Insurance Company, United States Fidelity and Guaranty Company

Product Name: DPC-EXWC-F-08	SERFF Tr Num: REGU-125757540	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0003 Excess WC	Co Tr Num: DPC-EXWC-F-08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Rose Battles	Disposition Date: 08/01/2008
	Date Submitted: 08/01/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): On Approval		Effective Date (New): 08/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

Fee was received in first filing REGU-125748474 as an EFT that was withdrawn and resubmitted as we requested.

## General Information

Project Name: DPC-EXWC-F-08	Status of Filing in Domicile: Pending
Project Number: DPC-EXWC-F-08	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/01/2008	
State Status Changed: 08/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Discover Property & Casualty Insurance Company (DP&C) and United States Fidelity & Guaranty Company (USF&G) are submitting a forms filing for Excess Workers Compensation and Employers Liability.	

The form is a revised state amendatory endorsement with minor revisions for address changes and/or to revised

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number of days notice required for cancellations and/or nonrenewals.

We are including a marked up copy to show changes.

The fee of \$50.00 was submitted in SERFF filing #REGU-125748474 to cover the required filing fee.

We ask that this filing become effective for all policies effective upon approval.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Rose Battles, rosebattles@ircllc.com  
 50 Broad Street (941) 926-0144 [Phone]  
 New York, NY 10004

### Filing Company Information

Discover Property & Casualty Insurance Company	CoCode: 36463	State of Domicile: Illinois
5 Batterson Park	Group Code: 164	Company Type:
Farmington, CT 06032	Group Name:	State ID Number:
(860) 674-2660 ext. [Phone]	FEIN Number: 36-2999370	

United States Fidelity and Guaranty Company	CoCode: 25887	State of Domicile: Maryland
385 Washington Street	Group Code: 164	Company Type: P&C
St. Pau, MN 55102	Group Name: Travelers Insurance	State ID Number:
(890) 277-0111 ext. [Phone]	Cos.	
	FEIN Number: 52-0515280	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00

*SERFF Tracking Number:* REGU-125757540      *State:* Arkansas  
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*Company,* ...  
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*Product Name:* DPC-EXWC-F-08  
*Project Name/Number:* DPC-EXWC-F-08/DPC-EXWC-F-08

**Retaliatory?** No  
**Fee Explanation:** Fee was submitted in filing #REGU-125748474  
**Per Company:** No



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Carol Stiffler	08/01/2008	08/01/2008
Approved	Carol Stiffler	08/01/2008	08/01/2008

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## Disposition

Disposition Date: 08/01/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment: This filing was accidentally APPROVED when it should have been marked as Accepted for Informational Purposes. It was reopened and closed with the correct status.

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



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## Disposition

Disposition Date: 08/01/2008  
Effective Date (New): 08/01/2008  
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



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Arkansas Amendatory Endorsement	UW 6008	0708	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: UW 6008 0300 (prior DPC form) UW 6008 0195 (prior USF&F form) Previous Filing #:		AR UW6008070 8.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ARKANSAS AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**EXCESS WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY COVERAGE FORM**

**SPECIFIC AND AGGREGATE EXCESS WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY COVERAGE FORM**

It is agreed Coverage Parts UW 2000 and UW 2001 are amended as follows:

1. Exclusions **H. 4. of PART ONE EXCESS WORKERS COMPENSATION INSURANCE** and **G. 2. of PART TWO EXCESS EMPLOYERS LIABILITY INSURANCE** are deleted and replaced by the following:

punitive or exemplary damages because of bodily injury to an employee employed in violation of the law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

2. Condition **C. Cancellation** of **PART SEVEN- CONDITIONS** is deleted and replaced by the following:

**C. Cancellation.**

You may cancel this policy by giving us and the authority shown below at least 30 days advance notice by registered mail stating the cancellation date. We may cancel this policy by giving you and the authority shown below at least 30 days advance notice by registered mail stating the cancellation date. Our mailing of registered notice to your address shown in Item 1 of the Information Page will be sufficient proof of notice.

Workers' Compensation Commission  
324 Spring Street  
P.O. Box 950  
Little Rock, Arkansas 72203-0950

If by mutual consent we agree with you to cancel the policy, we will mail to the authority shown above a copy of the cancellation endorsement that you and we have signed.

3. The following condition is added:

**H. Nonrenewal.**

If you do not renew the policy, you must give us and the authority shown above at least 30 days advance notice of nonrenewal by certified mail. If we do not renew the policy, we must give you and the authority shown above at least 30 days advance notice of nonrenewal by certified mail.

If by mutual consent we agree with you to nonrenew the policy, we will mail to the authority shown above a copy of the nonrenewal endorsement that you and we have signed.



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## Supporting Document Schedules

**Satisfied -Name:** Marked Up Copies to show changes **Review Status:** Approved 08/01/2008

**Comments:**

**Attachments:**

AR UW60080708 annotated 0195.pdf  
AR UW60080708 annotated 0300.pdf

**Satisfied -Name:** NAIC TRANS **Review Status:** Approved 08/01/2008

**Comments:**

**Attachment:**

AR NAIC Form.pdf

**Satisfied -Name:** Filing Auth Letter **Review Status:** Approved 08/01/2008

**Comments:**

**Attachment:**

1 FA Letter.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

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## ARKANSAS AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

### EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FORM

### SPECIFIC AND AGGREGATE EXCESS WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE FORM

It is agreed Coverage Parts UW 2000 and UW 2001 are amended as follows:

- Exclusions H. 4. of PART ONE EXCESS WORKERS COMPENSATION INSURANCE and G. 2. of PART TWO EXCESS EMPLOYERS LIABILITY INSURANCE are deleted and replaced by the following:

punitive or exemplary damages because of bodily injury to an employee employed in violation of the law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

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Bureau of Workers' Compensation Commission  
4th and 324 Spring Streets  
P.O. Box 950  
Little Rock, Arkansas 72204-72203-0950

If by mutual consent we agree with you to cancel the policy, we will mail to the authority shown above a copy of the cancellation endorsement that you and we have signed.

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If you do not renew the policy, you must give us and the authority shown above at least 30 days advance notice of nonrenewal by certified mail. If we do not renew the policy, we must give you and the authority shown above at least 30 days advance notice of nonrenewal by certified mail.

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UW 6008 04950708

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ARKANSAS AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**EXCESS WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY COVERAGE FORM**

**SPECIFIC AND AGGREGATE EXCESS WORKERS COMPENSATION AND  
EMPLOYERS LIABILITY COVERAGE FORM**

It is agreed Coverage Parts UW 2000 ~~0495~~ and UW 2001 ~~0495~~ are amended as follows:

1. Exclusions **H. 4. of PART ONE EXCESS WORKERS COMPENSATION INSURANCE** and **G. 2. of PART TWO EXCESS EMPLOYERS LIABILITY INSURANCE** are deleted and replaced by the following:

punitive or exemplary damages because of bodily injury to an employee employed in violation of the law; punitive or exemplary damages are defined by Arkansas Bulletin No. 4-82 as those damages which are imposed to punish a wrongdoer and to deter others from similar conduct;

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## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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
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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</b>	
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:    _____    Renewal:    _____
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.)

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## FORM FILING SCHEDULE

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

# DISCOVER<sup>RE</sup>

July 10, 2008

RE: Authority for Insurance Regulatory Consultants, LLC to Process Filings on behalf of:

**Discover Property & Casualty Insurance Company (DP&C)**  
**United States Fidelity and Guaranty Company (USF&G)**  
**Fidelity and Guaranty Insurance Company (FGIC)**  
**Fidelity and Guaranty Insurance Underwriters, Inc. (FGIU)**

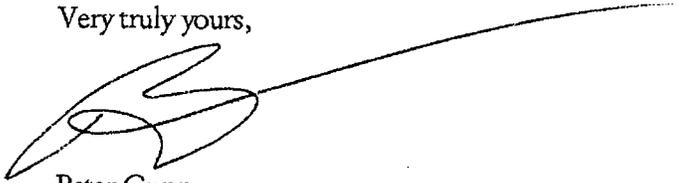
Dear Regulatory Official:

Please accept this letter as the authorization for representatives of Insurance Regulatory Consultants, LLC, to prepare and submit, on behalf of Discover Property & Casualty Insurance Company (DP&C), United States Fidelity and Guaranty Company (USF&G), Fidelity and Guaranty Insurance Company (FGIC) and Fidelity and Guaranty Insurance Underwriters, Inc. (FGIU) filings in your state. This authorization includes our permission for representatives of Insurance Regulatory Consultants, LLC, to receive and respond to any inquiries that you may raise on these filings.

This authority will continue in place until you receive, from Discover Property & Casualty Insurance Company (DP&C), United States Fidelity and Guaranty Company (USF&G), Fidelity and Guaranty Insurance Company (FGIC) and Fidelity and Guaranty Insurance Underwriters, Inc. (FGIU) a written statement that the authority has been removed.

If you have any questions on this or need any additional information, please don't hesitate to contact me.

Very truly yours,



Peter Gunn  
Assistant Vice President

**Re: Discover Property & Casualty Insurance Company (DP&C), NAIC: 3548-36463 FEIN: 36-2999370**  
**United States Fidelity & Guaranty Company (USF&G) NAIC: 3548-25887 FEIN: 52-0515280**  
**Excess Workers Compensation Form Filing**  
**Company Filing Designation Number: DPC-EXWC-F-08**