

SERFF Tracking Number: BMCC-125795471 State: Arkansas
Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: WC001
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Filing at a Glance

Company: Builders' Mutual Casualty Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

Effective Date Requested (New): 09/28/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: BMCC-125795471 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC001

Co Status:

Author: Rose Kasper

Date Submitted: 08/29/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Disposition Date: 09/02/2008

Disposition Status: Approved

Effective Date (New): 09/02/2008

Effective Date (Renewal):

General Information

Project Name:

Project Number:

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 09/02/2008

State Status Changed: 09/02/2008

Corresponding Filing Tracking Number: 001

Filing Description:

Enclosed please find the necessary forms and filing requirements for the initial form filing approval process of Builders' Mutual Casualty Company (BMCC). We would respectfully request an effective date of 9/28/08 or effective upon approval if earlier. BMCC has adopted all NCCI and Arkansas forms and endorsements for all policies to be issued. As such we believe all of our forms and endorsements to be in compliance with all Arkansas rules, regulations and statutes.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

BMCC is aware of the notice of Safety Services and contact information as required by the Arkansas Insurance

SERFF Tracking Number: BMCC-125795471 State: Arkansas
 Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: WC001
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: /

Department and will provide the required notice to all policyholders having coverage in the state of Arkansas.

BMCC will not utilize, at this time, any policy jackets and has therefore not submitted anything for your approval. Additionally, BMCC plans to only utilize the standard ACORD application for workers' compensation coverage and has not provided a copy for your approval.

If the Department requests any additional support or forms to be completed regarding this filing, please let me know. I want to thank you for your help in this matter and we look forward to working with the Arkansas Insurance Department.

Company and Contact

Filing Contact Information

Rose Kasper, Compliance Officer rkasper@bldrsmutual.com
 1100 Walnut (816) 474-7799 [Phone]
 Kansas City, MO 64106 (816) 474-0484[FAX]

Filing Company Information

Builders' Mutual Casualty Company CoCode: 13126 State of Domicile: Kansas
 1100 Walnut Group Code: Company Type:
 Suite 3010
 Kansas City , MO 64106 Group Name: State ID Number:
 (816) 474-7799 ext. [Phone] FEIN Number: 26-1832622

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Fee for the filing or review of policy, contract, endorsements, etc. per submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Builders' Mutual Casualty Company	\$50.00	08/29/2008	22212658

SERFF Tracking Number: BMCC-125795471 State: Arkansas
Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: WC001
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/02/2008	09/02/2008

SERFF Tracking Number: BMCC-125795471 State: Arkansas
Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: WC001
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Disposition

Disposition Date: 09/02/2008

Effective Date (New): 09/02/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BMCC-125795471 State: Arkansas
 Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: WC001
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	BMCC New Policy Informatin Page	Approved	Yes
Form	BMCC New Policy Information Page Extension 3D	Approved	Yes
Form	BMCC New Policy Info Page Extension 4 - Estd Premium	Approved	Yes
Form	BMCC Renewal Information Page	Approved	Yes
Form	BMCC Renewal Information Page Extension 3D	Approved	Yes
Form	BMCC Renewal Information Page Extension 4 - Estd Premium	Approved	Yes
Form	BMCC Arkansas Listing of all Forms and Endorsements	Approved	Yes

SERFF Tracking Number: BMCC-125795471 State: Arkansas
 Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
 Company Tracking Number: WC001
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers Compensation
 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	BMCC New Policy Information Page			Policy/Coverage Form	New			BMCC New Policy Information Page.pdf
Approved	BMCC New Policy Information Page Extension 3D			Policy/Coverage Form	New			BMCC New Policy Information Page Extension 3D.pdf
Approved	BMCC New Policy Info Page Extension 4 - Estd Premium			Policy/Coverage Form	New			BMCC New Policy Info Page Extension 4 - Estd Premium.pdf
Approved	BMCC Renewal Information Page			Policy/Coverage Form	New			BMCC Renewal Information Page.pdf
Approved	BMCC Renewal Information Page Extension 3D			Policy/Coverage Form	New			BMCC Renewal Information Page Extension 3D.pdf
Approved	BMCC Renewal Information Page Extension 4 - Estd Premium			Policy/Coverage Form	New			BMCC Renewal Information Page Extension 4 - Estd Premium.pdf

SERFF Tracking Number: BMCC-125795471 State: Arkansas
Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: WC001
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Approved BMCC Arkansas
Listing of all
Forms and
Endorsements

Policy/CoveNew
rage Form

BMCC
Arkansas
Lisiting of all
Forms and
Endorsemen
ts.pdf

Mutual Insurer: 32131

Workers Compensation and Employers Liability Insurance Policy

Builders' Mutual Casualty Company
 1100 Walnut Street, Suite 3010
 Kansas City, MO 64106
 (800) 374-7798

Policy Number:	Policy Period	
	From	To
08BMC0977	Effective: 10/1/2008	Expiration: 1/1/2009 12:01 A.M. Standard Time

EXTENSION OF INFORMATION PAGE ITEM 3D

ITEM 1. Named Insured and Address	Agent
Arkansas Test 5150 Main Street Little Rock, AR 72118	Angwin Ryan Stanley P. O. Box 106 Pittsburg, KS 66762

SCHEDULE OF ENDORSEMENTS

Item 3D Continued

STATE	NUMBER	EDITION DATE	DESCRIPTION OF ENDORSEMENT
	WC 00 00 00A	04-92	6 Page Policy
	WC 00 04 03	04-84	EMR Not Available at Policy Issue
	WC 00 04 06	08-84	Premium Discount
	WC 00 04 14	07-90	Ownership Change Notice
	WC 00 04 19	01-01	Premium Due Date
	WC 00 04 21C	09-08	Catastrophe Premium
	WC 00 04 22A	09-08	Terrorism Reauth Disclosure
AR	WC 03 06 01A	04-92	AR Ammendatory Endorsement
AR	WC BMCC 03 01	08-08	AR Policy Holders Notice

Issue Date: 8/28/2008

WC 00 00 01A (05-88)

INSURED COPY

Mutual Insurer: 32131
 Builders' Mutual Casualty Company
 1100 Walnut Street, Suite 3010
 Kansas City, MO 64106
 (800) 374-7798

Workers Compensation and Employers Liability Insurance Policy

Policy Number:	Policy Period	
	From	To
08BMC0977	Effective:10/1/2008	Expiration: 1/1/2009 12:01 a.m. Standard Time

EXTENSION OF INFORMATION PAGE ITEM 4

ITEM 1. Named Insured and Address	Agent
Arkansas Test 5150 Main Street Little Rock, AR 72118	Angwin Ryan Stanley P. O. Box 106 Pittsburg, KS 66762

SCHEDULE OF CLASSIFICATIONS

ESTIMATED ANNUAL PAYROLL

Item 4 Continued

ARKANSAS ESTIMATED PREMIUM WORKSHEET

CODE	CLASSIFICATION	PAYROLL	RATE (Per \$100)	PREMIUM
5403	Carpentry-NOC	20,820.00	10.86	2,261.05
8810	Clerical office employees NOC	6,246.00	0.24	14.99
Manual Premium				2,276.04
Employers Liability @ 1.70%				38.69
Subtotal				2,314.73
Experience Modifier				1.00
Modified Premium				2,315.00
Deductible Credit @ 0.00%				0.00
Standard Premium				2,314.73
Volume Discount @ 0.00%				0.00
Subtotal				2,314.73
Expense Constant				160.00
Terrorism		Total Payroll: 27,066.00 * 0.01%		2.71
Catastrophe		Total Payroll: 27,066.00 * 0.01%		2.71
Total Premium				2,480.15

Mutual Insurer: 32131
 Builders' Mutual Casualty Company
 1100 Walnut Street, Suite 3010
 Kansas City, MO 64106
 (800) 374-7798

Workers Compensation and Employers Liability Insurance Policy

Policy Number: 08BMC0977	Policy Period	
	From	To
Renewal of Policy No.:	Effective:10/1/2008	Expiration: 1/1/2009
	12:01 A.M. Standard Time	

EXTENSION OF INFORMATION PAGE RENEWAL ITEM 3D

ITEM 1. Named Insured and Address	Agent
Arkansas Test 5150 Main Street Little Rock, AR 72118	Angwin Ryan Stanley P. O. Box 106 Pittsburg, KS 66762

SCHEDULE OF ENDORSEMENTS

Item 3D Continued

STATE	NUMBER	EDITION DATE	DESCRIPTION OF ENDORSEMENT
	WC 00 00 00A	04-92	6 Page Policy
	WC 00 04 03	04-84	EMR Not Available at Policy Issue
	WC 00 04 06	08-84	Premium Discount
	WC 00 04 14	07-90	Ownership Change Notice
	WC 00 04 19	01-01	Premium Due Date
	WC 00 04 21C	09-08	Catastrophe Premium
	WC 00 04 22A	09-08	Terrorism Reauth Disclosure
AR	WC 03 06 01A	04-92	AR Ammendatory Endorsement
AR	WC BMCC 03 01	08-08	AR Policy Holders Notice

Issue Date: 8/28/2008

WC 00 00 01A (05-88)

INSURED COPY

Mutual Insurer: 32131
 Builders' Mutual Casualty Company
 1100 Walnut Street, Suite 3010
 Kansas City, MO 64106
 (800) 374-7798

Workers Compensation and Employers Liability Insurance Policy

Policy Number: 08BMC0977	Policy Period	
	From	To
Renewal of Policy No.:	Effective:10/1/2008	Expiration: 1/1/2009
	12:01 A.M. Standard Time	

EXTENSION OF INFORMATION PAGE RENEWAL ITEM 4

ITEM 1. Named Insured and Address	Agent
Arkansas Test 5150 Main Street Little Rock, AR 72118	Angwin Ryan Stanley P. O. Box 106 Pittsburg, KS 66762

SCHEDULE OF CLASSIFICATIONS

ESTIMATED ANNUAL PAYROLL

Item 4 Continued

ARKANSAS ESTIMATED PREMIUM WORKSHEET

CODE	CLASSIFICATION	PAYROLL	RATE (Per \$100)	PREMIUM
5403	Carpentry-NOC	20,820.00	10.86	2,261.05
8810	Clerical office employees NOC	6,246.00	0.24	14.99
Manual Premium				2,276.04
Employers Liability @ 1.70%				38.69
Subtotal				2,314.73
Experience Modifier				1.00
Modified Premium				2,315.00
Deductible Credit @ 0.00%				0.00
Standard Premium				2,314.73
Volume Discount @ 0.00%				0.00
Subtotal				2,314.73
Expense Constant				160.00
Terrorism		Total Payroll: 27,066.00 * 0.01%		2.71
Catastrophe		Total Payroll: 27,066.00 * 0.01%		2.71
Total Premium				2,480.15

Builders' Mutual Casualty Company Listing of all Forms and Endorsements to be utilized in Arkansas without change or modification

Information/Declaration Page (New Policy)
Information/Declaration Page (Renewal)
Information Page Extension 3D - Schedule of Endorsements (New Policy)
Information Page Extension 3D – Schedule of Endorsements (Renewal)
Information Page Extension 4 – Premium Worksheet (New Policy)
Information Page Extension 4 – Premium Worksheet (Renewal)
WC 00 00 00A – 6 Page Policy
WC 00 04 03 – EMR not available at policy issue
WC 00 04 06 – Premium Discount
WC 00 04 14 – Ownership Change Notice
WC 00 04 19 – Premium Due Date
WC 00 01 06A – Longshoremen's
WC 00 03 02 – Designated Workplace
WC 00 03 05 – Joint Venture
WC 00 03 08 – Partners, Officers – Exclusion
WC 00 03 10 – Partners, Officers – Included
WC 00 03 13 – Waiver of Subrogation
WC 00 04 01A – Aircraft Premium
WC 00 04 02 – Anniversary Rating Date
WC 00 04 08 – Longshoremen's Rate Change
WC 00 04 12 – Contingent EMR
WC 00 05 03A – Retrospective Premium – 1 year
WC 89 06 00B – Policy Information Page
WC 89 06 09B – Policy Termination/Cancellation/Reinstatement Notice
WC 00 04 21C – Catastrophe Premium
WC 00 04 22A – Terrorism Risk Insurance Program Reauthorization Act Disclosure – *effective 9/1/08*

WC 03 06 01A – AR Amendatory Endorsement
WC 03 06 03 – Contract Hauling Warranty
WC 03 06 02A – Benefits Deductible

SERFF Tracking Number: *BMCC-125795471* *State:* *Arkansas*
Filing Company: *Builders' Mutual Casualty Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *WC001*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BMCC-125795471 State: Arkansas
Filing Company: Builders' Mutual Casualty Company State Tracking Number: EFT \$50
Company Tracking Number: WC001
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Approved	09/02/2008
Bypass Reason:	General instructions indicate that transmittal is not required for SERFF filings.		
Comments:			