

SERFF Tracking Number: PERR-125815520 State: Arkansas  
Filing Company: SUA Insurance Company State Tracking Number: #103828 \$50  
Company Tracking Number: SUA-WC-AR-08-02-F  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC Policyholder Notice  
Project Name/Number: SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F

## Filing at a Glance

Company: SUA Insurance Company  
Product Name: WC Policyholder Notice  
TOI: 16.0 Workers Compensation  
Sub-TOI: 16.0004 Standard WC  
Filing Type: Form

SERFF Tr Num: PERR-125815520 State: Arkansas  
SERFF Status: Closed State Tr Num: #103828 \$50  
Co Tr Num: SUA-WC-AR-08-02-F State Status: Fees verified and received  
Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Author: Laura Jennette Disposition Date: 09/15/2008  
Date Submitted: 09/12/2008 Disposition Status: Approved  
Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008  
Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: SUA-WC-AR-08-02-F Status of Filing in Domicile: Not Filed  
Project Number: SUA-WC-AR-08-02-F Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 09/15/2008  
State Status Changed: 09/15/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

On behalf of SUA Insurance Company ("the Company"), we are submitting this filing to introduce a new policyholder notice. The purpose of this notice is to advise policyholders of the Company's loss control consultation services, which are available at no additional charge. In accordance with this change, the Company has revised their Information Page.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing. If there are any requests for additional information, we will forward the request immediately to the Company contact. The

SERFF Tracking Number: PERR-125815520 State: Arkansas  
 Filing Company: SUA Insurance Company State Tracking Number: #103828 \$50  
 Company Tracking Number: SUA-WC-AR-08-02-F  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: WC Policyholder Notice  
 Project Name/Number: SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F

Company's response will be submitted to your attention as soon as we receive it.

We respectfully request this filing to be effective on October 1, 2008.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

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

Laura Jennette, State Filings Analyst doi@perrknight.com  
 881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]  
 Pacific Palisades, CA 90272

### Filing Company Information

SUA Insurance Company CoCode: 40134 State of Domicile: Illinois  
 222 S. Riverside Plaza Group Code: -99 Company Type:  
 Chicago, IL 60606 Group Name: State ID Number:  
 (312) 277-1600 ext. [Phone] FEIN Number: 23-2182777  
 -----

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SUA Insurance Company	\$0.00	09/12/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103828	\$50.00	08/28/2008

SERFF Tracking Number: PERR-125815520 State: Arkansas  
Filing Company: SUA Insurance Company State Tracking Number: #103828 \$50  
Company Tracking Number: SUA-WC-AR-08-02-F  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC Policyholder Notice  
Project Name/Number: SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/15/2008	09/15/2008

*SERFF Tracking Number:*      *PERR-125815520*                      *State:*                      *Arkansas*  
*Filing Company:*              *SUA Insurance Company*                      *State Tracking Number:*      *#103828 \$50*  
*Company Tracking Number:*      *SUA-WC-AR-08-02-F*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*              *WC Policyholder Notice*  
*Project Name/Number:*      *SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F*

## **Disposition**

Disposition Date: 09/15/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125815520 State: Arkansas  
 Filing Company: SUA Insurance Company State Tracking Number: #103828 \$50  
 Company Tracking Number: SUA-WC-AR-08-02-F  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: WC Policyholder Notice  
 Project Name/Number: SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	ARKANSAS POLICYHOLDER NOTICE - ACCIDENT PREVENTION SERVICES	Approved	Yes
Form	Information Page	Approved	Yes

SERFF Tracking Number: PERR-125815520 State: Arkansas  
 Filing Company: SUA Insurance Company State Tracking Number: #103828 \$50  
 Company Tracking Number: SUA-WC-AR-08-02-F  
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
 Product Name: WC Policyholder Notice  
 Project Name/Number: SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ARKANSAS POLICYHOLDER NOTICE - ACCIDENT PREVENTION SERVICES	PN WC-AR-AP	08-08	Disclosure/ New Notice			PN AR LOSS CONTROL.pdf
Approved	Information Page	WC 00 00 01 A (AR)		Declaration Replaced s/Schedule	Replaced Form #: Previous Filing #:		WC 00 00 01 A AR.pdf

## ARKANSAS POLICYHOLDER NOTICE - ACCIDENT PREVENTION SERVICES

Dear Policyholder,

We share your safety and health concerns. We realize accidents; injuries and property damage suffered by your employees and company are costly. When such costs increase, expenses increase for both our companies in the form of higher operating costs. These costs are also reflected in your insurance premiums.

### Improved Safety and Health Practices Benefit All

When accidents, injuries and incidents of property damage are prevented your employees, your company, and your insurance carrier all benefit. That's why SUA Insurance Company offers a number of accident prevention services to help you in your loss control efforts. While most of these are available to our policyholders at no additional cost, some may require a fee based on the scope of service requested. We offer our policyholders:

- a) Surveys and consultations on loss control related problems
- b) Training programs in safety management techniques
- c) Analysis of loss experience
- d) Recommendations for control of hazards and unsafe activities
- e) Industrial hygiene and occupational health services
- f) Return-to-work coordination services

If you would like to receive any of these services or request assistance from a loss control professional on a specific problem, please fill out this form and mail to us at the address provided below:

SUA Insurance Company  
 ATTENTION: Gene Zolezzi  
 Risk Control Department  
 222 So. Riverside Plaza, Suite 1600  
 Chicago, IL 60606  
 312-277-1653  
 888-782-4672

---

I would like assistance for specific loss control problem(s):

Type of Problem(s) \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The following are resources on the internet that provide governmental and vendor information. SUA Insurance Company, do not endorse any of these entities. These are simply resources for enhancing your loss prevention programs:

<b>Topic</b>	<b>Web Site</b>
Arkansas Workers' Compensation Commission	<a href="http://www.awcc.state.ar.us/">http://www.awcc.state.ar.us/</a>

<b>Topic</b>	<b>Web Site</b>
Occupational Safety & Health Administration	<a href="http://www.osha.gov">http://www.osha.gov</a>
Center for Disease Control	<a href="http://www.cdc.gov">www.cdc.gov</a>
American National Standards Institute	<a href="http://www.ansi.org">http://www.ansi.org</a>
International Standards	<a href="http://www.iso.ch">http://www.iso.ch</a>
Industrial Hygiene	<a href="http://www.aiha.org">www.aiha.org</a> <a href="http://www.acgih.org">www.acgih.org</a>
Training Resources	<a href="http://www.thehumanequasion.com">www.thehumanequasion.com</a>  <a href="http://www.jjkeller.com">www.jjkeller.com</a>  <a href="http://www.free-training.com">www.free-training.com</a>  <a href="http://www.oshatrain.org">http://www.oshatrain.org</a>  <a href="http://www.tdi.state.tx.us/wc/information/video/resources/onlinepubsb.html">http://www.tdi.state.tx.us/wc/information/video/resources/onlinepubsb.html</a>  <a href="http://www.coastal.com/">http://www.coastal.com/</a>  <a href="http://www.abc-safety-training.com/">http://www.abc-safety-training.com/</a>
Training Resources	<a href="http://www.thehumanequasion.com">www.thehumanequasion.com</a>  <a href="http://www.jjkeller.com">www.jjkeller.com</a>  <a href="http://www.free-training.com">www.free-training.com</a>  <a href="http://www.oshatrain.org">http://www.oshatrain.org</a>  <a href="http://www.tdi.state.tx.us/wc/information/video/resources/onlinepubsb.html">http://www.tdi.state.tx.us/wc/information/video/resources/onlinepubsb.html</a>  <a href="http://www.coastal.com/">http://www.coastal.com/</a>  <a href="http://www.abc-safety-training.com/">http://www.abc-safety-training.com/</a>
Environmental Protection Agency	<a href="http://www.epa.gov">www.epa.gov</a>
National Institute of Occupational Safety and Health	<a href="http://www.niosh.gov">www.niosh.gov</a>
Ergonomics	<a href="http://www.sas.ab.ca/biz/christie/safelist.html">www.sas.ab.ca/biz/christie/safelist.html</a> <a href="http://www.ergoweb.com/">www.ergoweb.com/</a> <a href="http://www.engr.unl.edu/eeshop/rsi.html">www.engr.unl.edu/eeshop/rsi.html</a> <a href="http://www.ctdnews.com">www.ctdnews.com</a> <a href="http://www.hfes.vt.edu/HFES">www.hfes.vt.edu/HFES</a> <a href="http://www.cdc.gov">http://www.cdc.gov</a>

Policy Number:  
Policy Period:  
Coverage by: SUA Insurance Company  
Producer ID:  
Prev. Coverage:  
Carrier ID:

NAME AND ADDRESS OF INSURED	AGENT
-----------------------------	-------

1.

**FEIN:**

Locations – All usual work places of the insured at or from which operations covered by this policy are conducted at the above address unless otherwise stated herein: See Attached Schedule.

Type of insured:

- 2. The policy period is from \_\_\_\_\_ to \_\_\_\_\_ 12:01 AM Standard Time at the Insured's mailing address.
- 3. A. Workers' Compensation Insurance: Part One of the policy applies to the Workers' Compensation law of the states listed here:
- 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	Each Accident
Bodily Injury by Disease	Policy Limit
Bodily injury by Disease	Each Employee
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
- D. See attached schedule for list of endorsements forming part of this policy.
- 4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change. Adjustment of premium shall be made upon policy expiration.

Per Attached Schedule:

Minimum Premium:  
Average Premium Discount:  
Expense Constant:

Total Estimated Annual Premium:  
Deposit Premium:

Policy Issuing Office:

Countersigned by: \_\_\_\_\_

**NOTIFICATION TO POLICYHOLDERS OF ACCIDENT PREVENTION SERVICES-ARKANSAS**  
SUA Insurance Company is required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. § 11-9-409(d) and AWCC Rule 32. If you would like more information, call SUA Insurance Company, Risk Control division at 1-888-782-4672. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.

*SERFF Tracking Number:*      *PERR-125815520*                      *State:*                      *Arkansas*  
*Filing Company:*              *SUA Insurance Company*                      *State Tracking Number:*      *#103828 \$50*  
*Company Tracking Number:*      *SUA-WC-AR-08-02-F*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*              *WC Policyholder Notice*  
*Project Name/Number:*      *SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125815520 State: Arkansas  
Filing Company: SUA Insurance Company State Tracking Number: #103828 \$50  
Company Tracking Number: SUA-WC-AR-08-02-F  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC Policyholder Notice  
Project Name/Number: SUA-WC-AR-08-02-F/SUA-WC-AR-08-02-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/15/2008

**Comments:**

**Attachment:**

2007 NAIC FFS +.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 09/15/2008

**Comments:**

**Attachment:**

2008 Letter of Authorization.pdf

## 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>	<b>SUA-WC-AR-08-02-F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	ARKANSAS POLICYHOLDER NOTICE - ACCIDENT PREVENTION SERVICES	PN WC-AR-AP Ed. 08-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Information Page	WC 00 00 01 A (AR)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		



*G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM  
Director of Regulatory Affairs and Legal Compliance*

January 1, 2008

Re: SUA Insurance Company  
NAIC Company Code 40134  
Rate, Rule, and Form Filings

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rates, rule, and form filings on behalf of SUA Insurance Company. This authorization includes providing additional information and responding to questions regarding the filing on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquires related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339  
Fax: (310) 230-8529

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in blue ink, appearing to read "G. Michael Gooding", is written over the typed name and title. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM  
Director of Regulatory Affairs and Legal Compliance

GMG/lp