

SERFF Tracking Number: ACCD-125980443 State: Arkansas
First Filing Company: Accident Fund General Insurance Company, ... State Tracking Number: EFT \$75
Company Tracking Number: ARR-2009-000GD
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Group Discount Rule/

Filing at a Glance

Companies: Accident Fund General Insurance Company, Accident Fund Insurance Company of America, Accident Fund National Insurance Company

Product Name: Workers' Compensation SERFF Tr Num: ACCD-125980443 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$75
Sub-TOI: 16.0004 Standard WC Co Tr Num: ARR-2009-000GD State Status: Fees verified and received
Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Authors: Judy Thomas, Kelly Spenski Disposition Date: 01/09/2009
Date Submitted: 01/09/2009 Disposition Status: Approved
Effective Date Requested (New): 03/01/2009 Effective Date (New): 03/01/2009
Effective Date Requested (Renewal): 03/01/2009 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Group Discount Rule Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/09/2009 Deemer Date:
State Status Changed: 01/09/2009
Corresponding Filing Tracking Number:
Filing Description:
Accident Fund Insurance Company of America and its subsidiaries, Accident Fund General Insurance Company and Accident Fund National Insurance Company, are filing a group discount rule for qualified insureds who are members of a designated group.

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Company and Contact

Filing Contact Information

Judy Thomas, Regulatory Compliance judy2t@accidentfund.com
 Specialist
 232 South Capitol Avenue (517) 367-1932 [Phone]
 Lansing, MI 48933 (517) 367-2942[FAX]

Filing Company Information

Accident Fund General Insurance Company	CoCode: 12304	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058200	

Accident Fund Insurance Company of America	CoCode: 10166	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type: Workers'
		Compensation Insurance

Office of the General Counsel		
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1932 ext. [Phone]	FEIN Number: 38-3207001	

Accident Fund National Insurance Company	CoCode: 12305	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058291	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	No
Fee Explanation:	\$25 per company x 3
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Accident Fund General Insurance Company	\$0.00	01/09/2009	
Accident Fund Insurance Company of America	\$75.00	01/09/2009	24920182
Accident Fund National Insurance Company	\$0.00	01/09/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/09/2009	01/09/2009

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	01/09/2009	01/09/2009	Judy Thomas	01/09/2009	01/09/2009
Pending Industry Response	Carol Stiffler	01/09/2009	01/09/2009	Judy Thomas	01/09/2009	01/09/2009

SERFF Tracking Number: ACCD-125980443 State: Arkansas
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Disposition

Disposition Date: 01/09/2009
Effective Date (New): 03/01/2009
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate (revised)	Miscellaneous Values and Exceptions	Approved	Yes
Rate	Miscellaneous Values and Exceptions	Withdrawn	No

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Product Name: Workers' Compensation
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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/09/2009

Submitted Date 01/09/2009

Respond By Date

Dear Judy Thomas,

The fee is only \$25.00 no matter if it is 1 company or 10 companies. It is a common mistake and really not a problem other than we don't want to overcharge the filer since we can't refund!

I only mentioned it so you will know for future filings.

Will you be addressing the other questions in another response letter?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/09/2009

Submitted Date 01/09/2009

Dear Carol Stiffler,

Comments:

Response 1

Comments: A revised WCX-AR is attached. It has been corrected to remove the word "insurer" which was a typographical error. The term intended was "insured".

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Miscellaneous Values and Exceptions	WCX-AR	Replacement	ACCD-125667849
Previous Version			
Miscellaneous Values and Exceptions	WCX-AR	Replacement	ACCD-125667849

Sincerely,
Judy Thomas, Kelly Spenski

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/09/2009
Submitted Date 01/09/2009
Respond By Date
Dear Judy Thomas,

This will acknowledge receipt of the captioned filing.

You included the filing fee of \$75 which is an overpayment. The fee for a rule filing is \$25 total. It doesn't matter how many companies are included in the filing. Due to the cost of doing a refund, our Accounting Division will not do a refund for under \$100. This is for your information for future filings.

Objection 1

- Miscellaneous Values and Exceptions (Rate)

Comment: On the Miscellaneous page--Group Discount--it says it is offered to qualified "insurers". Is that correct? If so, are you selling this to insurance companies? Has a rule already been filed? Please explain.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/09/2009
Submitted Date 01/09/2009

Dear Carol Stiffler,

Comments:

Response 1

Comments: The filing is for 3 companies; the fee was calculated at \$25 for each company. Is that incorrect?

Related Objection 1

Applies To:

SERFF Tracking Number: ACCD-125980443 State: Arkansas
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Company Tracking Number: ARR-2009-000GD
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Group Discount Rule/

- Miscellaneous Values and Exceptions (Rate)

Comment:

On the Miscellaneous page--Group Discount--it says it is offered to qualified "insurers". Is that correct? If so, are you selling this to insurance companies? Has a rule already been filed? Please explain.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Judy Thomas, Kelly Spenski

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 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Workers' Compensation
 Project Name/Number: Group Discount Rule/

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellaneous Values and Exceptions	WCX-AR	Replacement	ACCD-125667849 WCX-AR.pdf

**Basic Manual for Workers' Compensation and Employers Liability Insurance –
Arkansas**

Effective March 1, 2009

WCX-AR

MISCELLANEOUS VALUES & EXCEPTIONS PAGE

Arkansas

I. Miscellaneous Values

Expense Constant..... \$160

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
(Advisory Loss Cost)..... 0.01

Foreign Terrorism (Advisory Loss Cost)..... 0.02

Per Passenger Seat Surcharge – In accordance with the footnote instructions for
classification Code 7421, the surcharge is
Maximum surcharge per aircraft \$1,000
Per passenger seat..... \$100

Drug Free Work Place Credit 5%

II. Exceptions

Schedule Rating +/- 25%
The maximum allowable debit/credit

Endemic Disease Endorsement

The purpose of this rule is to clarify that coverage for diseases peculiar to a locality or region is provided by endorsement WC 99 03 01.
Endemic disease is considered bodily injury. \$25

Repatriation Expense Endorsement

The purpose of this rule is to offer continued medical treatment of an employee or burial expense of a deceased employee who has sustained an injury or death arising out of and in the course of employment outside the state(s) designated under item 3A of the policy. Conditions of endorsement WC 99 03 02 are insured and insurer must agree upon the need for the repatriation. \$25

Waiver of Our Right to Recover..... \$100 specific/
..... \$1000 blanket

The carrier may waive its right to recover from others by attaching the Waiver of Our Rights Endorsement (WC 00 03 13). The employer must maintain payroll records to adequately disclose allocation to such designated jobs subject to the endorsement. Specific waivers are used when the waiver applies to a specific job. Blanket waivers are used when the waiver applies to all jobs during the policy year.

Accident Fund Insurance Company of America

Accident Fund General Insurance Company

Accident Fund National Insurance Company

**Basic Manual for Workers' Compensation and Employers Liability Insurance –
Arkansas**

Effective March 1, 2009

Group Discount

Offered to qualified insureds who are member of a designated group (i.e., Chamber of
Commerce, Grocers Association, etc.) and who participate in the Group Safety

Communication Program 5%

Accident Fund Insurance Company of America

Accident Fund General Insurance Company

Accident Fund National Insurance Company

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	01/09/2009
Comments:	actuarial justification exhibit is also attached		
Attachments:	actuarial justification exhibit.pdf PCTD-GD.pdf		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	01/09/2009
Bypass Reason:	not applicable to this filing		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	01/09/2009
Bypass Reason:	not applicable to this filing		
Comments:			



Group Policy Performance

	Policy Year	Written Premium	Total Losses Incurred	Capped Total Losses Incurred *	Loss Ratio	Capped Loss Ratio *	Loss Ratio Relativities	Capped Loss Ratio Relativities *
Group Policies	2002	23,529,243	12,884,285	12,884,285	54.8%	54.8%	0.86	0.90
	2003	27,237,988	14,449,312	14,449,312	53.0%	53.0%	0.91	0.95
	2004	33,540,321	12,960,867	12,960,867	38.6%	38.6%	0.68	0.72
	2005	38,028,048	17,767,624	17,767,624	46.7%	46.7%	0.75	0.78
	2006	39,612,771	19,658,862	19,658,862	49.6%	49.6%	0.96	0.98
	2007	46,737,058	18,266,581	18,266,581	39.1%	39.1%	0.88	0.91
Non-Group Policies	2002	299,237,009	191,862,883	183,862,883	64.1%	61.4%	1.01	1.01
	2003	343,100,982	201,348,064	192,348,064	58.7%	56.1%	1.01	1.00
	2004	372,638,715	216,992,762	204,992,762	58.2%	55.0%	1.03	1.03
	2005	348,746,644	223,998,818	214,998,818	64.2%	61.6%	1.03	1.02
	2006	319,831,632	167,070,331	162,070,331	52.2%	50.7%	1.01	1.00
	2007	295,823,109	133,328,530	129,328,530	45.1%	43.7%	1.02	1.01
Total	2002	322,766,252	204,747,168	196,747,168	63.4%	61.0%	1.00	1.00
	2003	370,338,970	215,797,377	206,797,377	58.3%	55.8%	1.00	1.00
	2004	406,179,036	229,953,629	217,953,629	56.6%	53.7%	1.00	1.00
	2005	386,774,692	241,766,442	232,766,442	62.5%	60.2%	1.00	1.00
	2006	359,444,403	186,729,193	181,729,193	51.9%	50.6%	1.00	1.00
	2007	342,560,167	151,595,111	147,595,111	44.3%	43.1%	1.00	1.00

* Indicates that losses are capped at one million.

Relativities compare a sections policy year performance to the total company's policy year performance.

The data in this exhibit comes from voluntary policies of risk states IL, IN, MI, and WI. This set of data was chosen due to the fact that almost all of our group policies come from these risk states.

The companies included in the data are Accident Fund Insurance Company of America, Accident Fund General Insurance Company, and Accident Fund National Insurance Company.

Losses evaluated as of 12/31/08

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only

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 Codes

3. Group Name	Group NAIC #
Accident Fund Group	572

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Accident Fund Insurance Co of America	MI	10166	38-3207001	
Accident Fund General Insurance Co	MI	12304	20-3058200	
Accident Fund National Insurance Co	MI	12305	20-3058291	

5. Company Tracking Number	ARR-2009-000GD
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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
Judy Thomas 232 South Capitol Avenue Lansing, Michigan 48933	Regulatory Compliance Specialist	517-367-1932	517-367-2942	judy2t@accidentfund.com

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

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 code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" 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: 3/01/2009 Renewal: 3/01/2009
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	1/09/2009
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 # ARR-2009-000GD

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

Accident Fund Insurance Company of America and its subsidiaries, Accident Fund General Insurance Company and Accident Fund National Insurance Company, are adding a 5% group discount for qualified insureds who are members of a designated group and participate in Accident Fund's safety communication program.

Workers compensation costs can be a burden to small business owners. To help relieve some of that burden, Accident Fund has developed a Group Discount Rule. When an insured is a member of a designated group (i.e., Chamber of Commerce, Grocers Association, Florist Association, etc.) they may receive a 5 percent Group Discount. Accident Fund develops and maintains a safety communication program designed for each specific group. Some of the elements include, but are not limited to:

- Safety articles printed in group publications
- Safety seminar offered periodically to group members
- Direct e-mail/mail information distribution regarding safety topics
- Loss Prevention Consultant assigned to each group
- Access to safety videos for training purposes
- Access to Accident Fund's online loss prevention site for up-to-date and industry-specific safety information
- Receive Accident Fund's quarterly publication "WorkSafe Updates"

[View Complete Filing Description](#)

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 #: EFT

Amount: \$75.00

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.)

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 #	
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2.	This filing corresponds to rate/rule filing number (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

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	ARR-2009-000GD
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Accident Fund Ins Co of Am		0	0	0	0		
AFG/AFN		0	0	0	0		

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	0	
5b	Overall percentage rate impact for this filing	0	
5c	Effect of Rate Filing – Written premium change for this program	0	
5d	Effect of Rate Filing – Number of policyholders affected	0	

6.	Overall percentage of last rate revision	n/a
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7.	Effective Date of last rate revision	n/a
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Miscellaneous Values & Exceptions	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ACCD-125667849
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	

**Basic Manual for Workers' Compensation and Employers Liability Insurance –
Arkansas**

Effective March 1, 2009

WCX-AR

MISCELLANEOUS VALUES & EXCEPTIONS PAGE

Arkansas

I. Miscellaneous Values

Expense Constant \$160

Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents
(Advisory Loss Cost) 0.01

Foreign Terrorism (Advisory Loss Cost) 0.02

Per Passenger Seat Surcharge – In accordance with the footnote instructions for
classification Code 7421, the surcharge is
Maximum surcharge per aircraft \$1,000
Per passenger seat \$100

Drug Free Work Place Credit 5%

II. Exceptions

Schedule Rating +/- 25%
The maximum allowable debit/credit

Endemic Disease Endorsement

The purpose of this rule is to clarify that coverage for diseases peculiar to a locality or
region is provided by endorsement WC 99 03 01.

Endemic disease is considered bodily injury. \$25

Repatriation Expense Endorsement

The purpose of this rule is to offer continued medical treatment of an employee or burial
expense of a deceased employee who has sustained an injury or death arising out of
and in the course of employment outside the state(s) designated under item 3A of the
policy. Conditions of endorsement WC 99 03 02 are insured and insurer must agree
upon the need for the repatriation. \$25

Waiver of Our Right to Recover \$100 specific/

Accident Fund Insurance Company of America

Accident Fund General Insurance Company

Accident Fund National Insurance Company

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..... \$1000 blanket
The carrier may waive its right to recover from others by attaching the Waiver of Our Rights Endorsement (WC 00 03 13). The employer must maintain payroll records to adequately disclose allocation to such designated jobs subject to the endorsement. Specific waivers are used when the waiver applies to a specific job. Blanket waivers are used when the waiver applies to all jobs during the policy year.

Group Discount

Offered to qualified insurers who are member of a designated group (i.e., Chamber of Commerce, Grocers Association, etc.) and who participate in the Group Safety Communication Program 5%

Accident Fund Insurance Company of America

Accident Fund General Insurance Company

Accident Fund National Insurance Company