

SERFF Tracking Number: AEXX-125984674 State: Arkansas
Filing Company: Stonebridge Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: TR AR0003723F02
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: Travel
Project Name/Number: Travel/TR AR0003723F02

Filing at a Glance

Company: Stonebridge Casualty Insurance Company

Product Name: Travel	SERFF Tr Num: AEXX-125984674	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0009 Travel Coverage	Co Tr Num: TR AR0003723F02	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Alexa Grissom, Betty Montesi
	Author: SPI ADMSPC	Disposition Date: 01/15/2009
	Date Submitted: 01/12/2009	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 01/15/2009
Effective Date Requested (Renewal):		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Travel
Project Number: TR AR0003723F02

Status of Filing in Domicile: Not Filed
Domicile Status Comments: A similar version of this form was filed concurrently in our domicile state of Ohio.

Reference Organization: N/A

Reference Number: N/A

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/15/2009

State Status Changed: 01/15/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing for your review and approval form TAHC5000CFBRBRS, Cancel For Business Reason Benefits Rider. This form is new and does not replace any existing form. The corresponding rate is being filed concurrently under separate cover, Company Filing #: TR AR0003723R02.

Form TAHC5000CFBRBRS will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was

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approved by your department on December 12, 2003.

This Cancel For Business Reason Benefits Rider reimburses the Insured if they need to cancel their Covered Trip due to unforeseen business reasons. A copy of the proposed form is included with this submission.

A similar version of this form was filed concurrently in our domicile state of Ohio.

All SERFF filing submission requirements have been met.

Company and Contact

Filing Contact Information

DEBORAH YATES, Filing Specialist DYATES@AEGONUSA.COM
 520 Park Avenue (410) 685-5500 [Phone]
 Baltimore, MD 21201 (410) 209-5910[FAX]

Filing Company Information

Stonebridge Casualty Insurance Company CoCode: 10952 State of Domicile: Ohio
 100 South Third Street Group Code: 468 Company Type: Property and
 Casualty
 Columbus, OH 43215 Group Name: State ID Number:
 (410) 685-5500 ext. [Phone] FEIN Number: 31-4423946

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Casualty Insurance Company	\$50.00	01/12/2009	24952569

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/15/2009	01/15/2009

SERFF Tracking Number: *AEXX-125984674* *State:* *Arkansas*
Filing Company: *Stonebridge Casualty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *TR AR0003723F02*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Travel*
Project Name/Number: *Travel/TR AR0003723F02*

Disposition

Disposition Date: 01/15/2009

Effective Date (New): 01/15/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEEX-125984674 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	Explanation of Variability	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	AR - REG 29 - CERT OF COMPLIANCE	Approved	Yes
Form	Cancel for Business Reason Benefits Rider	Approved	Yes

SERFF Tracking Number: AEXX-125984674 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Cancel for Business Reason Benefits Rider	TAHC500 0CFBRBR S		Other	New		40.00	TAHC500C FBRBRS.PD F

CANCEL FOR BUSINESS REASON BENEFITS RIDER

This Cancel for Business Reason Benefits Rider is a part of the Policy or Certificate to which it is attached. It is issued in consideration of payment of the required premium.

[This benefit must be purchased [prior to] [or] [within] [[14] days] [[24] hours] [of] [initial][final] [payment for the Covered Trip][Covered Trip deposit][booking of the Covered Trip].]

[If the Insured purchased Cancel for Business Reason coverage, the [Trip Cancellation Benefits] [and] [Trip Interruption Benefits] coverage will be extended to include the following unforeseeable events that occur while coverage is in effect:

- 1) [[an Insured] [or] [Traveling Companion] is required to work during the Covered Trip. A written statement by a company officer and/or the Human Resources department demonstrating revocation of previously approved time off will be required.]
- 2) [[an Insured's] [or] [Traveling Companion's] place of employment is rendered unsuitable for business due to [burglary,] [fire,] [flood,] [volcano,] [earthquake,] [hurricane,] [or other natural disaster] and the [Insured] [or] [Traveling Companion] is required to work as a result.]
- 3) [[an Insured] [or] [Traveling Companion] is directly involved in the merger of his or her employer or the acquisition of his or her employer by another company.]]

Benefits are subject to all terms and conditions of the Policy. This Rider does not waive, alter, or extend any provisions, limitations, or exclusions of the Policy except to the extent shown above.

This Rider takes effect and ends concurrently with the Policy or Certificate to which it is attached.

STONEBRIDGE CASUALTY INSURANCE COMPANY



President



Secretary

SERFF Tracking Number: *AEXX-125984674* *State:* *Arkansas*
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TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Travel*
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/15/2009

Comments:

AR - NAIC P&C TRANSMITTAL DOCUMENT

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 01/15/2009

Comments:

AR - NAIC FORM FILING SCHEDULE

Attachment:

AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-1 **Review Status:** Approved 01/15/2009

Comments:

AR - FORM FILING ABSTRACT F-1

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

Satisfied -Name: Explanation of Variability **Review Status:** Approved 01/15/2009

Comments:

Explanation of Variability

Attachment:

Explanation of Variability.PDF

Satisfied -Name: Cover Letter **Review Status:** Approved 01/15/2009

SERFF Tracking Number: *AEXX-125984674* *State:* *Arkansas*
Filing Company: *Stonebridge Casualty Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *TR AR0003723F02*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0009 Travel Coverage*
Product Name: *Travel*
Project Name/Number: *Travel/TR AR0003723F02*

Comments:

Cover Letter

Attachment:

Cover Letter.PDF

SERFF Tracking Number: AEEX-125984674 State: Arkansas
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Company Tracking Number: TR AR0003723F02
TOI: 09.0 Inland Marine Sub-TOI: 09.0009 Travel Coverage
Product Name: Travel
Project Name/Number: Travel/TR AR0003723F02

Satisfied -Name: AR - REG 29 - CERT OF COMPLIANCE
Review Status: Approved 01/15/2009

Comments:
AR - REG - CERT OF COMPLIANCE

Attachment:
AR - REG 29 - CERT OF COMPLIANCE.PDF

Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
N/A	468

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Stonebridge Casualty Insurance Company	OH	10952	31-4423946	N/A

5. Company Tracking Number	TR AR0003723F02
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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
	DEBORAH YATES 520 Park Avenue Baltimore MD 21201	Filing Specialist	800-233-4624 Ext. 5269	410-209-5910	DYATES@AEGONUSA.COM

7. Signature of authorized filer	
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8. Please print name of authorized filer	DEBORAH YATES
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Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	09.0 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	09.0009 Travel Coverage
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12.	Company Program Title (Marketing Title)	Group Travel Insurance
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" 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: Upon Approval Renewal: N/A
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	January 12, 2009
19.	Status of filing in domicile	<input checked="" 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 #	TR AR0003723F02
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing for your review and approval form TAHC5000CFBRBRS, Cancel For Business Reason Benefits Rider. This form is new and does not replace any existing form. The corresponding rate is being filed concurrently under separate cover, Company Filing #: TR AR0003723R02.

Form TAHC5000CFBRBRS will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

This Cancel For Business Reason Benefits Rider reimburses the Insured if they need to cancel their Covered Trip due to unforeseen business reasons. A copy of the proposed form is included with this submission.

A similar version of this form was filed in our domicile state of Ohio.

All SERFF filing submission requirements have been met.

22.	<p>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]</p> <p>Check #: N/A Amount: N/A</p> <p>Submitted EFT. Filing fee in Arkansas is \$50.00 per form submission.</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to 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 #	TR AR0003723F02
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	TR AR0003723R02
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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	Cancel for Business Reason Benefits Rider	TAHC5000CFBRBRS	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

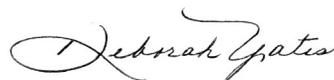
Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed January 12, 2009
2. Company Name(s) Stonebridge Casualty Insurance Company
Group Name N/A NAIC No. 10952 Group No. 468
3. (a) Annual Statement Line of Business Number (Page 14) 09.0 Inland Marine
(b) Class of Business Travel
© Coverages Affected Travel
4. (a) Name of Advisory Organization, if any N/A
(b) Affiliations with Advisory Organization: Member () Subscriber ()
5. Is this a reference filing? Yes () No () If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) _____
(b) Date of Filing _____
© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
A similar version of this form was filed concurrently in our domicile state of Ohio and is pending.
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

DEBORAH YATES

Title

(800) 233-4624, ext 5269

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
		TAHC5000CFBRBRS	Cancel for Business Reason Benefits Rider

**EXPLANATION OF VARIABILITY
CANCEL FOR BUSINESS REASON BENEFITS RIDER, TAH5000CFBRBS**

1. In the 2nd paragraph, the bracketed language will either be in or out.
2. In the 3rd paragraph, the bracketed language will either be in or out.
3. In the 3rd paragraph, item 1, the bracketed language will either be in or out.
4. In the 3rd paragraph, item 2, the bracketed language will either be in or out.
5. In the 3rd paragraph, item 3, the bracketed language will either be in or out.



STONEBRIDGE CASUALTY

Insurance Company

2700 West Plano Parkway • Plano, Texas 75075-8200

January 12, 2009

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: Form Filing – SCIC Group Travel Product
Company Filing #: TR AR0003723F02
Stonebridge Casualty Insurance Company NAIC#: 468-10952 FEIN#: 31-4423946

Dear Commissioner:

In accordance with your Insurance Laws, our Company is filing for your review and approval form TAHC5000CFBRBRS, Cancel For Business Reason Benefits Rider. This form is new and does not replace any existing form. The corresponding rate is being filed concurrently under separate cover, Company Filing #: TR AR0003723R02.

Form TAHC5000CFBRBRS will be used with our Group Travel Insurance Policy, form TAHC5000GPS, et al., which was approved by your department on December 12, 2003.

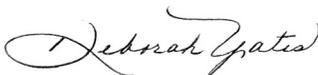
This Cancel For Business Reason Benefits Rider reimburses the Insured if they need to cancel their Covered Trip due to unforeseen business reasons. A copy of the proposed form is included with this submission.

A similar version of this form was filed concurrently in our domicile state of Ohio.

All SERFF filing submission requirements have been met.

We trust the filing package will enable the department to review our filing and grant an approval. If you have any questions, please do not hesitate to contact me directly.

Sincerely,



Deborah Yates
Filing Specialist
Product Filing and Compliance
Phone: 410-209-5269
Toll Free: 800-233-4624, Extension 5269
Fax 410-209-5910
Email: dyates@aegonusa.com

ARKANSAS INSURANCE DEPARTMENT
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Stonebridge Casualty Insurance Company
468-10952

DESCRIPTION: Cancel for Business Reason Benefits Rider

FORM NUMBER: TAHC5000CFBRBRS

EDITION DATE: _____

This is to certify that the above captioned property and/or
Casualty policy form has achieved a Flesch Reading Ease Test Score of
40 , and complies with the requirements of Act 517
of 1981, the Property and Casualty Insurance Policy Simplification
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies
with Department Rule and Regulation 29.



Signature of Officer of Company

Assistant Secretary

Title

If a policy is stored by a method other than the Flesch Reading
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)