

SERFF Tracking Number: BMCC-125984742 State: Arkansas
Filing Company: Midwest Builders' Casualty Mutual Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: /

Filing at a Glance

Company: Midwest Builders' Casualty Mutual Company

Product Name: Workers Compensation SERFF Tr Num: BMCC-125984742 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC Co Tr Num: State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler

Author: Rose Kasper Disposition Date: 01/15/2009

Date Submitted: 01/14/2009 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 01/15/2009

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:

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:

Included please find the necessary forms for the form filing with an effective date of "on approval" for Midwest Builders' Casualty Mutual Company (MWBC).

Company and Contact

Filing Contact Information

Rose Kasper, Compliance Officer

rkasper@mwbc.com

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1100 Walnut (816) 474-7799 [Phone]
Kansas City, MO 64106 (816) 474-0484[FAX]

Filing Company Information

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

SERFF Tracking Number: BMCC-125984742 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Filing fee for review of policies.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midwest Builders' Casualty Mutual Company	\$50.00	01/14/2009	25029900

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/15/2009	01/15/2009

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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.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Form	MWBC New Policy Information Page	Approved	No
Form	MWBC New Policy Information Page Extension 3D	Approved	No
Form	MWBC New Policy Info Page Extension 4	Approved	No
Form	MWBC Renewal Information Page	Approved	No
Form	MWBC Renewal Information Page Extension 3D	Approved	No
Form	MWBC Renewal Information Page Extension 4	Approved	No

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	MWBC New Policy Information Page			Policy/Coverage Form	New			Info_Extension_3D.pdf
Approved	MWBC New Policy Information Page Extension 3D			Policy/Coverage Form	New			Info_Extension_3D.pdf
Approved	MWBC New Policy Info Page Extension 4			Policy/Coverage Form	New			Info_Extension_4_PremiumWkst.pdf
Approved	MWBC Renewal Information Page			Policy/Coverage Form	New			Info_Page_Renewal.pdf
Approved	MWBC Renewal Information Page Extension 3D			Policy/Coverage Form	New			Info_Extension_3D_Renewal.pdf
Approved	MWBC Renewal Information Page Extension 4			Policy/Coverage Form	New			Info_Extension_4_PremiumWkst_Renewal.pdf

Mutual Insurer: 32131
 Midwest Builders' Casualty
 Mutual Company
 1100 Walnut Street, Suite 3010
 Kansas City, MO 64106

Workers Compensation and Employers Liability Insurance Policy

Policy Number:	Policy Period	
	From	To
08BMC0956	Effective: 9/1/2008	Expiration: 1/1/2009 12:01 A.M. Standard Time

EXTENSION OF INFORMATION PAGE ITEM 3D

ITEM 1. Named Insured and Address	Agent
Arkansas Sample Company 123 Main Street, Suite 5 Anytown, AR 72222	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 22	01-06	Foreign Terrorism
AR	WC 03 06 01A	04-92	AR Ammendatory Endorsement
AR	WC 03 06 02A	04-92	Benefits Deductible
AR	WC BMCC 03 01	08-08	AR Policy Holders Notice

Issue Date: 11/14/2008

WC 00 00 01A (05-88)

INSURED COPY

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SCHEDULE OF CLASSIFICATIONS

ESTIMATED ANNUAL PAYROLL

Item 4 Continued

ARKANSAS ESTIMATED PREMIUM WORKSHEET

CODE	CLASSIFICATION	PAYROLL	RATE (Per \$100)	PREMIUM
5403	Carpentry-NOC	99,450.00	12.16	12,093.12
8810	Clerical office employees NOC	13,260.00	0.32	42.43
Manual Premium				12,135.55
Employers Liability @ 2.80%				339.80
Subtotal				12,475.35
Experience Modifier				1.00
Modified Premium				12,475.00
Deductible Credit @ 5.80%				(723.57)
Standard Premium				11,751.78
Volume Discount @ 5.50%				(646.35)
Subtotal				11,105.43
Expense Constant				160.00
Terrorism		Total Payroll: 112,710.00 * 0.01%		11.27
Catastrophe		Total Payroll: 112,710.00 * 0.01%		11.27
Total Premium				11,287.97

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Workers Compensation and Employers Liability Insurance Policy

Policy Number: 08BMC0956	Policy Period From _____ To _____
Renewal of Policy No.:	Effective: 9/1/2008 Expiration: 1/1/2009 12:01 A.M. Standard Time

EXTENSION OF INFORMATION PAGE RENEWAL ITEM 3D

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SCHEDULE OF ENDORSEMENTS

Item 3D Continued

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Rate Information

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Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Approved	01/15/2009
Bypass Reason:	General instructions indicate that transmittal is not required for SERFF filings.		
Comments:			